

DISABILITY INCLUSIVE INVESTMENT PLAN (DIIP) OF SHIMLA



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ABBREVIATIONS

ADIPS	Assistance to Disabled for purchase of Aids and Appliances	GSDRC	Governance & Social Development Resource Centre
ASHA	Accredited Social Health Activist	HPMFDC	Himachal Pradesh Minorities Finance & Development Corporation
CBOs	Community Based Organizations	HRVCA	Hazard Risk Vulnerability and Capacity Assessment
CBT	Capacity Building and Training	IAG	Inter-Agency Group
CBDRM	Community Based Disaster Risk Management	IEC	Information, Education and Communication
CCA	Climate Change Adaptation	KL	Knowledge Links
CDPO	Child Development Project Officer	KAFO	Knee Ankle Foot Orthotics
CSO	Civil Society Organizations	NGOs	Non-Governmental Organizations
CDMP	City Disaster Management Plan	NDMP	National Disaster Management Plan of India
DDMA	District Disaster Management Authority	NPDM	National Policy on Disaster Management
DDMP	District Disaster Management Plan	R&R	Rehabilitation and Restoration
DRR	Disaster Risk Reduction	SJ&E	Social Justice and Empowerment
DPOs	Disabled Persons Organizations	SDGs	Sustainable Development Goals
DHFW	Department of Health and Family Welfare	SFDRR	Sendai Framework for Disaster Risk Reduction
DMC	Disaster Management Cell	UNDP	United Nations Development Programme
DMP	Disaster Management Plan	UN-CRPD	The UN Convention on the Rights of Persons with Disabilities
DRR	Disaster Risk Reduction	USAID	United States Agency for International Development Persons
EWS	Early Warning System	WDCs	Ward Development Committees
FGD	Focused Group Discussion	WSS	Water Sanitation and Sewerage
GoI	Government of India	SJ&E	Social Justice and Empowerment

PREFACE

Preparation of persons with disability inclusive Disaster Management Plan for Shimla city and district was part of a larger USAID supported UNDP implemented 'City Resilience Building' project designed to guide the development and implementation of disability inclusive Disaster Risk Reduction (DRR) in Shimla through local collaborative action.

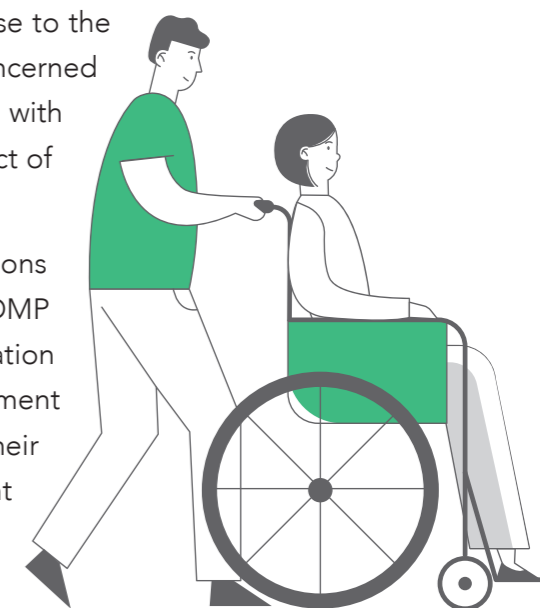
To achieve this objective, the Knowledge Links team with support of Shimla Municipal Corporation and UNDP critically reviewed the existing City Disaster Management Plan and District Disaster Management Plan (DDMP) of Shimla and subsequently developed the disability inclusive disaster management plans along with Investment Plan for Shimla city.

A wide range of stakeholders that included members of disability groups, community members, health workers, emergency management staff members and functionaries from government departments, municipal staff and NGO workers participated in consultation meetings and discussions and shared their experiences and their ideas and suggestions about how to reduce risk and increase the resilience of people with disability to disasters in Shimla.

The proposed 'Disability Inclusive Investment Plan' is the outcome of secondary data analysis and a series of consultations with a number of stakeholders that included the following: persons with disabilities; Disabled Persons Organizations (DPOs) such as UMANG and UDAN; other NGOs, and; Child Development Project Officer (CDPO) of Shimla city.

The plan is indicative in nature and needs to undergo required modifications annually in response to the evolving needs and contexts of the concerned stakeholders in general and persons with disability in particular in the city and district of Shimla.

