Zero Project
Research Report

Disability-Inclusive Crisis Response

Practical solutions and global insights: Innovative responses that strengthen support for and the participation of persons with disabilities throughout disaster and conflict, from preparation to recovery.

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- Zero Project Report 2024: Education, and ICT
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- Scaling Solutions: Strategies that work (2025)
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Correct answers from the Quiz on page 57: 1C, 2B, 3A, 4C, 5A, 6D, 7D

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Supporting social innovations for a world with zero barriers

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A joint effort by the Zero Project Network to bring together inclusive practices and create one guidebook for all

Michael Fembek, CEO of the Zero Project and Responsible Editor of this Report

For many years, the Zero Project has advanced a fundamental conviction: inclusion is not a charitable afterthought – it is the foundation of functional, resilient societies. Yet nowhere is this principle tested more severely than in moments of crisis. When natural disasters, armed conflicts, and humanitarian emergencies strike, the infrastructure we depend upon collapses – and persons with disabilities are left most vulnerable.

The evidence is stark. Between 2000 and 2019, the world recorded 7,348 major disaster events – nearly double the previous two decades. In 2024, 61 active state-based armed conflicts reached the highest number since systematic data collection began in 1946. Persons with disabilities face mortality rates two to four times higher in disasters than other people. This is not an anomaly – it reflects systems designed without them in mind.

Yet there is profound reason for hope, and this publication demonstrates why.

In this Report, practioners and experts share their firsthand experiences, learnings, and recommendations – and, above all, their passion for making change happen.

A Report that only the Zero Project Network can bring together

This report showcases proven, replicable innovations from practitioners and, most importantly, from persons with disabilities themselves.

Through its global network, the Zero Project has brought together incredible practitioners, experts, and thematic leaders from all around the world. In this Report, they share their firsthand experiences, learnings, and recommendations – and, above all, their passion for making change happen.

I want to take a moment to say a heartfelt thank-you to everyone who spent countless hours writing, coordinating, checking facts, and refining every detail. It is this sense of togetherness – the belief that we can only move forward by working side by side – that fills me with pride and gratitude to be part of this shared journey.

Climate crisis and disability-inclusion

I want to highlight a critical dimension of this topic: the acceleration of climate-related hazards. Weather and climate disasters have increased almost fivefold in the last fifty years. As UN Secretary-General António Guterres noted, we are entering an era of "global boiling." Persons with disabilities will be among the first and most severely affected.

Gratitude and partnerships

I wish to extend special recognition to Professor Michael A. Stein for his intellectual leadership on the intersection of climate change and disability rights, and for his substantive contribution to this report's section on climate response. Professor Stein's work illuminates how climate justice and disability rights are inseparable.

We are also pleased to co-host a Reception together with Prof. Stein at COSP19 in June 2026, which further deepened our cooperation, following the kind invitation of the Permanent Mission of Austria to the United Nations in New York. It was the second opportunity to present this Report, the first was a joint event with Light for the World in February 2026 in Vienna.

Connecting innovation to action

The innovations presented here are proven and replicable. What remains is the critical work of connecting them with policymakers, humanitarian leaders, and institutions who can amplify and finance them. The European Union's recent adoption of Action 33 – mandating disability-inclusive preparedness guidance – signals that policy is beginning to align with practice. We must accelerate this alignment globally.

The gap between policy and implementation remains substantial, yet this publication proves that the gap is not inevitable. When organizations commit to co-creation with persons with disabilities, when they invest in accessible systems, outcomes are transformative.

Open for collaboration

The Zero Project will continue to serve as a connector and catalyst, ensuring that these insights reach and inspire decision-makers around the world. We sincerely hope – and this is also a call to action – that leading organizations in crisis response will join us in this mission. Only through shared expertise and genuine collaboration can we achieve the inclusive change that is so urgently needed.

We look forward to working together on the next, expanded editions of our disability-inclusive crisis response publications. And if you'd like to collaborate – you know where to find us!

“A disability perspective can deepen understanding of societal choices and build collective climate resilience.”

Michael A. Stein is the Executive Director of the Harvard Law School Project on Disability, and a Visiting Professor at Harvard Law School

Climate change disproportionately and adversely impacts the global 1.3 billion persons with disabilities, 80 percent of whom live in the developing world. Individuals with disabilities have substantially higher rates of mortality and experience greater harms in climate-generated emergencies than do their non-disabled counterparts. Further, disability populations are disparately affected by insidious manifestations of the climate crisis. These impacts arise due to discrimination that manifests in stigma, social exclusion, and economic inequality. The overall consequences of this rampant marginalization include disproportionate threats to the rights to life, health, water, food, education, livelihood, cultural life, independent living, and personal mobility of those with disabilities.

A lost opportunity to enhance climate solutions

Despite these circumstances, the disability sector remains excluded from policies, programming, and research to mitigate and respond to the climate crisis. To illustrate: studies have determined that 81 percent of States parties to the Paris Agreement did not reference disability in their nationally determined contributions, and that only 1 percent of 1,682 climate adaptation response articles even considered disability.

In 2022, the Intergovernmental Panel on Climate Change determined that internationally almost no evidence showed the group’s inclusion in climate adaptation, and emphasized that rights-based approaches are key to addressing structural vulnerabilities, including inequality based on disability. Notably, failing to enable climate-resilient co-development with the world’s largest minority is a continuing and significant lost opportunity to enhance climate solutions that advance planetary health.

A disability climate justice framework

In stark contrast to this historical exclusion, a disability climate justice framework embraces the diverse disability community with its myriad intersectional identities; encompasses human diversity; and values self-actualization, everyday problem solving, interconnectedness, and environmental stewardship. Such a framework recognizes that people with disabilities’ experiences and knowledge of climate change are affected by their disability, race, gender, age, and other identity categories, as well as their culture, socio-economic and legal status, and geographical setting, and that this population are crucial climate actors. A disability climate justice framework applies legal mandates under which states must decarbonize society and carry out climate adaptation in a manner that realizes disability human rights.

Disability climate justice pursues the removal of discrimination, marginalization, and poverty and the fulfilment of rights, including the rights to life, health, education, independent living, cultural life, and accessibility. The framework fosters solidarity within an intersectional climate justice movement and is attuned with environmental justice, racial justice, and the LGBTQ+ movement.

Using the disability perspective

Absolutely essential to impelling a disability climate justice agenda is recognition that persons with disabilities hold knowledge of their lived experience and of innovating and developing climate resilience in the face of discrimination. Research emphasizes that a disability perspective can deepen understanding of societal choices that effectively shift systems and build collective climate resilience, especially the crucial role of knowledge diversity in decision-making and action.

Importantly, disability studies emphasize how societal processes produce vulnerability and the need to shift conventional understandings of resilience from that of fixing individuals’ misperceived inherent vulnerability to addressing socio-environmental processes that render these populations vulnerable. Thus, advancing climate justice urgently requires accelerated disability-inclusive research and climate action. Doing so mandates promoting, respecting, and fulfilling disability human rights in all climate decision-making, adaptation, and mitigation.

Using this evolving repository of knowledge

This Report breaks new ground by recognizing and valuing persons with disabilities and their representative organizations (OPDs) as essential agents of positive change who possess the leadership and problem-solving skills to shape climate decisions and action, enhance climate resilience, and promote planetary health. Such an approach acknowledges and respects the co-design of research and knowledge production by researchers and disability climate activists with lived experience of disability, including Indigenous persons with disabilities who can provide Indigenous knowledge.

In collecting, assessing, and disseminating the best practices put forward by persons with disabilities in response to the climate crisis, the Zero Project has created an evolving repository of knowledge through which persons with disabilities, OPDs, and policymakers can learn from proven local and community responses and adapt them to their own contexts. This contribution fills a glaring gap and is invaluable.

“Commit to partnerships that prioritize people with disabilities in disaster response and humanitarian action!”

Marion Lieser, CEO of Light for the World International. LFTW partnered with Zero Project for the first presentation of this Report in Vienna, in February 2026.

Disasters are terrible events that can be traumatic for anyone. However, they do not affect everyone equally. When emergencies strike, persons with disabilities are up to four times more likely to die. They are disproportionately impacted by climate-crisis related disasters, conflict, and displacement, yet they are often overlooked in disaster management and humanitarian planning, data collection, and decision-making.

This represents a gap in both effectiveness and human rights. The rights of people with disabilities must be upheld in humanitarian settings and emergency responses alike.

Lived experiences of and led by people with disabilities

At Light for the World we have learned that effective, rights-based humanitarian action must be inclusive by design, based on the lived experiences of and led by people with disabilities and organizations of persons with disabilities (OPDs).

Effective, rights-based humanitarian action must be inclusive by design, based on the lived experiences of and led by persons with disabilities and organizations of persons with disabilities.

This Report highlights the diversity of inclusive emergency responses. Examples in this publication by the Purple Vest in Ukraine, CBM, Vivamos Mejor, and ADISA in Guatemala show how accessible digital technologies and data-driven solutions can bring down barriers for meaningful participation in humanitarian responses, facilitate access to lifesaving information, and enable disability-inclusive anticipatory action. In each instance, locally led and owned solutions that leverage data and adhere to Universal Design principles are key.

Including OPDs in Humanitarian Action is of overarching importance

In this Report, Light for the World shares “Five Key Actions to Include OPDs in Humanitarian Action,” distilling practical lessons from Burkina Faso and Mozambique. These case studies show that inclusive humanitarian action can be achieved by investing in meaningful participation, advocacy leadership, capacity strengthening, reasonable accommodation, and an intersectional understanding of disability and gender.

In both countries, OPDs have played a decisive role in shaping humanitarian responses. In Mozambique, for example, we collaborated with the Forum of Mozambican Associations of Persons with Disabilities to co-create a new tool for disability data in crisis situations. The Survey for Inclusive Rapid Assessment is an open-source, screen-reader accessible tool that lets aid workers rapidly gather the right data, ensuring that emergency responses reach those who would otherwise be overlooked.

Locally led approaches helping to close persistent gaps

The lessons learned here extend beyond Mozambique, as illustrated by examples from Japan, Spain, and Viet Nam, among others. They show how locally led approaches can help to close persistent gaps in disability data, amplify marginalized voices, and improve accountability to affected communities. It is essential that we address these challenges to fulfil our commitments under the UN Convention on the Rights of Persons with Disabilities.

I would like to express my deepest gratitude to our partners, colleagues, and OPD leaders for contributing their expertise and time to this work. I would also like to thank the Zero Project for its close collaboration and for raising international awareness of inclusive disaster response and new innovations through its global platform.

Emergency planners, responders, researchers, donors, and policymakers: engage with this Report!

I invite emergency planners, responders, and researchers, as well as donors and policymakers, to engage with this Report, reflect on their own practices, and commit to partnerships that prioritize people with disabilities in disaster response and humanitarian action. Only then can we ensure that no one is left behind when crises strike.

The Essl Foundation and the Zero Project

THE ORGANIZATION AND NETWORKS BEHIND THIS REPORT

How the Essl Foundation's Zero Project has grown into a global, research-driven initiative that identifies, connects, and scales innovative, data-based solutions to advance the rights of persons with disabilities in line with the UN Convention on the Rights of Persons with Disabilities.

The Essl Foundation

In 2008 the *Essl Foundation MGE gemeinnützige Privatstiftung* – an Austrian charitable foundation that focuses on scientific research and charitable giving – initiated the Zero Project to identify, curate, and share inclusive solutions, as intended and encouraged by Article 32 of the CRPD. The original impetus for what would later become the Zero Project occurred in 2008, when the Essl Foundation carried out a preliminary study on existing data related to persons with disabilities and other disadvantaged groups. Since then, it has evolved into what is now known as the Zero Project.

A dedicated team developed the original idea into a renowned research-driven initiative that engages with more than 10,000 experts from around the world. To date, 1,035 innovative solutions have been recognized through a Zero Project Award, all meeting key criteria of innovation, impact, and scalability to improve the lives and legal rights of persons with disabilities.

Given its importance for disability-inclusion, the 2025–2026 research cycle of the Zero Project addressed Crisis Response as a topic for the first time.

An international team

The Zero Project is managed out of its headquarters at the *Haus der Philanthropie* in Vienna. A small international team connects with representatives of all sectors of society and around the world. In a collaborative effort it conducts research based on an annual theme, and organizes local as well as global events – such as the annual Zero Project Conference at the United Nations Office at Vienna, Austria. Since 2018 the team of Fundación Descúbreme in Chile has joined the Zero Project in the nomination and selection process, focusing on Ibero-America.

A global network

The Zero Project has built a global network of innovators, practitioners, business leaders, policymakers, opinion leaders, self-representatives, and other experts. By fostering close collaboration among all parts of this vast network, the impact of proven solutions can be amplified and replicated elsewhere.

As of 2023, established partner organizations in Ibero-America (Fundación Descúbreme from Chile), in India (Youth4Jobs), and in Singapore (SG Enable) carry out regional Zero Project Conferences and Technology Forums.

Finding and sharing solutions

All network activities are based on the Zero Project's unique research method, with its three pillars of: (1) selecting solutions based on their innovation, impact, and potential to scale; (2) engaging with thousands of Zero Project Network members as part of the nomination and selection processes; and (3) supporting the selected solutions to increase their impact.

Based on a reoccurring four-year cycle, the research has concentrated on one of the following four themes each year: Employment, Education, Independent Living/Political Participation, and Accessibility. In 2025–2026 the research has been centred on Accessibility. Due to the increasing importance of Information and Communication Technologies, this topic is addressed every year.

Given its importance for disability-inclusion, the 2025–2026 research cycle addressed Crisis Response as a topic for the first time, alongside Accessibility and ICT. It covered all aspects of disaster risk management related to humanitarian crises, the climate crisis, and other emergencies.

Data-driven impact

Digitalization and the emergence of AI play an important role in making proven solutions known, and in facilitating knowledge transfer internationally. Over more than a decade of research, the Zero Project has amassed a unique treasure trove of curated data.

In alignment with its mission, the Zero Project has been developing tools and initiatives to make this data available free of charge and to support decision-makers with high-quality, curated information at the intersection of innovation and disability inclusion under the umbrella of Zero Project Responsible AI. More information is available at ai.zeroproject.org.

Disability inclusion as a test of society's resilience

With natural hazards and human-made conflicts increasing worldwide, persons with disabilities are among those most at risk when systems fail. Alongside policy frameworks, practical solutions for inclusive crisis preparedness and response must be scaled up to turn inclusion into resilience.

According to the United Nations Office for Disaster Risk Reduction (UNDRR), a disaster is "a serious disruption of the functioning of a community or society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, resulting in human, material, economic and environmental losses and impacts."

While this definition primarily focuses on natural hazards such as floods, earthquakes, or storms, conflicts involving violence or the displacement of people – whether internal or external – can also trigger humanitarian crises or so-called "complex emergencies," as defined by the United Nations Inter-Agency Standing Committee.

Both definitions recognize that, in such situations, the ability of local or regional societies to maintain the welfare and safety of their populations in such situations is severely strained or may collapse altogether.