The indicative 'Investment Plan' for persons with disability inclusive CDMP and DDMP can be used by Shimla Municipal Corporation (SMC) and Shimla District Disaster Management Authority (DDMA) and could be a part of their ongoing efforts for inclusive and resilient Disaster Management (DM) planning of Shimla.



CHAPTER 1

INTRODUCTION

This investment plan seeks to address a long felt need to ensure adequate investment in making disability inclusive disaster management planning a reality on the ground at the city and district level in Shimla. In view of the existing data gaps on persons with disabilities in the city, this document focuses more on investment priorities, opportunities and options than on actual budgetary provisions, which anyway have to be made within the on-going government programmes and civil society initiatives, and are obviously outside the scope of this plan exercise.

Including the needs and voices of persons with disabilities at all stages of the disaster management process, and especially during planning and preparedness, can significantly reduce their vulnerability and increase the effectiveness of Government and civic response and recovery efforts in case of emergencies.

However, despite an increasing worldwide focus on disaster risk reduction as opposed to mere disaster response, most city and related Government agencies fail to adequately plan for or include persons with disabilities in their disaster management activities. This causes severe inequities in access to immediate response, as well as long-term recovery for people who have disabilities prior to the disaster and those who acquire a disability as a result of the disaster.

Disruption to physical, social, economic, and environmental networks and support systems affect persons with disabilities much more than the general population. There is also a potential for discrimination on the basis of disability when resources are scarce. Moreover, the needs of persons with disabilities continue to be excluded from long-term recovery and reconstruction efforts, thus missing another opportunity to ensure that cities are accessible and inclusively resilient to future disasters, in a disability inclusive manner.



Rehabilitation and reconstruction efforts must not only be inclusive and responsive to the needs of all people, including persons with disabilities, but should also include their participation in planning and decision making processes so as to ensure that their needs and rights are recognized and addressed with their active involvement, and not without them. Women with disabilities are a particularly vulnerable group whose needs have to be specifically included at all stages of recovery and reconstruction efforts.

CONTEXT AND RATIONALE

Persons with disability in Shimla city and district, as anywhere else, have special emergency needs during disasters which require accurate assessment, followed by proper planning and investment through adequate resources and capacities to address these needs. This calls for risk informed and disability inclusive disaster management plans both at the city and the district level.

There is enough empirical evidence to suggest that persons with disabilities are too often neglected in disaster management planning, contingency planning, assessment, design, and delivery of humanitarian relief services during emergencies. Emergency situations such as natural/ human induced disasters can also result in increased number of people experiencing disability owing to new injuries, a lack of quality medical care, collapse of essential services or/and many of them occurring together. Ensuring inclusion of persons with disabilities as active participants during emergency response, and not merely as disaster victims is, therefore, being considered as a core component of principled and effective humanitarian action.

The National Disaster Management Plan (NDMP) 2019 emphasizes that DRR efforts must specifically address the vulnerabilities of persons with disability among the affected population, rather than clubbing them with other vulnerabilities; special attention must be paid to ensure that no person with disability is abandoned after a disaster.

While there have been legal and policy initiatives to ensure the social inclusion of persons with disability, they have yet to be backed up by appropriate budgetary allocations for achieving the same. Social welfare/support schemes by National and State Governments to persons with disability are neither adequately funded nor the disability pensions are sufficient to address minimum needs of people with disability.

Disability inclusive disaster management planning is an essential prerequisite for effective social inclusion during emergencies. However, lack of adequate data on persons with disability in the city and district of Shimla is one of the biggest challenges in ensuring disability inclusive disaster management planning for the city and district of Shimla. The existing city disaster management plan (CDMP) of Shimla is largely silent on persons with disability with the sole mention of 'mainstreaming disability issues in Disaster Management' as one of the action points in the mitigation section of the CDMP.

The Sendai Framework for Disaster Risk Reduction adopted by India in 2015, also emphasizes the importance of inclusion and accessibility, and recognizes the need for involvement of persons with disabilities and their organizations in DRR policies and their implementation. The 2030 Agenda for Sustainable Development Goals 2015 promotes

the most important “Leave No One Behind” principle which takes into account the heterogeneity of disability.

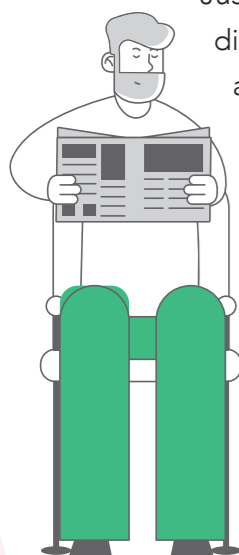
According to SDGs, disability should be included as a cross-cutting theme in DRR policies and strategies and should include the knowledge and suggestions of persons with disabilities. Given this backdrop, UNDP and the Shimla MC under the USAID-Gol-UNDP project “Developing Resilient Cities through Risk Reduction in the context of Disaster and Climate Change” has taken this initiative, of disability inclusive DM plan for the Shimla city and district along with an investment plan to holistically address the issue of inclusion of persons with disability in DM planning process at both city and district levels.

ADDRESSING LIMITATIONS

The Disability Inclusive ‘Investment Plan’ is an indicative plan, which delineates various existing Government schemes/resources available currently and other possible sources of funds that can be tapped by the city and district authorities. However, the lack of availability of comprehensive, desegregated and up-to-date data on persons with disability in the city and district of Shimla has been the biggest challenge in carrying out this planning exercise. COVID-19 restrictions in the Shimla city further added to the constraints in conducting face to face meetings with all the concerned stakeholders.

Despite data constraints and COVID-19 related mobility restrictions, a series of meetings and follow up discussions were held at the level of various government departments and institutional actors that include the following: Department of Social Justice and Empowerment (DSJ&E), Nodal Department for persons with disability; Shimla Municipal Corporation (SMC); ICDS office; Women and Child Welfare office; Health Department; Education Department; Statistics Department and; Census Office of Government of India.

These aimed at eliciting the views and suggestions of different stakeholders on disability inclusive CDMP, DDMP and investment priorities for action. Meetings and consultations were also held with persons with disabilities, DPOs, NGOs, CDPO and leading organizations of Shimla working for persons with disability, such as UDAAN, UMANG and SAKAAR Society for Disabled, teachers and parents. These were done through audio and video conferences to elicit their views and suggestions on issues, concerns and challenges of persons with disability in the city and district of Shimla.



CHAPTER 2

PERSONS WITH DISABILITIES IN SHIMLA: NEEDS AND GAPS

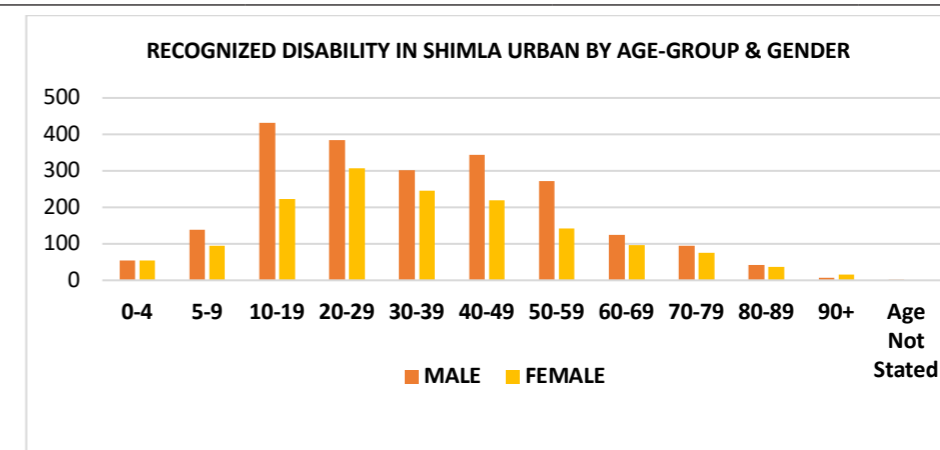
The only reliable data about persons with disability in the city and district of Shimla available is from the Census of India 2011. However, this data set is now almost 10 year old in 2020 and underlines an obvious and urgent need to generate a new disaggregated data set on age, gender and category wise status of persons with disability in Shimla city and district for carrying out a sound and targeted planning exercise.

Population of persons with disabilities in Shimla district, as per Census 2011, is 21,834, which is 0.31% of the population. Of these, the male and female population is 55.53 % and 44.47 % respectively. In Shimla city, the population of persons with disability is 3706, with 2197 male and 1509 female, which is 59.28 % and 40.71 % respectively.