WHEN CRISIS EXPOSES INEQUALITY

These figures illustrate how the scale, cost, and human impact of crises have intensified and why inclusive crisis response has become a defining resilience issue:

- 7,348 major disasters worldwide (2000–2019) – nearly double the previous two decades
- 61 active state-based armed conflicts worldwide in 2024, the highest number since 1946
- $200 billion average annual direct disaster losses; $2.3 trillion including indirect impacts
- 2–4 times higher mortality risk for persons with disabilities in the 2011 Japanese earthquake
- ≈3× higher risk of death from the global COVID-19 pandemic for people with disabilities

Disasters and conflicts on the rise

Based on EM-DAT data, the leading international disaster database, the UNDRR reported that 7,348 major disaster events were recorded worldwide between 2000 and 2019, compared with 4,212 events between 1980 and 1999. This marked increase is partly explained by improved reporting and data collection, but the UNDRR also highlights a genuine increase in climate-related hazards such as floods, storms, and heatwaves.

Taking a longer-term view and focusing specifically on climate-related hazards, the World Meteorological Organization reports that weather-, climate-, and water-related hazards accounted for almost 12,000 disaster events between 1970 and 2021. While these figures are based on a different methodology and a longer observation period, they underline the growing role of climate-related risks.

More recent assessments confirm that these trends are continuing. The UNDRR Global Assessment Report 2025 (GAR 2025) reveals that disaster risk is escalating due to climate change, rapid urbanization, and the increasing vulnerability of people and assets.

At the same time, conflict has re-emerged as a major driver of global crises. Data from the Uppsala Conflict Data Program show that in 2024 there were 61 active state-based armed conflicts worldwide. This is the highest number recorded since systematic data collection began in 1946, highlighting the ongoing and escalating nature of armed violence as a source of humanitarian crises.

Mortality up to four times higher

The impacts of crises extend far beyond the immediate loss of life. According to GAR 2025, average annual direct disaster losses now exceed $200 billion, while total costs – including indirect and cascading effects on economies, infrastructure, and ecosystems – are estimated at around $2.3 trillion per year.

Worldwide, natural disasters and armed conflicts result in restrictions to or destruction of the well-being and safety of the population.

Environmental degradation further increases vulnerability to future disasters and can fuel new displacement and conflict in the medium to long term. The most severe consequences, however, are social: loss of housing, healthcare, education, and employment, with crises often deepening existing inequalities.

This is especially true for people with disabilities, who represent around 16 percent of the global population. Crises make everyday barriers worse for this group, including inaccessible information, environments that cannot be navigated safely, disrupted support services, and exclusion from relevant decisions. Consequently, persons with disabilities are disproportionately affected by emergencies and are more likely to be left behind when systems become overwhelmed.

The terrible consequences of this were illustrated by the earthquake in eastern Japan in 2011. A 2015 report by the United Nations Economic and Social Commission for Asia and the Pacific ("Disability-Inclusive Disaster Risk Reduction") found that persons with disabilities were two to four times more likely to die than those without disabilities. Similarly, a peer-reviewed systematic review and meta-analysis published in *Public Health* in 2023 showed that the risk of dying from COVID-19 was almost three times higher for people with disabilities.

Recognizing disability as a risk factor

The good news is that international frameworks increasingly acknowledge this disproportionate risk. For example, UNDRR emphasizes that disaster risk is shaped not only by hazards but also by exposure, vulnerability, and capacity – meaning that exclusion itself is a risk factor of crisis.

Likewise, the UN Convention on the Rights of Persons with Disabilities, ratified by nearly every UN Member State, has direct implications for national crisis management. It obliges states to

TOWARDS AN INCLUSIVE EUROPE

In spring 2026, the European Disability Forum (EDF) published the report Disability-Inclusive Emergency Preparedness and Response Across Europe, offering one of the most comprehensive assessments to date of disability-inclusive emergency preparedness. Building on these findings, EDF, DG ECHO and the World Bank are developing practical guidelines for persons with disabilities and first responders covering evacuation, communication, accessible alerts and inclusive crisis response.
The report and related materials are available at: www.edf-feph.org

Persons with disabilities are disproportionately affected by emergencies, and their risk of losing their lives is up to four times higher.

protect persons with disabilities in situations of risk and humanitarian emergencies, ensure their participation, and systematically remove barriers.

Building on these principles, a growing number of international commitments, frameworks, and guidelines have emerged over the past two decades, translating rights into operational expectations (see box below).

The most recent example is the EU Preparedness Union Strategy, adopted in March 2025. The strategy aims to equip all citizens, including persons with disabilities, with the tools to stay safe. One concrete measure, known as Action 33, foresees the development of disability-inclusive emergency preparedness guidance and training for first responders. The initiative is currently being developed with the support of DG ECHO, the World Bank and the European Disability Forum (EDF). The goal is to ensure that persons with disabilities are systematically considered in evacuation planning, crisis communication, shelter management and civil protection exercises across Europe.

As Anna Battistutta, Policy Officer for Disaster Risk Resilience at DG ECHO, emphasized during a consultative workshop organised by EDF and the World Bank in December 2025: “Resilience is not only about ensuring that infrastructure survives shocks; it is also about ensuring that all people can contribute to and benefit from preparedness efforts.”

Implementation still lagging behind

In spring 2026, EDF published the results of a comprehensive assessment covering countries participating in the Union Civil Protection Mechanism.

The study reviewed more than 700 policy documents, analysed surveys among organisations of persons with disabilities and disaster risk management authorities, and assessed progress across five key criteria: participation, accessibility, preparedness, data, and funding. The assessment also examined whether emergency information is available in accessible formats such as sign language, easy-to-read language or screen-reader compatible digital services.

Compared with EDF’s 2021 baseline analysis, the findings show some progress in strategic recognition and policy references. However, structural gaps persist. Meaningful participation remains limited; the accessibility of early warning systems, evacuation procedures, shelters and communication systems is inconsistent; and preparedness tools rarely reflect the diversity of disabilities. A lack of disability-disaggregated data, binding standards and dedicated funding continues to hinder implementation. As EDF consultant Nino Gvetadze summarizes: “Across Europe, disability inclusion in emergency preparedness remains too dependent on individuals rather than embedded in systems.”

INTERNATIONAL COMMITMENTS TO DISABILITY INCLUSION IN HUMANITARIAN ACTION

Various international instruments mandate and guide the inclusion of persons with disabilities in humanitarian action. Over the years, these have shifted from medical or charity models to rights-based frameworks.

Conventions & Legal Frameworks

UN Convention on the Rights of Persons with Disabilities (2006):
- Article 11: Addresses the protection and safety of Persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies, and natural disasters.
- Articles 4(3) & 9: Deal with inclusion in decision-making processes and the accessibility of facilities and services.

Charters & Frameworks

Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016):
- Signatories commit to removing barriers to relief and ensuring the participation of Persons with disabilities in the planning and implementation of programmes.

Sendai Framework for Disaster Risk Reduction 2015–2030:
- Emphasises that Persons with disabilities should be involved in assessing disaster risk and designing preparedness measures. It also advocates for a disability-inclusive approach to disaster risk reduction.

UN Resolutions

UN Security Council Resolution 2475 (2019):
- Focuses on armed conflict.
- Operative Paragraph 10: Expresses the Council's intention to invite Persons with disabilities to brief the Council.
- Operative Paragraph 11: Urges states to comply with their obligations under the CRPD in conflict settings.

UN General Assembly Resolution 79/149 (2024):
- Reaffirms the rights and well-being of Persons with disabilities in development and, inherently, humanitarian efforts.

Guidelines & Strategic Documents

IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019):
- Establishes four 'must-do' actions for all humanitarian actors: 1) promote meaningful participation; 2) remove barriers; 3) empower Persons with disabilities; and (4) disaggregate data by disability.

UN Disability Inclusion Strategy (2019):
- Ensures that disability inclusion is mainstreamed across all pillars of the UN's work, including humanitarian action.

UNICEF Core Commitments for Children (1998):
- Includes operational guidance for the inclusion of children with disabilities in every phase of the humanitarian response cycle.

EU Strategy on Preparedness: Action 33 (2026)
- Ongoing development of disability-inclusive emergency preparedness guidelines and training for persons with disabilities and first responders under the Union Civil Protection Mechanism.

The Zero Project contribution

The EDF findings reflect a familiar worldwide challenge: while frameworks and guidelines for disability-inclusive crisis preparedness are expanding, implementation on the ground often lags behind. As in other areas of disability inclusion, objections – from cost and feasibility concerns to entrenched perceptions – continue to delay action.

This is precisely where the Zero Project's contribution comes in. In response to growing demand from the Zero Project Community, the 2025 Call for Nominations explicitly invited scalable innovations related to inclusive crisis preparedness and response.

The result is a diverse set of initiatives from around the world, ranging from disability-led disaster preparedness and accessible early warning systems to inclusive evacuation, education, and humanitarian aid models. An overview of these initiatives, some of which have been recognized with a Zero Project Award, can be found on pages 14 and 15 of this report.

Beyond the selection of innovations, the report draws on the collective expertise of the Zero Project Community. Experts and practitioners contributed thematic articles and practical recommendations based on experience and fieldwork. Consequently, the report prioritizes hands-on guidance that can be adapted, replicated, and scaled.

This approach is also evident in the Life Stories featured throughout the report, which give a platform to individuals with first-hand experience of inclusive – and non-inclusive – crisis response. Together, these contributions convey a clear message: an inclusive approach to crisis response is neither an add-on nor an unrealistic ideal. When designed from the outset, it improves safety, efficiency, and resilience for everyone. And, as many examples in this report demonstrate, it can also be highly cost-effective.

TALKING POINTS

How to respond to contrarian arguments

Inclusive crisis preparedness is often challenged by recurring arguments. The following nine reflect common objections found in debates and feedback from authorities, companies, and NGOs, and outline how to respond to them.

> ***"There is nothing to prepare for – every crisis is different."***

! While hazards vary, barriers are predictable

Inclusive principles such as redundant communication and clear roles apply across scenarios.

> ***"We will improvise when it happens."***

! Stress reduces cognitive capacity, coordination, and decision quality.

Predefined procedures enable faster and safer action under pressure.

> ***"Inclusive measures are too costly."***

! Retrofitting during or after a crisis is significantly more expensive

Many inclusive measures improve overall safety and usability.

> ***"We rarely have persons with disabilities here."***

! Disabilities may be invisible, temporary, or situational.

Crises themselves create new impairments and support needs.

> ***"Inclusive planning slows down response."***

! Lack of preparation creates delays and confusion.

Clear, inclusive procedures speed up decision-making.

> ***"Special arrangements create dependency."***

! Inclusive preparedness focuses on autonomy and choice.

Lack of preparation creates dependency, not inclusion.

> ***"Emergency services will handle it."***

! First responders rely on existing infrastructure, plans, and information.

Organizations remain responsible for internal preparedness.

“Advancing disability inclusion in humanitarian action is in danger.”

BY OLIVER WIEGERS, CBM GERMANY

International charters and guidelines promote disability inclusion in humanitarian action at the global level and have made progress, though slowly and uneven. But with the introduction of the 2025 UN Humanitarian Reset, it is no longer protected as a core principle.

For decades, persons with disabilities were almost invisible in humanitarian crises and responses. The Geneva Conventions of 1949 required humane treatment of the wounded and sick, including those with disabilities, but the language was charity-based, framing them as passive recipients of aid.

The paradigm shift began with the UN Convention on the Rights of Persons with Disabilities, which introduced a rights-based approach and, in Article 11, establishes the obligation to protect persons with disabilities in situations of risk, including armed conflict and humanitarian emergencies.

How charters and guidelines developed

It took another decade for this principle to translate into concrete humanitarian commitments: the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016) marked the first global pledge to operationalize Article 11 in humanitarian practice. This was reinforced by UN Security Council Resolution 2475 (2019), which put a focus on armed conflicts.

Later in 2019, the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action were endorsed – the first system-wide guidance that provides practical steps for implementation across all sectors and phases of the humanitarian programme cycle.

From charter to action?

Evidence shows progress in humanitarian action, although it remains uneven. Humanitarian Needs & Response Plans (HNRPs) increasingly reflect inclusion: in 2024, 85 percent of all HNRPs included disability mainstreaming components and measures that address the specific needs of persons with disabilities, versus only 10 percent in 2018.

Today, humanitarian donors ask more systematically for disability-inclusive needs assessment and planning than they did a few years ago. The Country Funds managed by the UN Office for the Coordination of Humanitarian Affairs has nearly tripled the number of persons with disabilities reached since 2019, raising its share of assisted crises-affected populations to 19 percent.

Disability-inclusive humanitarian coordination has also been evolving, leading to at least 12 Age and Disability Working Groups in major humanitarian contexts in 2023. These coordination mechanisms are central to influence needs assessments and HNRP development in their respective countries.

Progress at risk under the humanitarian reset

The 2025 Humanitarian Reset, a UN-led reform process to radically reshape international humanitarian action in response to soaring needs and severe funding cuts, introduces a high risk of reversal:

- Efforts to simplify HNRP planning and the prioritization of ‘lifesaving’ activities could weaken commitments to disability-inclusion.
- Sectoral coverage and detailed risk analysis for persons with disabilities will decline under shortened HNRP formats, where disability is merged with other cross-cutting themes.
- Funding cuts and staff reductions have already weakened technical capacity in UN agencies and INGOs, while OPDs struggle to continue their work.

Without further funding, coordination mechanisms such as Disability Working Groups may disappear in the near future, erasing hard-won visibility in humanitarian coordination.

When disability inclusion is not protected as a core principle during this process, a decade of progress is at risk of being undone. It is now necessary to defend humanitarian principles and ensure that persons with disabilities remain central to planning, funding, and coordination.