Age and Gender –wise Persons with Disability – Shimla Urban

AGE- GROUP	MALE	FEMALE	TOTAL
0-4	55	54	109
5-9	138	94	232
10-19	432	222	654
20-29	384	307	691
30-39	302	245	547
40-49	344	219	563
50-59	272	143	415
60-69	125	96	221
70-79	94	76	170
80-89	42	37	79
90+	7	16	23
Total	2197	1509	3706

Source: Census 2011

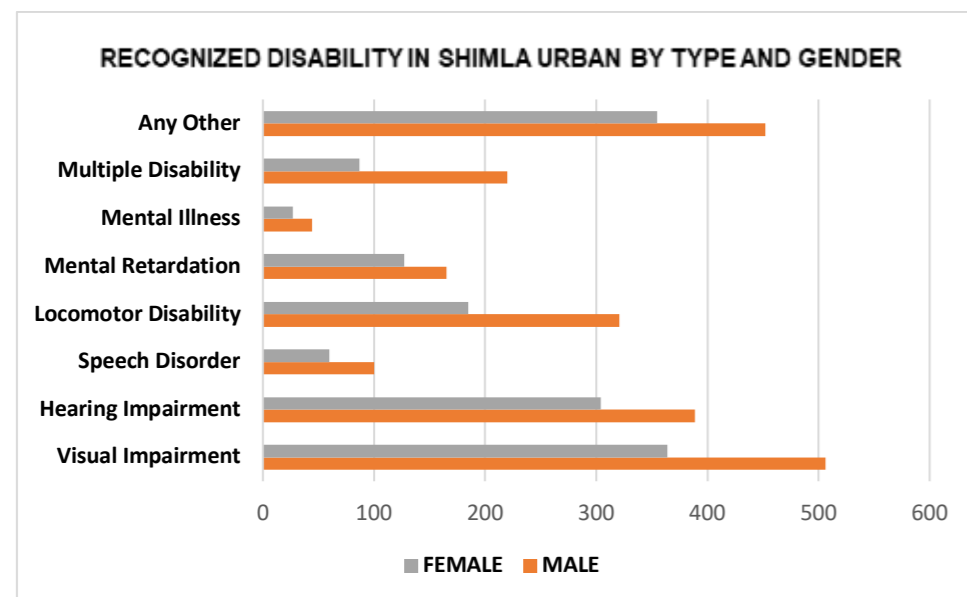


There are 691 persons with disability in the 20-29 age group. This is the largest group followed by 10-19 age group, also the school going children's group. From these data, it can be concluded that persons in the most productive age group constitute the largest chunk of persons with disability in Shimla city. Similarly, there are a total of 493 persons with disability in 60-89 age group, who are the elders, which is about 13 percent of the total and this is a group with additional health needs along with special needs during emergencies. The Chart below indicates the population composition of persons with disability of Shimla city.

Recognized Disability in Shimla Urban by Type and Gender

DISABILITY	MALE	FEMALE	TOTAL
Visual Impairment	506	364	870
Hearing Impairment	389	304	693
Speech Disorder	100	60	160
Locomotor Disability	321	185	506
Mental Retardation	165	127	292
Mental Illness	44	27	71
Multiple Disability	220	87	307
Any Other	452	355	807
Total	2197	1509	3706