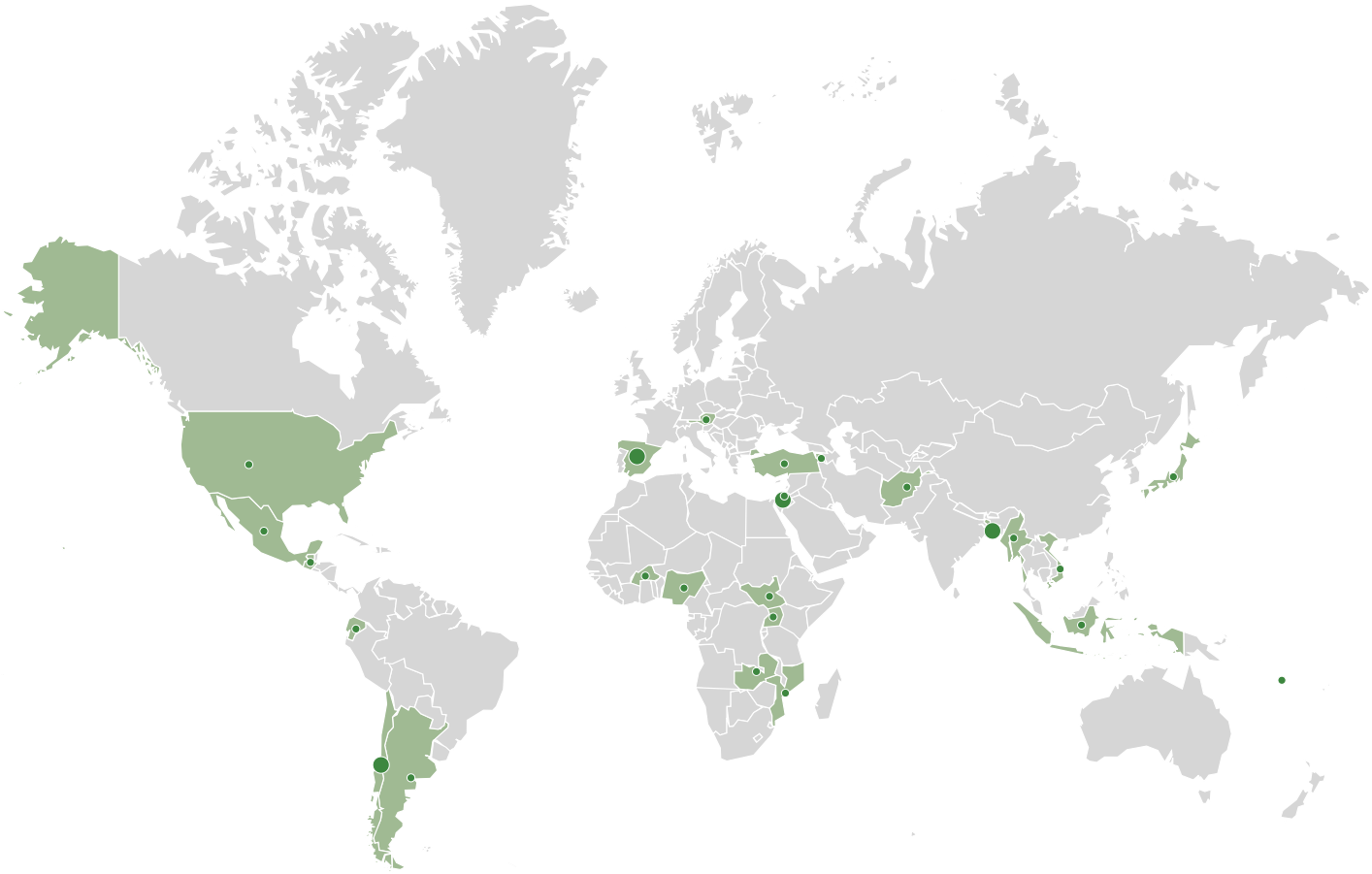
ABOUT THE AUTHOR

Oliver Wiegers leads the Humanitarian Technical Advisory Team at CBM. He provides global support to the planning and implementation of CBM’s humanitarian programmes

Of the 1.3 billion people with disabilities worldwide, many live in conditions that make them particularly vulnerable in crisis situations.

Overview of Innovative Solutions

ALL NOMINATIONS SHORTLISTED OR AWARDED BY THE ZERO PROJECT IN 2025–2026 RELATED TO CRISIS RESPONSE



In 2026, the Zero Project applied its established research and selection process to the field of crisis response, reflecting a growing global need for disability inclusion in emergencies. Through its annual call for nominations, peer review, and shortlisting rounds, the Zero Project identified innovative and scalable practices addressing preparedness, response, and recovery.
From over 500 nominations, 30 were selected for their inclusive approaches to early-warning systems, data collection, cash transfers, psychosocial support, and shelter accessibility, or similar disability-inclusive crisis responses. Among them, finally 11 received a Zero Project Award.

All Awardees and Shortlisted Nominations of the Zero Project 2026 related to crisis response, from A to Z by Country Name

Country	Project Name	Organization Name	Award
Afghanistan	Inclusive Digital Access and Crisis Resilience for Persons with Disabilities in Rural Afghanistan	Natural Resources Rehabilitation Social Services Organization (NRRSSO)	
Argentina	ECIIT: Community Territorial Intervention Team	Municipality of Trancas / Little School Caminos de Tiza	
Armenia	HOPE: Psychological Support for Refugees with Disabilities through Home-Based and Online Services	Disability Rights Agenda (NGO)	
Austria	Protecting Invisible Victims: Disability-Inclusive Anti-Trafficking Interventions	Organization for Security and Cooperation in Europe (OSCE)	
Bangladesh	Identifying and addressing the specific needs of persons with disabilities in humanitarian crises through inclusive mobile cash transfers	CBM Christoffel-Blindenmission Christian Blind Mission e.V. (CBM)	
Bangladesh	Multipurpose Accessible Rescue Boat for rescue operations in Flood Prone Areas at Bangladesh	Centre for Disability in Development (CDD)	
Burkina Faso	IMPACT-BF – Inclusive savings model strengthens crisis readiness and rapid relief funding	Light for the World (LFTW)	●
Chile	Disaster risk reduction models for cities that are centred on persons with disabilities	ONG Inclusiva – Disability-inclusive Resilient Citi Model	●
Chile	Interdisciplinary support protocol for autistic people in emergency and disaster situations	Fundación Unión Autismo y Neurodiversidad (FUAN)	
Ecuador	Inclusive Emergency Preparedness and Crisis Response for Persons with Disabilities in Latin America	Red Latinoamericana de Organizaciones de Personas con Discapacidad y sus Familias	
Guatemala	Inclusive Municipal Anticipatory Action Protocol (iAAP)	Asociación de Padres y Amigos de Personas con Discapacidad de Santiago Atitlán (ADISA) and Asociación Vivamos Mejor	
Indonesia	IDEAKSI: Strengthening local resilience with inclusive innovation and collective action	YAKKUM Emergency Unit	●
Israel	Purple Homefront – National Emergency Inclusion Program for People with Disabilities	It's Possible – Center for the Advancement of People with Disabilities	
Israel	Emergency Response Program for Persons with Intellectual Disabilities	AKIM Israel - The National Organization for People with Intellectual Disabilities and their Families	
Japan	Emergency preparedness curriculum led by persons with psychosocial disabilities	Porque, the Organization of Persons with Psychosocial Disabilities	●
Mexico	Humanitarian aid for persons with disabilities affected by natural disasters	Humanitarian Support Network for People with Disabilities	
Mozambique	SIRA – Survey for Inclusive Rapid Assessment	Light for the World Mozambique	
Myanmar	Disability Led Crisis Responses in Myanmar	IFES, Ah Lin Thit and Disability Development Initiative	
Nigeria	Fostering Participation of Persons with Disabilities in Humanitarian Coordination – Disability Working Group (DWG)	CBM Christoffel-Blindenmission Christian Blind Mission e.V. (CBM)	
Palestine	Community kitchen run by Deaf persons in the Gaza Strip	Atfaluna Society for Deaf Children	●
South Sudan	Inclusion in emergencies: Inclusive education in crisis response	Light for the World South Sudan	
Spain	Warehouse 51: Accessible Mass Humanitarian Aid in Valencia´s Floods	Association of Volunteers of Gaidakao (GBGE) and the City Council of Paiporta	
Türkyie	Down Türkiye Geleceğe +1 Academy: Education centres in containers delivering immediate support after disasters	Türkiye Down Syndrome Association	●
Uganda	Accessible service delivery model to address SGBV in Resilience Project	Light for the World Uganda	
Ukraine	Quality devices for the rehabilitation of children with disabilities and war-injuries	Blagomay – Brave in Spirit	●
United Kingdom	Making the national emergency telephone line useable for non-verbal communication	Inclutech Ltd. – TapSOS	●
United States	Disability-led global disaster response in real-time, accessible, and AI-powered	World Institute on Disability – GADRA	●
Viet Nam	Co-designed accessible disaster database for households with disabilities in rural areas	Hanoi Association of Persons with disabilities (DP Hanoi)	●
Zambia	Enhanced Water Access, Agricultural Innovation, and Resilience Building	Adventist Relief and Development Agency (ADRA)	

The effects of global warming on human health and wellbeing

CLIMATE CHANGE, HEAT, DROUGHTS, WARNINGS, HEALTH, AND RESILIENCE

Climate change is no longer a future risk but a present health emergency. Rising temperatures, extreme weather events, air pollution, and disrupted health systems are already affecting populations worldwide. Persons with disabilities are disproportionately exposed to these risks.

Climate change is increasingly recognized as a major global health challenge. According to the Intergovernmental Panel on Climate Change (IPCC), the last decade was the warmest on record and global average temperatures have already risen by approximately 1.1°C above pre-industrial levels. Heatwaves are becoming more frequent and intense, while floods, droughts, storms, and wildfires are affecting an increasing number of people each year.

A Growing Threat to Global Health

Recent projections show that exposure to extreme heat is increasing and is set to become a defining risk factor for younger generations. The 2025 Global Assessment Report on Disaster Risk Reduction, published by the United Nations Office for Disaster Risk Reduction (UNDRR), states that what was once considered a 'once-in-100-year' heatwave in the pre-industrial era is now expected to occur multiple times during the lifetime of individuals born today.

This increased frequency poses a significant threat to health, particularly in areas where access to cooling facilities, adequate housing, healthcare and support services is limited. Higher temperatures increase the risk of dehydration, cardiovascular strain and respiratory illness, while extreme weather events can disrupt access to clean water, food, housing and medical care.

Furthermore, climate-related hazards are increasingly overlapping with public health emergencies. Heatwaves, floods, and storms cause sudden spikes in hospital admissions, while simultaneously disrupting power supplies, staffing, transport, and supply chains. WHO estimates that over half of health facilities worldwide are located in areas that are highly exposed to climate-related hazards.

As a consequence, the WHO predicts that climate change will cause around 250,000 additional deaths per year between 2030 and 2050.

Disability means higher climate risk

Climate-related health risks are not experienced equally. Persons with disabilities are among those at higher risk during and after climate-related disasters. In fact, the United Nations Office for Disaster Risk Reduction (UNDRR) states that they are two to four times more likely to die or be injured during disasters than people without disabilities.

Around 1.3 billion people – about 16 percent of the world's population – live with a disability. Many of these people live in conditions that increase their vulnerability to climate change, such as inadequate housing or limited access to cooling, transportation, and healthcare services. Higher temperatures may interact with medication, assistive devices, or underlying health conditions. Power outages can also disrupt essential medical equipment and support services. Evacuations and emergency shelters are often inaccessible, and emergency information is frequently not provided in accessible formats. Disruption to health systems particularly affects people with disabilities, many of whom rely on continuous access to medication, assistive devices, electricity, and personal support services.

WHAT GOVERNMENTS MUST PLAN FOR NOW

- Integrate disability data and perspectives into climate risk and health impact assessments
- Ensure heat-action plans and early warning systems are accessible to all
- Protect continuity of care during climate-related emergencies, including power and service disruptions
- Invest in climate-resilient and accessible health infrastructure
- Involve persons with disabilities and their organizations in climate, health, and emergency planning

Credit: Fosco Lucarelli

Credit: World Vision/UFID - UK Department for International Development

According to the WHO, around 80 percent of persons with disabilities live in low- and middle-income countries, where exposure to extreme heat, flooding, and drought is often made worse by limited access to healthcare, social protection, and accessible infrastructure.

Level of exposure varies by region

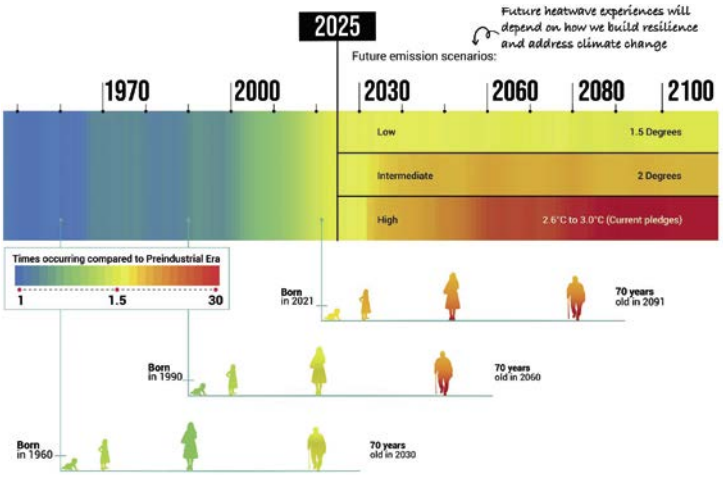
Climate-related risks for persons with disabilities also vary significantly by region. According to the WHO, around 80 percent of persons with disabilities live in low- and middle-income countries, where exposure to extreme heat, flooding, and drought is often made worse by limited access to healthcare, social protection, and accessible infrastructure.

In many urban areas, informal settlements lack cooling systems, reliable electricity supplies, and accessible evacuation routes. In rural regions, long distances and disrupted transport can cut off access to care during climate emergencies. Small island states and coastal regions face additional risks from rising sea levels and storms. Evacuating persons with disabilities and ensuring the continuity of support services is particularly challenging in these areas.

Inclusion as a resilience strategy

Inclusive planning is increasingly recognized as a core element of climate and health resilience. Measures that account for diverse needs, such as accessible early warning systems, inclusive evacuation planning, and resilient, accessible health infrastructure, reduce risk for persons with disabilities and entire populations.

International frameworks emphasize that resilience depends not only on physical infrastructure but also on participation, communication, and the continuity of care. Integrating disability inclusion into climate adaptation and health planning improves coordination, reduces uncertainty during emergencies, and enables more effective responses across sectors.



While someone born in 1960 might experience an extreme heat event once or twice in their lifetime, someone born in 1990 or 2021 is expected to experience them up to 30 times more frequently. (Source: UNDDR)

Building your strategy in the era of "global boiling"

BY NEVGÜL BILSEL SAFKAN, SABANCI FOUNDATION, TÜRKYIE

How the Sabancı Foundation has revised its strategy to address the urgent challenges of climate change: Making climate resilience and justice central to all its philanthropic work, especially for disadvantaged groups such as people with disabilities.

Climate change now causes more frequent and more extreme weather events – whether hurricanes, floods, and heavy rains; or, conversely, severe drought and water shortages. Temperatures keep rising; and current adaptation measures are far from enough to protect the vulnerable communities that have contributed the least to this crisis, but suffer the most from its consequences. As UN Secretary-General António Guterres stated, we are now entering an era of "global boiling," and must set aside all known methods and act in ways that fit this new reality.

Climate lens: Now a necessity

The World Meteorological Organization reports that climate-related disasters have increased almost fivefold in the last 50 years. Between 1970 and 2020, half of all disasters were connected to weather, climate, or water-related hazards. Climate change is only intensifying, and we must shape future decisions across policy, civil society, and the private sector.

As Sabancı Foundation marks 50 years, we have undertaken a comprehensive revision of our strategic plan, reassessing all themes and priorities through the lens of climate change. And we have observed that climate change intersects directly with every area of philanthropy, regardless of primary focus.

Every philanthropic effort in areas such as education, gender equality, and disability must now pass through a 'climate lens', as this directly affects their sustainability. In the area of education, climate-related disasters can, and do, hinder access to educational facilities, severely limiting opportunities. According to UNICEF analysis, in 2024 the education of more than 242 million students in 85 countries was adversely affected by climate change. And it is worse for students with disabilities. All we do must, therefore, be informed by an understanding and anticipation of future conditions.

As a philanthropic organization, Sabancı Foundation shapes its strategy around making disadvantaged groups – especially persons with disabilities – more resilient to the adverse effects of climate change.