Source: Census 2011

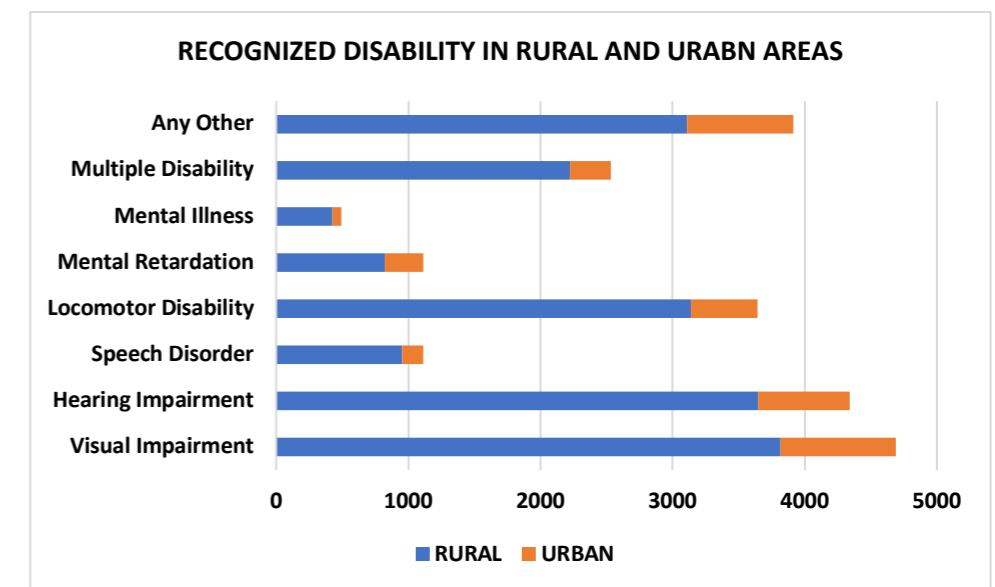


So far as the disability categories and their distribution are concerned, seeing/visual impairment constitutes the category with the highest number of people followed by hearing impairment category. Mental retardation and mental illness together constitute the lowest category of disability, with only 363 (9.79 percent), who require special attention. All these categories of persons with disabilities have specific protection, health and rehabilitation needs during emergencies. Disaster managers need to be aware of these needs while planning inclusive disaster management and mitigation.

Total persons with disability – Rural & Urban – Shimla District

DISABILITY	MALE	FEMALE	TOTAL
Visual Impairment	3817	870	4687
Hearing Impairment	3646	693	4339
Speech Disorder	951	160	1111
Locomotor Disability	3138	506	3644
Mental Retardation	821	292	1113
Mental Illness	423	71	494
Multiple Disability	2224	307	2531
Any Other	3108	807	3915
Total	18128	3706	21834

Source: Census 2011



In Shimla district, of the total 21834 persons with disability, 18128 are rural and 3706 are urban including all categories of persons with disability. Seeing and hearing are two major impairments of persons with disability in Shimla district. Each category of impairment has its special set of needs that have to be taken care of by the disaster managers and planners to ensure equity and 'Leave No One Behind' principle of 2030 Agenda for Sustainable Development Goals.

Review of Census 2011 data, review of other secondary data and literature and rounds of interactions with representatives of persons with disability, DPOs such as SAKAR and UDAAN, parents, representatives of ULB/Ward and senior officials of relevant Government department reveal the following fundamental gaps in disability inclusive disaster management planning in the city and district of Shimla:

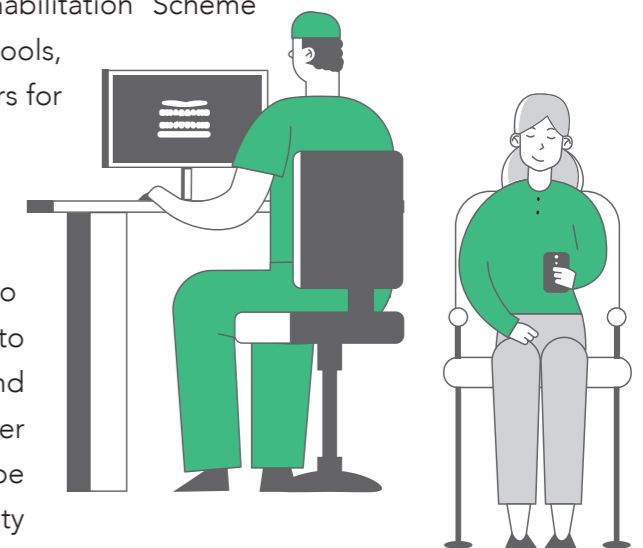
- I. Lack of adequate and reliable data: Disability inclusive disaster management planning is an essential prerequisite for effective social inclusion during emergencies. In Shimla city and district, the first responders are not in possession of complete data which is reliable. It is suspected that a number of persons with disability are left out because of their apparent invisibility and social attitude and stigma that cause it. They have not been covered by any surveys other than the Census of India. Thus, lack of up to date and desegregated data by gender, age and categories of disability in the city of Shimla is one of the biggest challenges in ensuring disability inclusive disaster management planning for the city.
- II. Inaccessibility of infrastructure, communication and DRR services: In Shimla city, physical inaccessibility to services is quite common. As informed by persons with disability, most of the public services such as colleges, student hostels, hospitals and public transport are not at all disabled friendly. The ward level disaster management plans of Shimla city reveal that majority of the wards do not have designated safe-shelters for safe re-location of affected persons in general and persons with disability in particular following a disaster. Hence, during disasters, physical inaccessibility of the DRR services such as early warning, relief distribution and rehabilitation is likely to put the life and well-being of persons with disability in danger even further.
- III. Inadequate participation of persons with disability: Stakeholder consultation meetings in Shimla city have indicated that largely due to their apparent invisibility and underlying social apathy and stigma, persons with disabilities face social and economic exclusion. They often face discrimination at home, school and work places. People either pity them or simply take them for granted. Simple entitlements such as pensions, subsidies or allowances are considered enough without any real trust in the abilities of persons with disability to have a voice and choice of their own. Due to this rather discriminatory attitude, persons with disabilities in Shimla city are not adequately engaged in consultation in DM planning, emergency coordination meetings, allocation of resources, procurement of equipment etc.