Five Practical Priorities

We focus our vision on the following five key area:

1. Prioritizing the intersection of climate change within all thematic areas we develop.
2. Supporting projects that prioritize climate justice and a just transition, aimed at strengthening the resilience of disadvantaged groups against climate change.
3. Establishing networks to enhance the capacity of civil society organizations that do not primarily focus on climate change, enabling them to address climate-related issues.
4. Creating, supporting, and ensuring the sustainability of umbrella organizations that will raise pre-disaster awareness and provide necessary coordination against climate-induced disasters.
5. Supporting advocacy, research and development, and innovative ideas, as well as projects that ensure the participation of disadvantaged groups, particularly people with disabilities, in decision-making processes.

ABOUT THE AUTHOR

Nevgül Bilsel Safkan is General Manager of the Sabancı Foundation, Türkiye's leading corporate family foundation, where she leads strategic philanthropy, cross-sector partnerships, and long-term programmes promoting equality, inclusion, and social participation.

Drought and the missing rain falls affect farmers with disabilities more than any other. IDEAKSI from Indonesia is searching and promoting innovations developed with lived experience, such as this accessible integrated goat farming for addressing drought (more on page 38)

Proactive attitude

With an average of 50 earthquakes per year, preparing for emergencies is part of everyday life in Beppu, Japan.

How an inclusive city prepares for ongoing risks and emergencies

The city of Beppu, located in one of Japan's most disaster-prone regions, has developed a proactive strategy for inclusive emergency preparedness. Incorporating disability inclusion into all aspects of city life makes this model particularly sustainable.

The City of Beppu is located on the southern Japanese island of Kyushu and is internationally known for its more than 2,300 onsen – natural hot springs shaped by volcanic activity. This has led to the development of numerous health and rehabilitation facilities, attracting approximately 5.4 million visitors each year.

However, Beppu is also situated in one of Japan's most hazard-prone regions. The city lies within the tectonically active Beppu–Yufuin Graben and experiences frequent earthquakes, averaging around 50 events of magnitude 4 or higher per year. Additional risks include tsunamis triggered by seismic activity in the Nankai Trough or Beppu Bay, as well as volcanic hazards from the nearby Mount Tsurumi and Mount Garandake volcanoes.

BEPPU AS A REFERENCE POINT

The combination of multiple natural hazards and a large population of residents and visitors with support needs have made inclusive crisis preparedness a structural priority in Beppu. By incorporating inclusion into everyday governance, the city demonstrates how inclusive emergency preparedness can be sustained over time.
Investments in accessibility, participation, and social support in everyday life strengthen resilience in times of crisis. The same systems that support inclusion under normal conditions – community networks, welfare services, and accessible infrastructure – become critical assets during emergencies. This makes Beppu a relevant reference point for other cities facing increasing social and environmental risks.

In Beppu, therefore, disasters are not viewed as a matter of "if", but "when", necessitating preparedness for multiple hazards and flexible support arrangements that can address different needs depending on the situation.

Inclusion before the emergency

Beppu's approach to crisis preparedness is rooted in long-term policy choices. The city was a pioneer in Japan in implementing the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The Beppu City Ordinance for Safe and Secure Living for People with and without Disabilities came into force in April 2014, just three months after Japan ratified the CRPD.

The ordinance defines shared responsibilities for the city, its citizens and businesses, and has helped to establish a common administrative understanding of reasonable adjustments. As well as improving accessibility in public spaces, transport, and facilities, it explicitly addresses protection in emergencies.

Consequently, the city considers disability-related needs in all areas of urban planning and public life. A defining feature of Beppu's model is administrative coordination. Disaster preparedness is not the responsibility of a single department, but is instead shared among welfare, disaster management, education, health, and tourism authorities. Rather than treating the inclusion of persons with disabilities as an add-on during crises, the city integrates it into everyday planning well before an emergency occurs.

Preparedness for multiple hazards

To strengthen crisis preparedness, Beppu places a strong emphasis on advance preparation and early evacuation. This includes developing disaster prevention maps, evacuation action plans and detailed operation manuals for evacuation shelters, ensuring that procedures are clear and actionable for both residents and responders. Public buildings

Disaster prevention education and ongoing public awareness campaigns are fundamental in Beppu.

Preparations also include three disaster-prevention warehouses and 32 designated welfare evacuation shelters across the city.

People with special needs can register this information in advance to ensure they receive the necessary support in an emergency.

and tourist attractions are increasingly incorporating accessibility features, such as Braille signage and audible guidance systems.

Disaster prevention warehouses have been established at three locations across the city to ensure rapid access to essential materials during emergencies. Additionally, the city has partnered with 32 facilities designated as welfare evacuation shelters, including social welfare facilities, schools, and medical institutions. These shelters are intended for individuals who cannot safely remain in general evacuation shelters. Information on these facilities and related evacuation plans is publicly available on the city's official website.

Coordinated support when it matters

To identify people who may need assistance, older persons and persons with disabilities can register in advance. Based on this information, individual support needs are identified ahead of time, allowing responders to prioritise assistance during evacuations. In the event of a disaster, alerts are disseminated via area-wide mobile messages; and if a tsunami is expected, announcements are made through coastal loudspeaker systems.

Equally important are disaster prevention education and awareness-raising activities in communities, schools, and households, alongside evacuation shelter operation drills led by local residents. This ensures that residents understand the risks and know what to do in an emergency.

To ensure continuous preparedness, the city of Beppu revises its Regional Disaster Prevention Plan annually to reflect new risks, lessons learned, and changes in local conditions. In parallel, an internal cross-departmental team meets monthly to develop and refine an action plan for inclusive disaster prevention and response. This ongoing process helps to ensure that Beppu's approach remains functional under stress and adaptable as risks evolve.

ABOUT THE CITY OF BEPPU

Located on Japan's southern island of Kyushu, Beppu is widely known as an "inclusive and healing city"; and its more than 2,300 natural hot springs have shaped the development of extensive health and rehabilitation facilities. While the city has a population of just 113,000, around 5.4 million people visit Beppu every year.

At the same time, Beppu is located in one of Japan's most seismically active regions. The surrounding area experiences frequent earthquakes, with an average of around 50 events of magnitude 4 or higher occurring each year. Additional risks include tsunamis and volcanic hazards from the nearby Mount Tsurumi and Mount Garandake volcanoes. www.city.beppu.oita.jp

“Including persons with disabilities in the planning process is quite simple.”

A CONVERSATION WITH DAVID LEAL ABOUT THE FLOODING IN VALENCIA, SPAIN

The 2024 floods in Valencia exposed the urgent need for disability-inclusive disaster planning – showing how listening to lived experiences and engaging persons with disabilities directly in recovery can transform reconstruction into a more accessible, collaborative, and resilient process for all.

Devastating floods hit Valencia, Spain, at the end of October 2024., starkly illustrating the needs of different profiles of disabled citizens in and after emergencies. It also highlighted the absence of specific guidelines on how their active participation can help shape reconstruction efforts to put accessibility “front and centre.”

Recognizing this, two initiatives in Valencia (Warehouse 51 and Accessible Paiporta) combined field interviews with persons with different types of disability, real-time mapping of their needs, and direct collaboration with municipalities and companies to deliver tangible results: rebuilt ramps, accessible crossings, portable ramps for shops, and inclusive volunteering initiatives.

How do you effectively address inclusion in disaster planning?

Effectively addressing inclusion in disaster planning requires moving beyond rigid, top-down approaches and working through inclusive participation and collaborative governance. When a humanitarian crisis occurs, response systems are often overwhelmed because they are designed to address specific issues within clearly defined roles, procedures, and policy areas. Floods, earthquakes, or wars affect everything and everyone at the same time, in diverse and unpredictable ways, and cannot be solved by standard tools or by a single organization or government alone. Fragmented information leads to poor decision-making, slow responses, and critical gaps in leadership.

What truly makes a difference in these contexts is the activation of collective intelligence. The goal is to ensure that everyone can cope and is supported, especially the most vulnerable, such as persons with disabilities, children, and older people.

How important is lived experience in disaster planning?

Inclusive planning starts by listening to the lived experiences and real needs of affected people. Identifying unmet or unrecognized needs often leads to the emergence of more effective and adaptive systems. Designing systems that work for persons with disabilities means designing systems that work better for everyone. This is one of the key strengths of disability-inclusive approaches, particularly when they are based on co-creation and active participation.

How do you include persons with disabilities in the planning process?

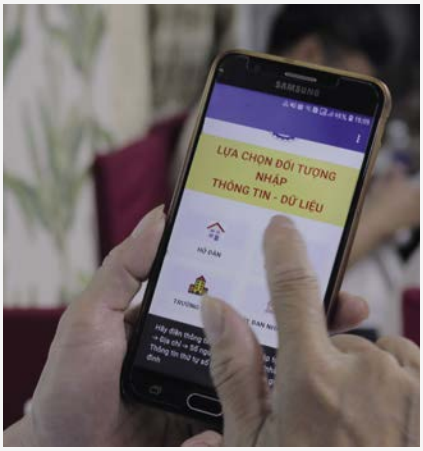
Including persons with disabilities in the planning process is quite simple: by asking them and involving them in decisions that affect their lives. After the floods, people with different types of disabilities were street-interviewed to understand how they experienced the emergency and its aftermath. Their feedback activated collaboration among local administrations, charities, and companies, resulting in concrete actions that benefited not only them but the whole community.

Actions included repairing pedestrian crossings rendered invisible to blind canes, fixing ramps and sidewalks, and removing physical barriers to disability-powered volunteering. Another example is the Lifeline Stadiums initiative, which strengthens accessibility and emergency preparedness by transforming football stadiums into multifunctional humanitarian response hubs in times of crisis.

This kind of inclusion does not require complex methodologies. It requires attention, care, and asking. People will tell you what they need.

ABOUT THE EXPERT

David Leal, PhD, Strategic Relations & Inclusive Innovation Director at Global Brigades for Groundwork in Emergencies (GBGE, Valencia/Spain) is a researcher, policy consultant, and social entrepreneur working at the intersection of climate resilience, disability-inclusion, and democratic innovation. He was an early responder to the 2024 floods in Valencia with GBGE.



First-hand data

Residents with disabilities in My Duc, Viet Nam, such as Pham Thi Thăng (pictured above), were involved in collecting disability-specific household data and received training in advance.

How collecting data strengthens inclusive crisis response

The Hanoi Association of People with disabilities (DP Hanoi) developed an approach that incorporates disability-specific household data into public disaster systems. This has improved disaster preparedness and boosted the inclusion of people with disabilities.

In My Duc, a flood-prone rural district south of Hanoi, the capital of Viet Nam, heavy rain is more than just weather. During the monsoon season water levels can rise quickly, cutting off roads and leaving households isolated. For many residents, timely information and physical access are crucial for evacuation. For people with disabilities, however, it has often depended on chance. “Before, like many other persons with disabilities in My Duc, I thought that in times of disaster our only role was to wait for help from the authorities or the community,” says Pham Thi Thăng.

Thăng is a single mother with a disability that affects her physical strength and endurance. Due to her health condition, everyday tasks such as moving around, carrying items, or working long hours are difficult for her. This makes the situation all the more challenging given the recurring floods along the Đáy River. As she explains: “My house is located right by the riverbank, and in past years the water rose so high that it flooded my home by more than one metre.” Although warnings existed, they rarely translated into accessible evacuation or targeted support, as responders lacked the information needed to reach her in time.

Living with risk and being counted

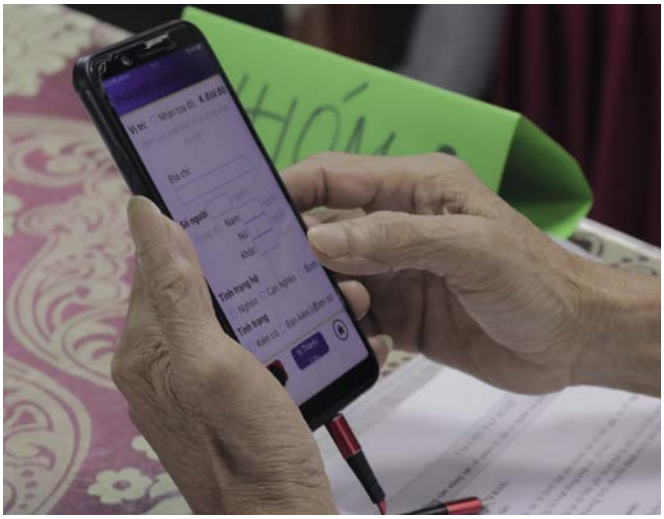
Disaster preparedness in Viet Nam, as in many countries, relies largely on general population data and infrastructure-based risk mapping. Household-level information, particularly regarding individuals with disabilities, is often absent. Consequently, emergency responders are unaware of where people live, what kind of assistance they require, and how to reach them safely.

To address this gap, in 2024 the Hanoi Association of People with Disabilities (DP Hanoi) launched a pilot project in My Duc called Collecting Data on Households with Disabilities and Accessible Disaster Prevention Infrastructure. The project aimed to create a digital, accessible spatial database recording GPS and demographic data, disability types, and the accessibility features of public facilities such as People’s Committees, cultural centres, schools, and health stations.

During the pilot phase, 23 trainees collected 594 data points (536 households and 58 facilities), reaching 545 direct beneficiaries and 800 indirect beneficiaries, with the potential to improve the preparedness of more than 2,500 persons with disabilities in the My Duc area. By late 2024 the data had been cleaned and verified, and had been uploaded to Viet Nam’s Disaster Monitoring System, where it has been available in real time to

DATA COLLECTION THAT CAN EASILY BE APPLIED ANYWHERE

The DP Hanoi approach demonstrates how data on households with members with disabilities can be systematically incorporated into disaster preparedness systems. By integrating community-collected data into the Viet Nam Disaster Monitoring System, the model enables the relevant authorities to identify risks, plan accessible evacuations, and allocate resources more effectively. The methodology does not depend on complex technology or costly infrastructure. Instead, it relies on structured data collection, collaboration with organizations representing persons with disabilities, and institutional integration. This makes the approach transferable to other disaster-prone regions, particularly those where persons with disabilities are underrepresented in risk data and emergency planning.



Pham Thi Thăng and 22 other trainees learned how to conduct surveys and use mobile tools and devices.

ABOUT DP HANOI

Founded as a social organization of people with disabilities, the Hanoi Association of People with Disabilities (DP Hanoi) promotes an inclusive, barrier-free, and rights-based society. DP Hanoi is active across the country, with activities ranging from advocacy and awareness-raising to building capacity and advising on policy.

The Accessible Disaster Prevention Infrastructure in Hanoi project, which was piloted in My Duc, combines community-based data collection, integration into national systems, and collaboration between OPDs and public authorities. This approach enables DP Hanoi to support more inclusive early warning, evacuation, and response systems.
www.dphanoi.org.vn

communes, organizations of persons with disabilities (OPDs), and official disaster response teams ever since.

Data collected by beneficiaries

A defining feature of the project was that the data was collected by persons with disabilities themselves, supported by DP Hanoi. This approach proved effective for several reasons, including the greater accuracy and relevance of the data, and increased trust and participation among local households. “The process shifted perceptions from ‘recipients of aid’ to active contributors to community safety,” explains Huyen Do, Chair of DP Hanoi. “This approach is consistent with DP Hanoi’s community-based methodology, the Asset-Based Community Development (ABCD) approach, which strengthens ownership among those directly affected.”