- IV. Lack of disability inclusion in existing CDMP and DDMP: The Shimla City Disaster Management Plan (CDMP), 2016, in chapter 6 (GO-NGO Coordination), at Table No 27 related to Action Points talks about 'mainstreaming of disability issues in Disaster Management' as one of the action points, wherein the SMC mandates for coordinated actions with NGOs towards preparedness, response and mitigation activities with focus on special needs of persons with disabilities. However, it falls short of putting up a detailed strategy on addressing the needs of persons with disability.

Similarly, the District Disaster Management Plan (DDMP) of Shimla, in Chapter 5.3 mentions about 'preparation of disability inclusive DM Plan' and elucidates on the special emergency needs of persons with disabilities. In Chapter 6.2, Capacity Building, the plan mentions about certain capacity building interventions in different phases of Disaster Management Cycle i.e., preparedness, response, recovery, mitigation and development. The DDMP Shimla, misses on a detailed 'Action Plan' for persons with disability, which is the most 'at Risk' group given the hazard and vulnerability profile of the Shimla district.

- V. Lack of perspective on disability inclusive resilience: Sensitivity towards needs of persons with disability requires awareness, understanding and action. In the absence of proper awareness and understanding, society at large holds a charity-based perspective, rather than one focused on resilience building with a focus on rights. The community has yet to develop a rights based perspective, which is lacking at the moment.
- VI. Ongoing funding support lacks DRR orientation: Government of India and Government of Himachal Pradesh, under various schemes, provide student scholarship, vocational training, self-employment, and marriage grants to persons with disability. Institute for Children with Special Abilities, Sundernagar, has free boarding, lodging and educational facilities up to +2 level. There is funding available under Deen Dayal Rehabilitation Scheme (DDRS) for setting up of special schools, and vocational rehabilitation centers for persons with disabilities.

Similarly, Assistance to Disabled for purchase of Aids and Appliances (ADIPS) Grant in aid is provided to NGO's / DDRC / other local bodies to assist persons in procuring aids and appliances. Various schemes under which special assistance can be provided to persons with disability



include: 3 Schemes of National Trust (i) Gharaunda (ii) Sahyogi (iii) Samarth; other schemes such as a) Aspiration, b), Niramaya, c) Asmita, d) Uddyan Prabha, e) GyanPrabha, f) Arunim, g), Awareness programme. Disability Equality Training Programme Grant in aid is also available to NGOs.

However, the respondents during sample survey and group interactions have shared that they are not sure whether these interventions by the Government would improve their access to HVCA process, EWS, relief distribution, recovery process, etc. For example, EWS needs to be made in multiple formats (visual, audio and easy read); this requires additional budget.

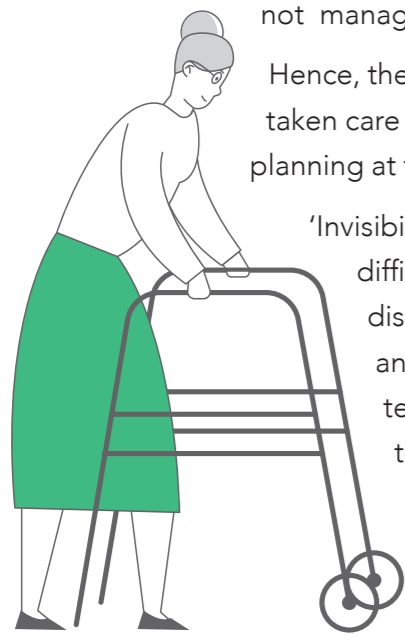
Stakeholder consultations have made it very clear that the existing sources of funding and the state of special services available are highly inadequate for persons with disability in Shimla city and district. Some of the problems in this regards include: (i) a highly inadequate number of special educators under Sarva Shiksha Abhiyan (SSA) and for special schools; (ii) high attrition rate of special teachers and educators. While the first results in poor student-teacher ratio of 1:120 against the ideal 1:20, the second issue of special teachers leaving their jobs is being attributed to their poor salary and poor working conditions. This has been reported from across Shimla district. Hence, SSA and other interventions of Government aimed at mainstreaming education with focus on access and quality issues need to use a DRR lens to address these issues.

VII. Inadequate emergency and DRR facilities and services: In Shimla, there is lack of availability of trained care givers, dearth of special educators, therapists, professionals (audiologists, speech therapists and sign language interpreters etc.), along with a dearth of medical and life saving devices such as respirators, critical assistive devices and other medical equipment supplies. The accessibility related problems are likely to compound in case of emergencies, if not managed properly.

Hence, there are both structural and non-structural measures to be taken care of for ensuring disability inclusive disaster management planning at the community, city and district levels in Shimla.

'Invisibility of disability' during emergencies makes it very difficult to provide targeted assistance to persons with disability. The needs of persons with disability are varied and call for differential targeted technological and non-technological interventions. Hence, the role of assistive technologies is critical in this regard. To begin with, there is a need to prioritize the list of assistive technologies provided by the governments.

Independent mobility is the key to disability inclusion



during disasters, as it helps overcome social and behavioral barriers faced by persons with disability. There are four broad groups of persons with disability in the city of Shimla: visually impaired; speech and hearing impaired; physically impaired; intellectually impaired.

Access to water and sanitation, food, livelihood and health are some of the basic needs that must be met even during emergencies. Provisioning of water, food, and shelter that is accessible, adequate and relevant to their needs and are safe to use, have to be ensured.

SAHYOGI (Friend in emergency/buddy system) for persons with disability can be an effective strategy for taking care of persons with disability during emergencies. Shelters and relief camps have to be made disability friendly. Special aids and equipments for persons with disability need to be made available in relief camps.

The existing CDMP and DDMP are generally silent on the assessment of needs, resources and capacities of persons with disability. Hence, a fair and fresh assessment of needs, resources and capacities of persons with disability is needed to make an actionable plan for their inclusion in planning and implementation processes. The proposed investment plan seeks to take care of this specific need by identifying investment priorities, opportunities and options for having persons with disability inclusive CDMP and DDMP.

An investment plan has to be comprehensive and broad based and needs to include both financial and social investment. While financial investment has to come from budgetary allocations under different government programs, social investment has to come in the form of specific policy and programme initiatives for investing in people. These policies and programmes have to be specially designed to strengthen the skills and capacities of persons with disability and support them to participate fully in community life in general and during emergency/ disaster management in particular.

CHAPTER 3

VOICES OF PERSONS WITH DISABILITIES

1. Mr. Chander Mohan is a retired banker and a senior citizen and has locomotor disability of above 85%. As a person with disability and a responsible citizen, he suggested the following changes to make the ongoing Smart City Project more inclusive:

- Granite stone is being used for flooring and beautification of public places in Shimla city, which becomes slippery in rainy season and causes accidents harming the disabled persons like him. Use of tiles with rough surface would prevent such accidents.

- Many disabled people and adults visit the Mall Road and due to their medical conditions they either need washrooms on sudden demand or need different types of toilets to use. Adults also use diapers and they need to change them as and when required. All this demands for disabled friendly washrooms on the Mall Road.

- Mr. Chander Mohan is of the opinion that it is good to propose escalators but they should be cabin type escalators as moving escalators are not friendly for visually impaired, locomotor disabled and the elderly citizens.



2. Itika is a visually challenged student pursuing her university studies. Daily transit to university and back home by the city bus service is a big challenge for her. High steps and overloaded buses add to her problem. She needs a special lens to read. It would be a great help if sign and instruction boards are made with big, bold, red letters. Arrangement of special buses at specific times will be of huge help. For Itika, it is time to convert the theoretical knowledge of disaster management to practical knowledge of real help during emergencies. Rescue training, mock exercises and evacuation drill would help her better prepare against disasters.