ABCD is an approach to community development that focuses on identifying and mobilizing existing strengths, skills, and resources within a community, rather than concentrating on deficits or needs. However, the approach also presented challenges, as Duong Hang Nga, Programme Coordination Officer at DP Hanoi, explains: “Many of the people we selected had never used digital tools or GPS devices before, so they needed additional training and ongoing coaching. Accessibility barriers also complicated coordination, as some participants struggled to reach remote villages or conduct household visits due to mobility issues and challenging terrain.”

“A feeling that my voice mattered”

When Thăng learned about the project through the My Duc OPD network, she immediately registered to participate. “I decided to join because I wanted to contribute to my community and demonstrate that persons with disabilities can play an active role.” Notably, Thăng was involved throughout the entire data collection period, from initial training to completing household surveys. “We learned how to conduct surveys, ask questions clearly, and use mobile tools and GPS devices. The trainers supported us step by step until we felt confident,” she recalls.

Thăng also hoped that by participating she would help local authorities to better understand the situation of persons with disabilities, ensuring that future support and evacuations would be safer and more appropriate. She realized she had succeeded when officials and community members began consulting her during discussions on disaster planning. Reflecting on her experience, she says that “For the first time, I felt that my voice mattered – and that I was helping to create a safer community for my daughter and others.”

What makes a city crisis-inclusive?

Resilient cities are defined not only by infrastructure and emergency systems, but by whether all people can access them during a crisis. The UNDRR Disability Scorecard supports helps local governments assess inclusive preparedness.

While many emergency plans focus on infrastructure, logistics, or evacuation routes, they frequently fail to address the barriers faced by persons with disabilities. Early warning systems may not be accessible, evacuation shelters may lack support services, and emergency communication may exclude people with sensory or cognitive disabilities. In practice, this means that preparedness itself can become a source of inequality.

To address this gap, the United Nations Office for Disaster Risk Reduction (UNDRR) developed the Annex for the Inclusion of Persons with Disabilities as a complement to its Disaster Resilience Scorecard for Cities. The tool helps local governments assess how inclusive their disaster preparedness and response systems are — and where critical gaps remain.

From accessibility to participation

The Disability Scorecard is not a ranking system, but a practical planning and self-assessment tool. It supports municipalities in reviewing whether persons with disabilities are systematically included in disaster risk reduction strategies, emergency planning, and recovery processes.

The framework examines how disability inclusion is integrated into areas such as risk assessment, emergency communication, evacuation planning, infrastructure, and recovery processes. Rather than treating disability inclusion as a separate issue, the Scorecard integrates it into broader urban resilience planning. This reflects a growing international understanding that inclusive systems are more effective and resilient for everyone.

A practical tool for local governments

One of the key strengths of the Scorecard is its practical focus. Cities are encouraged to identify concrete barriers, clarify responsibilities, and involve persons with disabilities directly in preparedness planning. The process also helps local authorities move from general commitments to measurable action.

The Disability Scorecard also helps to bring together existing elements of inclusive measures within a more systematic framework. Importantly, the tool also encourages collaboration between local governments, emergency responders, urban planners, civil society organizations, and persons with disabilities themselves. This reflects a broader shift in disaster management: from reactive emergency response toward long-term resilience planning.

FREE DOWNLOAD

The UNDRR Disability Inclusion Scorecard for Cities is available as a free download in multiple languages. The toolkit can be downloaded as a PDF, an accessible PDF, or as an Excel-based assessment tool.
mcr2030.undrr.org/disability-inclusion-scorecard

THE TEN ESSENTIALS FOR MAKING CITIES RESILIENT

1. Organize for disaster resilience
2. Identify, understand, and use current and future risk scenarios
3. Strengthen financial capacity for resilience
4. Pursue resilient urban development and design
5. Safeguard natural buffers to enhance the protective functions offered by natural ecosystems
6. Strengthen institutional capacity for resilience
7. Understand and strengthen societal capacity for resilience
8. Increase infrastructure resilience
9. Ensure effective disaster response
10. Expedite recovery and build back better

Source: UNDRR

Mobile classroom
Following the earthquake in southern Türkyie , destroyed schools were replaced with specially equipped shipping containers.

How to maintain inclusive education when schools collapse

Following the 2023 earthquakes in Türkiye, the Geleceğe +1 Academy Container Education Centres were established to provide inclusive education and support as schools and essential services stopped functioning.

When the ground began to shake in Adana, southern Türkiye, in the early hours of 6 February 2023, Özgür Konuk did what many parents did that night: he ran to his children's room. "The first thing I did was reach Barış and Sevgi," he recalls. "In those seconds, nothing else mattered."

It was only in the following hours that the scale of the disaster became clear. Two massive earthquakes struck southern Türkiye and northern Syria, killing tens of thousands of people and displacing millions. Entire cities were destroyed. Schools, care facilities, and support services ceased to function almost overnight.

For Konuk, the disaster unfolded on two levels at once. As a father, his priority was ensuring the safety of his family. As an education consultant working with the Türkiye Down Syndrome Association (TDSD), he immediately knew what the earthquake would mean for neurodivergent individuals and their families beyond the immediate emergency. "For children with intellectual and developmental disabilities, disruption is not temporary," he says. 'When routines disappear, learning stops and support systems collapse, and the consequences can last for years.'

From shock to coordination

In the weeks following the earthquake the emergency response necessarily focused on rescue, shelter, and medical care. The long-term impact on education, particularly for children with disabilities, was less visible. Thousands of schools were damaged or destroyed; teachers were displaced; and families struggled to meet their basic needs, leaving education and therapy out of reach.

Konuk became involved in the response efforts almost immediately, helping to identify gaps and translate urgent needs into workable solutions. In Adana's emergency services, many children with disabilities had been separated from their families. Together with volunteers, psychologists, and physiotherapists, Konuk and his colleagues at TDSD set up a buddy system. "We verified each child's identity and assigned an adult to accompany them throughout their treatment," he explains.

Containers replaced infrastructure

In the following weeks, Konuk and his colleagues conducted field visits to affected provinces to assess the situation of children with disabilities and their families. Based on these assessments,

ADAPTING THE CONTAINER-MODEL TO OTHER CRISES

Although the Geleceğe +1 Academy model was developed in response to a specific disaster, it is not limited to earthquake zones. Its strength lies in its adaptability. Container-based educational centres can be set up in other crisis contexts, such as after floods or in conflict-affected areas, or wherever access to inclusive education is disrupted.

The approach does not rely on high-tech infrastructure or lengthy construction. Instead, it combines modular design, local partnerships, and disability-specific pedagogical expertise, enabling it to be used in settings with limited resources and in remote areas.

To support replication, an Emergency and Disaster Strategy Plan has been developed for all branches of the Türkiye Down Syndrome Association.

A guidance brochure for professionals and volunteers working in disaster-affected areas was also developed in collaboration with national partners. It is available in Turkish.

After receiving the permits, the containers were set up within two weeks and school activities resumed.

To this day, the accessible containers are still used by local communities as inclusive educational centres.

four Geleceğe +1 Academy Container Education Centres were set up to provide inclusive education, therapy, social activities, and psychosocial counselling in areas where infrastructure had been severely damaged.

Built from prefabricated containers, the centres can be set up quickly and operate independently of damaged school systems. Accessible design features, such as ramps, wide entrances, and clear wayfinding, ensure physical accessibility, while calm and controlled environments address the specific needs of individuals with disabilities. Designed for crisis conditions, the modular units can be relocated if needed and function alongside broader reconstruction efforts.

Rapid effects, enduring impact

After obtaining the necessary permits and conducting feasibility checks, TDSD installed four centres in the provinces of Hatay, Gaziantep, Kahramanmaraş, and Adıyaman. The land for the container settlements was provided by the government. Each centre was then staffed by a multidisciplinary team, including special education specialists, physiotherapists, social workers, preschool teachers, and psychological counsellors. Additionally, a mobile social worker was deployed to coordinate between centres and to monitor the social support needs of families.

Regular programme activities began within two weeks of installation. To strengthen sustainability and reach, partnerships were established with local NGOs, public institutions, and volunteers. Over the following two years the initiative reached 1,045 people with disabilities, 356 professionals, and 550 families. In 2025 the container centres were formally handed over to municipalities and schools, enabling them to continue operating as inclusive education centres for local communities.

ABOUT TÜRKIYE DOWN SYNDROME ASSOCIATION

Founded by parents and professionals, the Türkiye Down Syndrome Association (TDSD) is a non-profit organization working nationwide to promote education, inclusion, and independent living for people with Down Syndrome and other intellectual disabilities.
The Geleceğe +1 Academy is its education and support initiative, based on a multidisciplinary approach that addresses developmental, physical, and social needs.

The Geleceğe +1 Academy Container Education Centres are an extension of this work in response to the crisis: modular, accessible spaces established after the February 2023 earthquakes to restore education and support where schools and services were disrupted.

www.downturkiye.org

Five recommendations for an inclusive earthquake response

BY ÖZGÜR KONUK, TÜRKIYE DOWN SYNDROME ASSOCIATION

As the Down Türkiye team, we acted immediately with a clear understanding of the specific risks faced by persons with intellectual and developmental disabilities and their families during emergencies. Our priority was to establish a rapid, coordinated, and inclusive intervention model from the very first hours following the disaster.
The following is a list of five key recommendations developed on the basis of extensive fieldwork and lessons learned during this process.

1. Establish fast, multi-channel, and accessible communication networks

In the first 24 hours after the earthquake the most urgent need was access to reliable information. We created WhatsApp-based communication networks in 11 provinces, connecting families, specialists, volunteers, and local representatives. These networks allowed us to quickly identify who was safe, who needed medical support, and which areas had lost communication. Recommendations:

- Appoint Emergency Communication Leads in each province.
- Develop pre-established communication chains linking CSOs, families, and volunteers.
- Prepare an SMS-based backup system for Internet outages.
- Provide families with an Emergency Information Card for Persons with Disabilities.

2. Create an inclusive accompaniment system in hospitals

Immediately after the disaster many children with disabilities were found alone in emergency departments. In response, we formed an accompaniment team consisting of volunteers, psychologists, and physiotherapists to ensure that every child had an adult with them throughout their treatment.
Recommendations:

- Sign accompaniment protocols between hospitals and CSOs in advance.
- Provide volunteers with crisis-specific communication training.
- Use rapid behavioural and needs-profile forms in emergency units.
- Assign temporary caregivers for unaccompanied children.

3. Establish logistics coordination centres to match aid with verified needs

We established a central depot in Adana where all incoming aid was collected, categorized, and matched with verified needs. This model ensured that the right materials reached the right families at the right time. Recommendations:

- Designate one primary depot per province.
- Form needs-assessment teams.
- Assign volunteers according to their competencies.
- Implement a daily reporting system.

4. Establish fixed and mobile centres for education and psychosocial support

We launched the Future +1 Academy Container Centres, which provided comprehensive support for children with disabilities and their families.
Recommendations:

- Create both fixed centres and mobile outreach teams.
- Provide crisis-specific trauma/resilience training.
- Adopt a holistic child–family–school service model.
- Strengthen local leadership.

5. Develop data-driven monitoring systems and long-term support plans

Standardized data collection allowed us to track service outcomes and plan long-term strategies.
Key outcomes:

- 5,582 individual meetings
- 1,045 individuals received direct services
- 356 specialists trained
- 550 families trained
- 110,000 km of field travel

ABOUT THE AUTHOR

Özgür Konuk is an education consultant at the Türkiye Down Syndrome Association. He personally experienced the earthquakes of 6 February 2023 in southern Türkiye and actively participated in the disaster response efforts.

Lessons from a huge fire and a pioneering response in Chile

BY GABRIELA VERDUGO WEINBERGER, FUNDACIÓN UNIÓN AUTISMO Y NEURODIVERSIDAD

A massive fire in Chile in 2024 left many autistic people and their families especially vulnerable. Based on this devastating experience a special Support Protocol was created by Fundación Unión Autismo y Neurodiversidad (FUAN) in Chile – together with autistic individuals – to help them cope with the chaos, rebuild routines, and get the right help during emergencies.

Emergencies not only destroy homes and the land, but they also expose starkly the structural inequalities faced by persons with disabilities. In February 2024, a huge fire in Chile devastated more than 15,000 homes in Viña del Mar, Quilpué, and Villa Alemana and killed 130 people.

Persons with autism and their caregivers were doubly vulnerable. They suffered both from the disaster and the complete absence of national strategies addressing their specific needs in crises. The total loss of routines, forced displacement, sensory overload, and the constant exposure to unpredictable environments created an extremely high-risk scenario for hundreds of families. FUAN, together with a specialized autism team and in direct coordination with the regional governance committee, developed and implemented a pioneering protocol to ensure psychosocial, sensory, communicational, and educational support for autistic people in a context of extreme vulnerability.

A protocol used for direct support

Taking a human rights approach and using Quality of Life and Citizenship models, we developed the guide "Interdisciplinary Support Protocol for Autistic People in Emergency Situations" for use in such crises. The protocol directly supported 174 autistic people and caregivers who had lost everything, providing necessary support, including psychosocial support, tools for sensory well-being, guidance for reorganizing daily routines, emotional stabilization, and even temporary shelters, throughout the complex processes of reconstruction and relocation.

The intervention also included an educational component with a psychosocial approach to autism, along with speech-language, educational, and occupational therapy supports that addressed specific needs in a highly disruptive environment. The team also coordinated donations of essential items for autistic well-being, such as oral-health supplies, weighted blankets, fidgets, educational materials, and other resources.

Actively involving autistic persons

This guide was designed by a specialized multidisciplinary autism team with, vitally, the active participation of autistic persons. It drew upon evidence from countries with national autism strategies and inclusive emergency plans, and adapted these to the local context and magnitude of the disaster. Its value lay in focusing on the real needs of autistic survivors, in an environment where uncertainty, sensory overload, and the loss of everyday stability became constant challenges.

Coordination with government (which brought together the housing, health, education, and social development sectors) not only enabled much more efficient territorial work but also facilitated the rapid activation of referrals, service provisions, and state support mechanisms for affected persons with disabilities.

Monitoring and measurement of impact

The team carried out more than 2,400 field-based support sessions. It monitored specific needs, accompanied processes of grief, reorganization of daily life and reconstruction, and ensured timely assistance during moments of high complexity. In parallel, the team was able to measure impact, make immediate adjustments, and achieve high levels of satisfaction alongside significant improvements in well-being and emotional stability.

ABOUT THE AUTHOR

Gabriela Verdugo Weinberger, is President, Fundación Unión Autismo y Neurodiversidad (FUAN), Chile

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THE STORY OF ADA MAZUZ, SURVIVOR OF THE HAMAS ATTACK

“When disaster hits, accessibility can be the thin line between life and death.”

Ada Mazuz, a wheelchair user, lived in a village close to the Gaza Strip when, on 7 October 2023, Hamas attacked. She describes her situation, her fear, and how planned accessibility and inclusive support measures saved her life.

My name is Ada, a wheelchair user, a mother, a neighbour, and a woman who never imagined that my wheelchair would one day become both my lifeline and my greatest limitation.

When the Iron Swords War broke out, I was at home in my small community. The morning began like any other – until it didn’t. Sirens, shouting, gunfire, and messages filled with fear arrived all at once. And then came the moment that changed everything: the realization that terrorists had entered our community and were moving among the houses. I manoeuvred myself as quickly as possible into the safe room.

The room that protects you is closing in on you

It is a strange thing how a space meant to protect you can also feel like it is closing in on you. Once the heavy door shut behind me, I felt the full weight of my situation. I had no way to evacuate. Not safely. Not quickly. Not at all.

For others, evacuation might mean running, taking cover, or moving with urgency. For me, every movement requires preparation and assistance. Under immediate danger, there simply was no safe way out.

Accessible evacuation can be improvised

Accessible evacuation requires planning, time to move, time to assist, and conditions that allow my wheelchair and my body to get out without putting anyone at further risk. But in those first hours there was no time. Outside danger moved faster than accessibility ever has. The sounds around me – footsteps, distant shouting, sudden bursts of noise – made it clear that staying inside the safe room was the only possible option.

Silence became too loud, my wheelchair as my loyal companion

I spent 36 hours inside that room. Thirty-six hours in which silence became too loud, darkness felt too bright, and fear had nowhere to go. I listened to every sound – the ones that suggested safety and the ones that suggested the opposite.

My wheelchair waited beside me like a loyal companion, yet it was also a constant reminder of how vulnerable I was in a world built for people who can run when danger arrives. The hardest moments were not only the fear for my life but also the awareness that my disability shaped my fate more than the threat outside.

I kept thinking: Will I survive? Not because of who I am, but because of how long it would take to get me out? That question stayed with me far longer than the sounds of the attack.

Every metre felt like reclaming a small piece of myself

When the evacuation team finally reached my home, they came prepared with the proper equipment, with patience, and with an understanding of what accessible rescue truly requires. They moved slowly and deliberately, step by step, checking each doorway and each path. Every metre felt like reclaiming a small piece of myself.

Eventually, I reached an accessible shelter where, for the first time in many hours, I could breathe without counting the seconds between noises. The Purple Vest team had been in touch with me throughout those long hours, guiding me and reassuring me; and they made sure that when I finally arrived, everything I needed was already waiting for me. Since then, I have carried those 36 hours inside me. They reshaped the way I understand safety, independence, and vulnerability.

Disability is not just a physical condition; in moments of crisis, it becomes a magnifying glass. It reveals what society has planned for, and what it has overlooked. I share my story not only because I survived but because others might find themselves in the same position. Accessibility is not a luxury; it is a fundamental requirement. And in situations like the one I faced, it can be the thin line between life and death.

Including OPDs in humanitarian action

BY NADIR ABU-SAMRA SPENCER, CLODOALDO CASTIANO, AND JACQUELINE BUNGART, LIGHT FOR THE WORLD INTERNATIONAL

To make humanitarian work more effectively, it is important to build long-term, thoughtful partnerships with organizations of persons with disabilities (OPDs). Based on successful projects in Burkina Faso and Mozambique, Light for the World (LftW) and its partners suggest five practical steps to help guide these partnerships.

Light for the World has been working in Burkina Faso since 2004 and in Mozambique for over 20 years. In both countries, LftW works alongside its partners to ensure persons with disabilities are supported in emergencies. The organization not only supports resilience and inclusion but it also works to ensure that communities are better equipped to respond to disasters.

Find in this article five practical steps to build meaningful partnerships with OPDs.

1. Enable meaningful participation

Effective participation focuses on building long-term partnerships, with resources tailored to a particular OPD's size, capacity, and context. It emphasises capacity development and involvement in coordination mechanisms. Key actions include jointly designing, monitoring, and evaluating projects, co-creating tools, and processes and co-analysing data.

In Burkina Faso, the IMPACT-BF project enabled local OPDs to design and implement advisory activities supporting disability mainstreaming by humanitarian actors.

In Mozambique, the Data that Matters project co-created SIRA, a disability-inclusive data collection tool, with FAMOD, the national umbrella OPD – jointly developing questions, collecting data, and analysing results.

In Burkina Faso, joint monitoring visits with OPDs led to improved accessibility of four safe spaces and four market gardening areas built during the project.

2. Support OPD advocacy leadership

Amplifying OPD voices requires context-relevant approaches, such as supporting advocacy design, leveraging data and evidence, and facilitating access to humanitarian actors, decision-makers, and coordination mechanisms.

In Burkina Faso, local OPDs were coached in developing successful advocacy messages for local authorities and humanitarian actors.

In Mozambique, strengthening FAMOD's data-driven advocacy within the Protection Cluster and Disability Working Group facilitated its contribution to the Humanitarian Response Plan.

3. Invest in capacity-development

In a complex humanitarian system, OPDs benefit from capacity-development, while humanitarian actors gain from their expertise. Across contexts, advocacy strengthening is central. Training in Monitoring and Evaluation can empower OPDs to analyse data.

In Burkina Faso, capacity-development provided local OPDs with tools and methods for successfully integrating the humanitarian response.

In Mozambique, following training in data collection, FAMOD ran a disability-inclusive survey of affected populations in urban and rural areas.

4. Ensure reasonable accommodation

Accessibility is a right. Priorities include systematic planning for reasonable accommodation and co-developing accessibility standards with OPDs to ensure barriers can be identified and removed.

In Burkina Faso, joint monitoring visits with OPDs led to improved accessibility of four safe

A gender and intersectional lens strengthens the leadership and role of women with disabilities in the prevention of disability-inclusive gender-based violence (GBV) and sexual and reproductive health and rights (SRHR).

spaces and four market gardening areas built during the project.

In Mozambique, screen-reader accessibility and sign language interpretation enabled FAMOD enumerators to survey nearly 2,500 people with SIRA.

5. Apply an intersectional lens of disability and gender

A gender and intersectional lens strengthens the leadership and role of women with disabilities in the prevention of disability-inclusive gender-based violence (GBV) and sexual and reproductive health and rights (SRHR).

In Burkina Faso, female OPD members were trained and supported in humanitarian coordination and monitoring, shaping GBV and SRHR services. This ensured services better addressed intersecting risks linked to gender, disability, and displacement.

In Mozambique, co-creation prioritised the analysis of barriers and enablers affecting women with disabilities, especially in market access and SRHR.

ABOUT THE AUTHORS

Nadir Abu-Samra Spencer is Expert Data and Research Manager at LftW in Austria. Over the past decade Nadir has covered multiple roles in research, including academia, government, NGO, INGO, and IO.

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Clodoaldo Castiano is Executive Director of FAMOD in Mozambique. For nearly a decade, Clodoaldo has been leading disability advocacy processes and initiatives in Mozambique, including human rights, inclusive development, and humanitarian action.

Jacqueline Bungart is a Senior Expert in Humanitarian Action at LftW International in Austria. She focuses on ensuring that persons with disabilities are systematically considered in emergency planning, data collection, and delivery of aid, promoting inclusive approaches as a core element of effective humanitarian action.

Empowering local communities as the key to inclusive crisis response

BY JESSICA NOVIA, IDEAKSI INNOVATION HUB, INDONESIA

When disasters strike, local people are usually the first to help. By trusting and supporting them to come up with their own ideas – such as warning systems or ways to help each other – everyone in the community can be part of creating solutions that really work. Especially those who are most often left behind.

From my years working in humanitarian response and disaster risk reduction, one lesson is always clear: communities are the first responders in any crisis. In Indonesia, where disasters happen frequently, this reality is strengthened by a strong culture of *gotong royong*, or mutual support. Through IDEAKSI, YAKKUM Emergency Unit's innovation hub, we create space for communities to turn this strength into practical and inclusive solutions. Local innovators lead the process, from identifying problems to designing, budgeting, implementing, and reviewing their own solutions. We walk alongside them by strengthening capacity, connecting them with stakeholders, sharing lessons, and providing flexible grants so ideas can become action.

ABOUT THE AUTHOR

Jessica Novia leads the YAKKUM Emergency Unit's IDEAKSI innovation hub, and has spent the past years working closely with communities on disaster resilience and locally-led innovation. Her work focuses on humanitarian innovation, inclusion, climate adaptation, and safeguarding, with a belief that the best solutions come from the people who face the challenges every day. She works side-by-side with communities, listening to their experiences and exploring creative ways to turn their ideas into sustainable solutions.

Working in real crisis settings

Community-led innovation works in real crisis settings because it places communities at the centre of decision-making. Farmers, caregivers, women, young and older people, and persons with disabilities are not treated as beneficiaries, but as problem-solvers who understand risk through lived experience. They know what it means to face floods, volcanic eruptions, droughts, or health emergencies. From this reality, they create innovative solutions that are affordable and rooted in local ways of life.

Digital support

The process itself makes this approach inclusive. Inclusion and accessibility are at its core. When communities design early warning systems, they consider how information reaches people with hearing, visual, or psychosocial disabilities. The flood warning system of PB Palma combines solar-powered sirens and lights with trained community volunteers, ensuring warnings are accessible and trusted. In health emergencies, Google's Montov app supports people living with HIV by providing medication reminders, health information, and peer support when access to services is disrupted. These solutions combine technology with local practice, so they continue beyond external support.

On-the-ground support

Other innovations use non-digital approaches. Taksi Kencana, a disaster education garden run by a self-help group of people with psychosocial disabilities, combines preparedness training with gardening activities to support recovery, reduce stigma, and strengthen livelihoods. In rural areas, Ngudi Mulya's mist irrigation system helps elderly farmers and farmers with disabilities to save water and increase harvests during drought. These ideas work because they come from daily life and are led by the community itself.

IDEAKSI teaches children about disaster risk reduction and the use of Google's Montov app.

Bridging the gap between planning and practice

In many crisis responses there is a gap between policy and practice. Inclusion is written into plans, but communities are rarely involved in shaping solutions. Community-led innovation helps close this gap. Through IDEAKSI, innovators receive mentoring, peer learning, and flexible funding to test ideas, learn from mistakes, and improve. Trust, long-term accompaniment, and respect for local knowledge make this possible.

This process is not easy. Authorities who are not used to seeing persons with disabilities or young people as leaders doubt some innovators. Many also carry emotional burdens, responding to crises that affect their own families. Yet the impact is clear. Innovators gain confidence, earn trust, and see their solutions adopted, funded, and replicated. They are no longer seen only as people affected by disasters, but as contributors to solutions.

When communities are trusted and supported, they do not wait for help. They create it. This is why community-led innovation is a foundation for inclusive and effective crisis response.

HOW TO SUPPORT COMMUNITY LED INNOVATION

Let communities lead decisions
Put local people in charge of identifying problems and choosing solutions, so support strengthens – not replaces – their leadership.

Provide flexible funding
Offer small, adaptable grants that communities can use quickly to turn good ideas into action.

Offer mentoring and capacity-building
Pair teams with ongoing coaching and practical training throughout design, budgeting, implementation, and review.

Create peer learning and knowledge sharing spaces
Help innovators learn from each other by sharing what worked, what didn't, and why.

Connect communities with authorities
Broker relationships with authorities and partners to build trust and make it easier to adopt and scale community solutions.

Lived experience as the main guide for response protocols

BY YUHEI YAMADA AND MAO SAGARA, PORQUE, JAPAN

Drawing on the lived experiences of persons with psychosocial disabilities, this section highlights how user-led research such as Japan's DIARY Project generates practical guidance for inclusive disaster planning that responds to their specific needs and everyday realities in crises.

Japan frequently faces natural disasters such as earthquakes, typhoons, and floods. However, disaster preparedness plans often fail to include fully persons with psychosocial disabilities, who face distinct challenges in accessing information, making evacuation decisions, and maintaining their daily routines during crises.

Lived experiences of persons with psychosocial and developmental disabilities

The DIARY Project (Disability-inclusive Action and Disaster-risk Reduction surveY) was launched in Tokyo in 2021 by Porque, the Organization of Persons with Psychosocial Disabilities, in collaboration with Japan's National Institute of Mental Health. Through interviews, this Japan-based, user-driven research project has, to date, gathered voices in Japan from individuals with psychosocial and developmental disabilities who had experienced disasters (primarily earthquakes), as well as from their supporters and caregivers. Based on these interviews, the project developed checklists and practical guidance for inclusive disaster response.

Key issues identified included (i) difficulty accessing reliable information during disasters, (ii) concerns about registering for support services due to privacy, and (iii) a lack of awareness of welfare shelters. This last point includes both a lack of awareness among affected people of the existence and use of welfare shelters, as well as a lack of understanding within welfare shelters themselves regarding the needs of persons with psychosocial disabilities. These challenges are rooted in structural barriers, such as the limited inclusion of persons with disabilities in local disaster planning processes.

One of the most important recommendations is to ensure meaningful participation of persons with disabilities in all stages of disaster planning: design, implementation, and evaluation. This reflects the principles of the UN Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Reduction.

Collaboration among mental health, welfare, and disaster services

Equally important is the need for clear, accessible information in advance, and stronger collaboration among mental health, welfare, and disaster services. Continuity of care, including access to medication and psychosocial support, is essential during emergencies.

Inclusive crisis response is not only a matter of policy but also a cultural shift. The lived experiences of persons with psychosocial disabilities provide crucial insights into how we can build a more resilient and inclusive society for all.

https://porque.tokyo/
https://porque.tokyo/2025/04/22/diaryreport

ABOUT THE AUTHORS

Yuhei Yamada, Representative Director of Porque, the Organization of Persons with Psychosocial Disabilities in Japan. He leads projects in inclusive disaster preparedness, peer support, and public policy.

Mao Sagara, Board Member of Porque, the Organization of Persons with Psychosocial Disabilities. She is engaged in research, practice, and advocacy on inclusive disaster preparedness from the perspective of persons with psychosocial disabilities. In the DIARY Project, she contributed to field research, workshop coordination, and public outreach.

One of the most important recommendations is to ensure meaningful participation of persons with disabilities in all stages of disaster planning: design, implementation, and evaluation.

Crisis preparedness that is locally led and locally owned

BY AN INTERDISCIPLINARY TEAM FROM GUATEMALA

Strengthening inclusive and locally-driven preparedness requires integrating participation, evidence, accessibility, capacities, and timely financing into all risk-management and anticipatory action processes.

An inclusive early warning and anticipatory action initiative in Guatemala – supported by CBM and implemented together with Vivamos Mejor and ADISA – addresses rising climate risks in Central America at a time of increasingly limited humanitarian resources. It represents a locally-led and locally-owned approach that combines accessible technology, community knowledge, and linkages to adaptive social protection to reduce risk without creating dependency on external assistance. These five recommendations have been drawn from this work.

1. The full participation of persons with disabilities and other high-risk groups is vital.

Planning must be developed together with those facing the greatest vulnerability. Their involvement in risk analysis, defining actions, protocol validation, and decision-making ensures that relevance, legitimacy, and responses are aligned with needs. It also strengthens community ownership.

2. Disaggregated and georeferenced data are needed for accurate and inclusive anticipation.

Anticipatory decisions must be based on solid information that reflects the reality of those most vulnerable. This means generating and updating data disaggregated by sex, age, type of disability, geographic location (georeferencing), socio-economic status, and other relevant factors. This enables clear identification and planning around differences in exposure and response capacity for each population group.

3. Universal accessibility and inclusive design are necessary throughout the process of preparation.

Inclusive preparedness involves removing communication, physical, and cultural barriers. This requires accessible spaces, easy-to-read materials, accessible digital formats, Braille, sign language, and reasonable accommodations. This guarantees full participation in workshops, drills, and anticipatory actions. Universal Design ensures that all people can use the planned services and measures.

4. Municipal and community capacities must be strengthened through structured methodologies.

Authorities and communities need practical tools in order to act in time. Methodologies such as Inclusive Municipal Protocols organize the process into clear phases (readiness, pre-positioning, and anticipatory action), improve coordination, clarify responsibilities, and facilitate institutionalization of the anticipatory approach. Continuous training and inclusive drills are key to both reducing improvisation and strengthening local governance.

5. Pre-assigned financing and local governance mechanisms are needed to activate early measures.

Anticipatory actions only work with resources available before impact. Municipalities must have specific budgets for anticipatory actions, agile disbursement mechanisms, and defined roles to activate measures quickly. Transparency and financial planning strengthen the systems' sustainability and enable timely responses based on forecasts.

ABOUT THE AUTHORS

These recommendations result from a team effort by **Luis Iván Giron Melgar,** AVM, in charge of geo-mapping vulnerabilities and hazards to monitor risks and create the technical tools for action; **José Antonio Pérez Quiñonez**, ADISA, guiding on inclusive disaster risk reduction by bringing affected communities and local authorities to the centre of preparedness and response; **Evi Befus**, CBM, advising on localized innovations in Anticipatory Action and bringing them to the global stage; and **Grit Haedicke with Josue Ovando**, CBM, connecting the dots in programming among Inclusive Disaster Risk Reduction, Social Protection, and Inclusive Humanitarian Action.

Authorities and communities need practical tools in order to act in time. Continuous training and inclusive drills are key to both reducing improvisation and strengthening local governance.

“PTSD prevalence is at an astounding four percent of the population.”

INTERVIEW WITH MICHAL RIMON, ACCESS ISRAEL

How service providers should address persons living with Post-Traumatic Stress Disorder.

What exactly is Access Israel’s Purple Vest initiative?

It began as emergency-access training for volunteers and municipal staff. Access Israel is adding a practical layer: a purple-tagged trailer (car attachment) stocked for disability-inclusive evacuation and assistance – for example, evacuation chairs, hammocks, oxygen, and other essentials – rolling out across Israel’s districts. We are working on the local adaptation in one country after the other. I can name Georgia and Bulgaria already.

Why is PTSD significant for the work of response teams?

Around the globe, PTSD prevalence is at an astounding 4 percent of the population, so one in 25 persons is living with a post-traumatic stress disorder. The numbers are much higher in low- to middle-income countries, and also the problems are substantially bigger, since only about one in four people seeks treatment. For countries that are experiencing war, like Israel, the numbers are substantially higher. In Israel more than 500,000 people are at risk, possibly up to 900,000.

What is your approach? How are services for persons with PTSD improved?

We started with research and came up with a list of some 120 to 140 challenges across healthcare, education, banking, retail, municipal services, and recreation for persons experiencing PTSD. After a survey with close to 1,000 respondents we could rank priorities. And after consultations and roundtables with service providers – testing feasibility, costs, and clashes with other access needs – we have a programme for 2026, consisting mainly of training, organizational procedures, and legislative proposals.

What is it exactly that service providers can, and should, change?

I can give you a few examples. The stress of parking a car can make people with PTSD abandon an appointment, unable to leave their car. So one fix we are looking at is reserved parking slots tied to pre-booked visits. Unlike parking spaces reserved for wheelchair users, these spaces do not need to be close to the entrance, but simply quiet and ordered.

Another example is queue-exemption cards. These are commonly offered to vulnerable groups, but they often don’t work for persons experiencing PTSD when they fear that they can be challenged when showing their card. So staff awareness and service design are also important, not only a card.

In call centres, background music and uncertain waiting can be triggering. And in rooms and at service counters, sightlines to exits matter. In these situations, just a small layout change can help.

What if someone is triggered on site?

There was an incident when a sudden noise triggered a patient who began yelling. A trained secretary guided him away calmly, removed her high heels to avoid adding noise, and the staff along the corridor reduced sounds until he reached a quiet space.

And there are very simple emergency cues for blind and deaf-blind people: a light tap on the shoulder signals “I’m here”; holding both hands signals “I’m with you.”

What is needed most to grow and scale your approach?

We are only in our beginnings, and challenges exist in many different forms. For example, private services must also be included, which requires a different approach.

ABOUT THE AUTHOR

Michal Rimon is CEO of Access Israel and initiator of The Purple Vest Mission for supporting persons with disabilities and older adults during crises. She holds a law degree from Hebrew University in Jerusalem and an MBA from the Zicklin School of Business in New York. Michal previously served as spokesperson for the Israeli Mission to the UN, and today leads an international network dedicated to advancing accessibility and inclusion worldwide.

TEST YOUR ORGANIZATION: ARE YOU PREPARED?

A checklist for the inclusion of persons with psychosocial disabilities

A checklist created by the Organization of Persons with Psychosocial Disabilities (Porque) in Japan to help persons with psychosocial disabilities plan and assess inclusive disaster risk reduction through practical, evolving prompts, reflects common objections found in debates and feedback from authorities, companies, and NGOs, and outlines how to respond to them.

Category 1: Daily Preparedness

- Do you regularly talk about disaster preparedness and evacuation methods in your daily life?
- Do you consult with your medical or welfare service providers regarding disaster preparedness?
- Do you discuss your medications with your primary doctor in preparation for disasters?
- How do you manage any leftover medications in your daily life?
- Do you carry your medication with you when you are out?

Category 2: Preparedness for Evacuation

- Have you taken measures – such as fixing furniture, securing fragile items, and keeping your home tidy – in anticipation of needing to evacuate suddenly?
- Have you prepared for a situation in which you must escape immediately following a disaster?
- Have you designated a place to store your medications so that they are easily accessible?
- Do you store your medication record safely?
- Do you have specific evacuation locations, routes, or methods in mind?
- Who would you like to contact immediately after a disaster?
- How do you plan to communicate with others immediately after a disaster?

Category 3: Preparedness for Life During Evacuation

- Have you stockpiled water for drinking and other daily needs in the event of an evacuation?
- Have you prepared food supplies in anticipation of an evacuation?
- Do you have essential disaster-preparedness items ready for use during an evacuation?
- Have you prepared personal items suited to your preferences and specific needs due to disability characteristics during a disaster?
- Have you checked the emergency alert settings on your smartphone?
- In your opinion, what special measures are necessary for information gathering during an evacuation?
- Have you considered informing others about your disability or the reasonable adjustments you might require during an evacuation?
- Have you planned to secure personal time and space for yourself during evacuation life?
- If you were to participate in future disaster drills, what would you expect from them?

Five recommondations for supporting persons with low vision

BY KLAUS HOECKNER, HILFSGEMEINSCHAFT / ACCESS AUSTRIA

These recommendations offer practical, sensory-based strategies to help persons with low vision prepare for and navigate high-risk situations such as war, earthquakes, and tsunamis through tactile support networks, redundant warning systems, and inclusive safety planning.

Based on the principles of the Sendai Framework for Disaster Risk Reduction (2015–2030), the following recommendations set out practical safety planning approaches for people with low vision in high-risk situations, such as war, earthquakes, and tsunamis.

1. Build a 'tactile' support network (buddy system)

In times of crisis, voice commands may be inaudible, and tactile landmarks may be destroyed. Independent navigation alone is unreliable.

- Designate specific buddies: Identify two to three people who commit to checking on you immediately.
- Tactile signals: Agree on non-verbal signals (e.g., an arm squeeze or a shoulder tap) to indicate 'move', 'hide', or 'follow'.
- Key access: Make sure that a trusted person can enter your home if you are injured or disoriented.

2. Create a sensory-redundant early warning system

Many alerts rely on visual cues that others notice first.

- Audio-tactile alerts: Use systems that combine sound and vibration.
- Radio redundancy: Keep a battery-powered or hand-cranked AM/FM radio. Mark the emergency station with tactile indicators for instant access.
- Sound literacy: Learn to distinguish between different types of sirens (e.g., tsunami vs. air raid).

3. Hazard-specific 'go-bag' and navigation tools

Standard kits overlook navigation loss.

- White cane redundancy: Pack a spare folding cane.
- Lighting for others: Carry a strong torch or headlamp to make yourself visible to rescuers.
- Tactile identification: Mark medication, documents, and supplies with Braille, raised symbols, or bands.
- Service animal preparation: Include protective boots and a muzzle to avoid delays during evacuation.

4. Audit your environment for disorientation

Disasters instantly alter spatial layouts, so preparation must happen in advance.

- Earthquake: Practice reaching safe spots by counting the number of steps from your bed or seating areas. Do not run.
- Tsunami: Memorize evacuation routes by surface texture and incline. Move to high ground immediately when warned.
- War: Expect constant changes to the debris. Move slowly and use a cane to protect your upper body.

5. Advocacy as preparation (Sendai principle)

Understanding risk involves educating responders before disaster strikes.

- Civil defence registration: Make sure the authorities know you are visually impaired.
- Inclusive drills: Participate and provide feedback. Alarms must provide direction, not only warning.

ABOUT THE AUTHOR

Klaus Höckner, Managing Director of Hilfsgemeinschaft der Blinden und Sehschwachen/Access Austria (Association for the Blind and Visually Impaired/Access Austria). Founded in 1935, the organization has over 7,000 members and approximately 70 employees, making it Austria's leading privately funded institution supporting blind and visually impaired people.

Special support for deaf and hard of hearing refugees

PROVIDING SIGN LANGUAGE, LIFE SKILLS, AND EMPLOYMENT SUPPORT IN AUSTRIA

The Hospital St. John of God Linz, Austria, supported Ukrainian refugees with hearing impairments in 2022 and 2023 with mental health and language courses, partnering with a job platform and the regional Federation of the Deaf. A summary of a Zero Project Award 2024.

The Hospital St. John of God Linz is located in Linz, the capital city of the State of Upper Austria. In 2022 and 2023 the hospital supported 47 refugees with hearing impairments by providing accommodation and counselling, but also by organizing German and Austrian Sign Language courses. The hospital cooperated intensively with the regional Federation of the Deaf, which created a unique and targeted support system for those refugees whose special needs are usually neglected.

Special needs of refugees to Austria

The project addresses the special needs of refugees with hearing impairments who must quickly learn both written German, in order to communicate with hearing Austrians, and Austrian Sign Language, in order to be able to make use of specialized services for deaf people in Upper Austria.

Solution, Innovation and Impact

Hospital St. John of God Linz (Konventhospital Barmherzige Brüder Linz) is a large hospital in the capital city of Upper Austria that includes a department for the deaf, and which is staffed with people with hearing impairments. Following the start of the war in Ukraine in March 2022 refugees in Germany contacted the department, and it in turn the department provided targeted support for deaf refugees, placing them in three locations around Linz.

A hospital cooperating with an online jobplatform

Forty-seven adults and children with hearing impairments were supported with a variety of measures, including adapted accommodation, assistance in sign language, and customized courses in Austrian Sign language to quickly build up language skills. The hospital also cooperated with Job.com, an education programme that supports the deaf and hearing-impaired community in Austria with written German and Austrian Sign Language materials, courses, and resources online and in person. In addition to language skills, the refugees were provided training in social skills and job application skills as well.

In Upper Austria, refugees from Ukraine with hearing impairments received support by a hospital in cooperation with a job platform and a local DPO

Working with a local OPD

The Deaf Association of Upper Austria (Gehörlosenverband Oberösterreich) was involved in the preparation and implementation of the project from its very beginnings, as were deaf employees of the hospital and deaf members of the communities of the three villages where the refugees had been placed. At the end of 2022 most of the displaced persons had found jobs and homes.

Funding, Outlook and Transferability

The project was mainly financed by the hospital itself, by private donations, and with funding from the province of Upper Austria and the Social Ministry Service, a department of the Austrian Ministry of Social Affairs, which also supports the Job.com project. (Zero Project Awardee 2024)

From access to exit: Designing accessible buildings

A RATING SYSTEM AS A COMPREHENSIVE FRAMEWORK FOR ENTERING AND EXITING

The Rick Hansen Foundation Accessibility Certification™ (RHFAC) provides a comprehensive framework for assessing and enhancing the accessibility and emergency preparedness of buildings, ensuring that persons with disabilities can safely enter and exit during crises.

Expectations for the built environment are increasingly defined by crisis preparedness and emergency resilience. Building codes, standards, and certification schemes are therefore evolving to address issues such as accessible evacuation, emergency communication, and sheltering. Against this backdrop of change, the Rick Hansen Foundation Accessibility Certification™ (RHFAC) offers a structured, globally applicable framework for incorporating crisis preparedness into the accessibility assessments of buildings and sites. RHFAC evaluates not only whether a building is accessible in everyday use, but whether it remains accessible during emergencies.

Assessment and certifications

Developed by the Rick Hansen Foundation, a registered Canadian charity, RHFAC is an accessibility assessment and certification programme that supports building owners, operators, and planners in identifying barriers and strengthening accessibility in both existing buildings and new construction projects. A dedicated section of the rating survey evaluates emergency systems and procedures to determine whether a building remains accessible during fires, power outages, and other emergencies. This includes accessible routes to exits, audible and visual alarm systems, clearly marked and usable areas of refuge, and emergency signage that is visible and understandable for people with mobility, sensory, or cognitive disabilities. RHFAC also reviews whether emergency communication reaches everyone through multiple formats, including audible, visual, and tactile information.

Focus has become more urgent

In recent years, this focus has become more urgent. The increasing frequency and severity of natural disasters, infrastructure failures, and public health emergencies have highlighted how disproportionately persons with disabilities are affected when emergency systems are not inclusive. RHFAC responds to this reality by emphasizing that accessibility is not complete unless safe evacuation and shelter-in-place procedures are accessible as well. In this sense, crisis response is no longer an add-on, but a core measure of meaningful accessibility. Or as Kevin Ng, Director of Technical and Program Content at RHFAC, explains: “Accessibility considerations often focus on facilitating entry into buildings, but equal attention must be given to how individuals – especially those with disabilities – can safely exit during emergencies.”

LEARN MORE ABOUT THE RICK HANSEN FOUNDATION ACCESSIBILITY CERTIFICATION

Getting RHF certified.
Read about the benefits, impact, and costs of a rating, and download the free RHFAC Guide to Certification.

Getting Out Safely:
Read a blog article by Katie Kirker from the RHF team on how to enhance built environments for safe evacuation.

How to start your preparation

An inclusive crisis response requires structured planning, clear responsibilities, and ongoing learning. The following recommendations are designed to help organizations move from intention to implementation.

Step 1: Identify who is at risk

- Map staff, clients, users, and visitors with disabilities, including temporary or situational impairments caused by injury, illness, or age
- Collect information voluntarily, confidentially, and in line with data-protection standards
- Assign clear responsibility for maintaining and updating this information

Step 2: Review existing emergency plans

- Check whether evacuation, sheltering, and lockdown procedures explicitly address disability-related needs
- Identify typical gaps such as visual-only alarms, stairs-only evacuation routes, or inaccessible assembly points
- Review continuity plans for essential services, including power supply, water, and digital communication

Step 3: Ensure accessible communication

- Provide emergency information in multiple formats: audio, visual, plain language, and accessible digital
- Avoid jargon and overly complex instructions
- Test communication channels under realistic conditions, including noise, darkness, or network failure

Step 4: Clarify roles and responsibilities

- Define who supports whom during emergencies and how this support is activated
- Avoid informal assumptions (“someone will help”)
- Ensure procedures are documented so preparedness does not depend on individual staff members

Step 5: Train staff and partners

- Provide basic training on disability-inclusive emergency response
- Include contractors, security staff, and volunteers
- Use scenario-based learning to practice decision-making under pressure

Step 6: Test, document, improve

- Conduct inclusive drills and simulations at regular intervals
- Document lessons learned and assign follow-up actions
- Treat preparedness as a continuous improvement cycle rather than a one-off task

Sources: Sendai Framework for Disaster Risk Reduction 2015–2030 (UNDRR), WHO Guidance on Disability-Inclusive Emergency Risk Management

Designing inclusive hospital response systems for emergencies

A THREE PHASES-MODEL APPLIED IN LATIN AMERICA

This chapter introduces INGRID-H, a methodology developed to ensure hospital emergency preparedness is inclusive of persons with disabilities through structured evaluation, action, and verification phases. Rather than focusing on individual measures, the methodology uses a structured, step-by-step approach to incorporate disability inclusion into hospital disaster risk management.

Developed by the Pan American Health Organization (PAHO), the Inclusion for Disaster Risk Management in Hospitals initiative – known as INGRID-H – is an evaluation-action methodology designed to improve how hospitals prepare for and respond to emergencies and disasters, with specific attention to persons with disabilities. PAHO, founded in 1902 and headquartered in Washington, D.C., works with 35 Member States across the Americas and serves as the Regional Office for the World Health Organization.

Covers many types of crises
INGRID-H addresses a wide range of crisis scenarios, including natural hazards and threats involving biological, chemical, or radiological agents, as well as events of a social origin, such as conflict or unrest.

Three consecutive phases
The methodology applies a structured, step-by-step process to embed disability inclusion into hospital disaster risk management. Its application follows three consecutive phases:

- The first phase, evaluation, establishes a baseline for how effectively a hospital includes persons with disabilities in emergency and disaster preparedness. This results in a targeted action plan for continuous improvement.
- The second phase, implementation, translates this plan into practice through short-term actions to improve visibility and participation, and medium- and long-term measures to strengthen autonomy and enhance response capacity. This also includes updating hospital emergency and disaster response procedures.
- The third phase, verification, assesses progress by integrating disability considerations into emergency plans and testing them through inclusive simulations and drills.

Adaptable to different contexts
INGRID-H has been piloted in hospitals in Chile, Ecuador, and Mexico, among others, supporting improvements such as accessible evacuation routes, multi-sensory alarm systems, inclusive training exercises, and clearer emergency communication. Although it was developed for the Region of the Americas, the methodology can be adapted to different healthcare contexts, ranging from high-complexity urban hospitals to lower-complexity facilities in rural areas, making it transferable to hospital systems worldwide.

LEARN MORE ABOUT PAHO DISASTER RISK REDUCTION AND INGRID-H

Read more about the background information, key facts, and PAHO's actions to reduce disasters in the health sector.

Download the INGRID-H publication on Disability Inclusion in hospital disaster risk management in English or Spanish.

INGRID-H (the Spanish acronym for 'Disability Inclusion in Hospital Disaster Risk Management') is a methodology developed by the Pan American Health Organization (PAHO) to foster inclusion in disaster risk management in hospitals. It supports the efforts of national health sectors to comply with Article 11 ('Situations of risk and humanitarian emergencies') of the United Nations Convention on the Rights of Persons with Disabilities.

Improving crisis response with the help of AI and local leadership

DISABILITY-LED DISASTER RESPONSE IN REAL TIME

Traditional disaster response often overlooks local disability expertise. GADRA combines disability leadership, digital coordination, and AI-supported tools to improve crisis response in real time.

When disasters strike, persons with disabilities are among the groups most affected by disasters – yet disability-led organizations are often excluded from humanitarian coordination, funding, and decision-making.

The Global Alliance for Disaster Resource Acceleration (GADRA), led by the World Institute on Disability, aims to change this. Rather than relying on traditional charity-driven crisis response, GADRA strengthens local disability-led organizations (DLOs) and connects them with global resources in real time.

Virtual Emergency Operations Centre

At the centre of the model is an accessible Virtual Emergency Operations Centre (V-EOC), which activates during crises to coordinate needs, response partners, and resources across multiple countries simultaneously. The platform is multilingual, compliant with the European Union's General Data Protection Regulation, and designed according to the Web Content Accessibility Guidelines. It enables disability-led organizations to report urgent needs, mobilize support, coordinate accessible shelters and evacuations, and track assistance in real time – all without deploying external response teams.

A key innovation is AIME – the Artificial Intelligence Match Expediter. The AI-supported tool helps local disability-led organizations identify urgent needs, prioritize requests, match available resources, and overcome language and time-zone barriers. AIME also supports translation, logistics, and administrative requirements needed to access international support during crises.

Local leadership in real time

Importantly, GADRA is designed to strengthen disability-led organizations already active within affected communities instead of sidelining local expertise through external response structures. The framework connects disability-led organizations, non-profits, companies, and donors in a coordinated network that aims to shift disaster response toward more equitable and locally driven systems.

Since 2020, GADRA has supported 53 disability-led organizations responding to 28 crises across five continents. The framework contributed to the evacuation of more than 1,100 persons with disabilities and their families and coordinated more than $500,000 in direct support alongside over $1.5 million in in-kind contributions. According to the World Institute on Disability, the initiative has reached more than 11,000 people globally.

The model has already been replicated in multiple countries and continues to expand through partnerships with technology companies, foundations, and disability organizations worldwide. Future plans include strengthening predictive analytics, building regional hubs, and developing shared resource systems and communities of practice.

LEARN MORE

Global Alliance for Disaster Resource Acceleration (GADRA)

GADRA Virtual Emergency Operations Center

GADRA 2020–2030 Impacts and Vision

World Institute on Disability: www.wid.org

Five ways to make an emergency reception centre accessible

BY MORAN FRIEDMAN, ACCESS ISRAEL

During emergencies reception centres must be ready to welcome everyone safely, including persons with disabilities and older adults.

1. Choose an accessible location

Identify reception centres in advance and verify step-free access to all key areas such as sleeping spaces, bathrooms, and shelters. Ensure wide pathways, non-slip floors, and enough manoeuvring space for wheelchairs. Place all essential services on the ground floor, as elevators may not operate during crises.

2. Prepare the right equipment

Alongside basic supplies, keep simple accessibility tools available such as transfer boards/hammocks, writing materials (tablets/pen and paper), some higher beds, and food for service animals. Avoid relying on equipment that requires power, as electricity may be unstable.

3. Train the staff

Staff should receive basic guidance on disability awareness, respectful communication, and safe physical assistance techniques. Meeting persons with disabilities in advance can reduce panic and improve confidence during real emergencies.

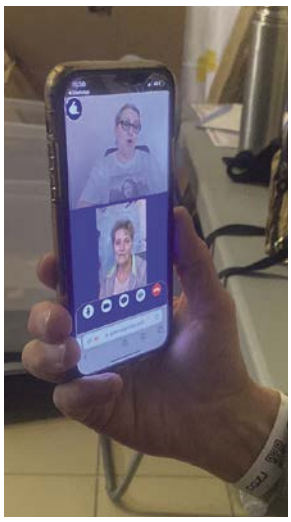
4. Ensure accessible communication

Use clear, simple language and short instructions. Provide written and amplified communication, while remembering that not everyone can read or see text easily. Written announcements and personal amplification devices help reduce confusion in crowded, stressful environments.

5. Provide accessible services

Use clear signage to help people navigate unfamiliar spaces. Ensure that service desks suit wheelchair users and include chairs with handles for people who need support.

Review any special services, such as emotional support, and ensure they are accessible to all – for example, offering sign-language interpretation or written communication so deaf or hard-of-hearing individuals can use them as well.



Offer sign-language interpretation or written communication so deaf or hard-of-hearing individuals can use them as well.

ABOUT THE AUTHOR

Dr. Moran Friedman is a certified accessibility consultant at Access Israel

Using technology in crisis response – a lifesaver that is often overlooked

A CALL TO ACTION BY MICHAL RIMON, ACCESS ISRAEL

Inclusive crisis response is most effective when people, knowledge, and technology combine – turning tech into a lifeline that ensures no one is left behind, as shown by the Purple Vest Mission in Ukraine.

In times of crisis, the difference between isolation and safety often comes down to communication. In my work supporting emergency responses worldwide through The Purple Vest Mission, I've seen how persons with disabilities face unique barriers – from deaf individuals, who cannot hear alerts, to people with cognitive disabilities or older adults who struggle to process instructions under stress. When used thoughtfully, technology can bridge these gaps and help responders act quickly and effectively.

Using a sign language app

During the Purple Vest Mission in Ukraine, I experienced this firsthand. At a refugee centre, volunteers brought us an elderly woman in deep distress. No one could understand her, until we recognized that she was deaf and using sign language. With Sign Now, an Israeli app providing instant video interpretation, we connected her within seconds to a Ukrainian interpreter. Only then did we learn about her situation: her evacuation route had changed due to bombings, and she urgently needed to reach her daughter in Germany. That evening she was safely reunited with her daughter.

This experience revealed the profound role technology can play in humanitarian response. Not only improving efficiency, but also protecting dignity, autonomy, and access to life-saving information.

Only when using Sign Now did we learn about the situation: this woman's evacuation route had changed due to bombings, and she urgently needed to reach her daughter in Germany.

Using community support apps like Be My Eyes

Technology can support crisis response in many areas. I have seen evacuees with visual disabilities regain independence in unfamiliar shelters through tools such as Be My Eyes. And I have witnessed how digital solutions can help people with psychosocial disabilities manage anxiety in real time, or make evacuation steps clearer for people with intellectual disabilities.

These examples demonstrate that technology is essential to an inclusive emergency response. They also show that many technologies that were not originally designed for emergency support have significant potential to support persons with disabilities during emergencies.

At The Purple Vest Mission, we invite innovators to explore whether their technology or solution can support persons with disabilities during emergencies and to join the Purple Vest Emergency Solution Badge initiative. This helps raise awareness and bring existing accessible emergency solutions to the forefront.

At the same time, as I have personally learned and experienced in the field, technology alone is not enough. It must be paired with awareness and trained responders who understand who needs it, what they need, and when and how to use it.

ABOUT THE AUTHOR

Michal Rimon is CEO of Access Israel and initiator of The Purple Vest Mission for supporting persons with disabilities and older adults during crises.

Pictures from the response of PAHO (Pan American Health Organization) to Hurricane Melissa in Haiti 2025 (see also page 50)

KNOWING ALL YOUR STAKEHOLDERS

Who Should Know About Inclusive Crisis Response?

An inclusive crisis response requires coordinated action across roles, sectors, and levels of responsibility. While each group contributes differently, gaps in one area can undermine the entire response.

Leadership and decision-makers

- Set priorities and allocate financial and human resources
- Mandate inclusive preparedness across departments and locations
- Ensure accountability, monitoring, and follow-up

Emergency planners and risk managers

- Integrate disability considerations into risk assessments and scenarios
- Ensure plans clearly address evacuation, sheltering, and prolonged disruption
- Coordinate with public authorities and emergency services

Facility and infrastructure managers

- Maintain accessible exits, alarms, refuge areas, and backup systems
- Anticipate failures under crisis conditions, such as power loss or blocked routes
- Ensure maintenance plans reflect emergency use, not just everyday operations

Human resources and training units

- Integrate inclusive preparedness into onboarding and staff development
- Support staff with disabilities before, during, and after crises
- Clarify internal communication and support mechanisms

First responders and security staff

- Apply inclusive procedures under time pressure
- Communicate clearly and respectfully
- Coordinate assistance while respecting autonomy and dignity

Persons with disabilities and self-advocates

- Contribute lived experience and practical knowledge
- Identify blind spots in planning and implementation
- Participate in drills, evaluations, and revisions

Sources: Convention on the Rights of Persons with Disabilities (United Nations), Disability-Inclusive Disaster Risk Management (UNDRR)

Quiz: Are you an expert on inclusive crisis response?

Take this quiz to test your knowledge on the basics of how to respond to a crisis inclusively and accessibly. Answers appear at the bottom of page 2.

1. A national emergency hotline is redesigned. Which change best aligns with disability-inclusive and accessible crisis response principles?
A: Shortening call menus so callers are quickly routed to police dispatch as the default
B: Requiring all callers to describe their disability in detail before receiving support
C: Adding text, video relay, and chat options with trained staff familiar with diverse disabilities
D: Limiting service hours to weekdays so staff can receive more specialized training

2. Which scenario best reflects the principle of "Nothing about us without us" in designing crisis response for persons with disabilities?
A: Crisis response is outsourced to a private security company that promises to "handle" disabled people carefully
B: Persons with disabilities, including those with psychosocial and intellectual disabilities, are paid co-designers of crisis policies and training
C: Experts with no lived experience of disability design all crisis protocols based solely on academic literature
D: A disability organization is invited to give a one-time presentation after all crisis procedures are finalized

3. A crisis response team wants to reduce the risk of police use of force against people with psychosocial disabilities. Which strategy is most aligned with disability-inclusive practice?
A: Creating community-based crisis teams led by peers and clinicians, with police only as a last resort
B: Training police to physically restrain people more quickly to "get it over with"
C: Adopting a policy that all people in mental health crisis must be transported in handcuffs
D: Developing joint patrols where police lead and mental health workers observe

4. A crisis responder arrives to support a Deaf person experiencing distress at home. Which action is the most disability-inclusive first step?
A: Assume the family can interpret everything and speak only to them
B: Immediately begin speaking loudly and slowly to make sure they are understood
C: Use pen and paper, text, or remote sign language interpretation to ask how the person prefers to communicate
D: Call the police for backup before attempting any communication

5. Which data practice best supports accountability for disability inclusion in crisis response systems?
A: Gathering disaggregated data on disability status through voluntary self-identification, with strong privacy safeguards
B: Collecting disability data only in aggregate, without asking people how they self-identify
C: Avoid collecting any disability-related data to protect privacy
D: Recording disability status based solely on responders' assumptions during a crisis

6. When it comes to climate change induced crisis situations, which of these scenarios is unlikely?
A: Because of rising urban heat, some physical illnesses such as multiple sclerosis become more severe
B: When extreme heat confines people to air conditioned spaces, the well being of persons with psychosocial disabilities can be even more negatively affected
C: In climate adaptation measures such as relocation or housing upgrades, the needs of people in institutions or assisted living are often overlooked
D: Wheelchairs users are blocked by dry pot plants and cannot use ramps because of litter and rubbish

7. Which practice best illustrates a rights-based approach to disability-inclusive crisis response?
A: Swiftly assigning guardianship to a volunteering family member for a person with an intellectual disability
B: Making all crisis support conditional on the person agreeing to long-term institutional care
C: Prioritizing rapid removal of the person from the community to avoid complaints
D: Ensuring the person can make informed choices, with support, about available crisis options

Join the Network!

Zero Project

Join the Zero Project Network! Scan the QR code to share your contact details and get notified when the next Call for Nominations opens in May 2026.

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