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3. Lal Chand has low vision. He laid stress on having communication links as they are very important at time of disaster. This link could be of friends, family, buddy or some emergency services. He said all this is to be done on the ground and not on papers as most of the policies are made on paper only. They need assistance in the malls, hospitals, offices. Special queues in public spaces would be a welcome step. Transportation should be accessible. Flooring in those spaces may also be made disabled friendly



4. Mohammad Mukhtar is father of a specially abled child. His son Aftab could not receive any emergency help during the first month of COVID lockdown. When they called the ambulance services, no help was offered to them as they are not permanent resident of Himachal Pradesh state. They had to suffer a lot. His son should get the facilities of free food and other facilities offered by the local Anganbari. We appeal to the Government to provide necessary support so that we are capable enough to face any future disasters. At present, there is no government run school for the mentally challenged. Government should take necessary action in this regard.



5. Babita, though physically challenged, is a brilliant student pursuing higher studies. She said that the government and NGOs should work on developing the local volunteer system and be equipped with necessary training. In disasters these trained volunteers would work as the first responders and can provide effective emergency first aid and other relief support to the persons with disability. Both Government and local NGOs need to work in coordination for raising such trained set of local volunteers. Special footpaths need to be constructed; buses need to be made disabled friendly for safe transit of persons with disability.



6. Saveena Jahan is locomotor disabled with 40% disability in her left hand. She is of the view that teachers need to be more supportive to the needs of the differently abled children. The society needs to be more sensitive towards the disabled and should provide them equal opportunity in every field. Sarva Shiksha Abhiyan is a good initiative by the government to improve access of children to school. However, the lack of disabled friendly toilets in school is still an issue which the government needs to address. There is a huge scarcity of Special educators in schools and institutions in Shimla. They are the most important requirement for the development of Specially-abled people and children. More such Special Educators means greater self reliance and empowerment of Specially-abled people and children



7. Mrs. Mamta Sharma, mother of a disabled child, has lots of thoughts and ideas about how to make life of specially abled children simpler and easier. She says that the government needs to enhance the support to the NGOs working in these fields. In the times of the on-going COVID-19 pandemic, it is very important to arrange awareness workshops for the parents and the guardians to deal with their mentally challenged children as they are going through financial, emotional and social difficulties, which often results in violence against the disabled. Psycho-social care workshops would be of great help to them. There is an urgent need for appointment of special educators, physiotherapists, speech therapists who can provide special care to the children at their homes. Schools and NGOs need to stay in touch with them. The government needs to open more schools for the mentally challenged children

8. Muskaan a visually impaired student has a lot to speak for the rights of the disabled. She said that the children need to be given first aid trainings so that at the time of need they know about first aid support to be given to the patients like helping in burns, shocks, poisoning, respiratory emergencies and bandaging. Regular training workshops in this respect will help. The government should run vocational centers for them so that they could learn vocational skills and be able to earn their livelihood with respect.



9. Satish Kumar suffers from locomotor disability. He says rainy season is really troublesome for him and people like him. He says trainings, mock drills, seminars and workshops are of great importance for them to teach disaster management. He said they have not received any help from government and NGOs except for free education, which is not sufficient for them. Government needs to come forward for their help. Special cloak room should be made for them. They should have special disability parking, disabled friendly buses for them and different playgrounds in the institutions, All these will help them to live a better life.



10. Mukesh laid stress on helping the specially abled with assistive devices. He said government should regularly arrange camps for the distribution of assistive devices. The quality should also be maintained. NGOs can prove to be of great help in this regard. Regular conduct of training and mock drills on rescue, shifting and evacuation at school and college level would improve their response time in case of an earthquake and fire and ensure smooth evacuation to safer places. Inclusion of emergency first aid, emergency rescue and medical support in the school and college syllabus will be of help. Certificates, stars, badges all will help in inspiring the youth in

CHAPTER 4

GAPS AND PRIORITIES FOR ACTION

A preliminary assessment of the basic needs and resources of persons with disability and the communities that they inhabit has been carried out on the basis of several rounds of consultation meetings with the stakeholders, including persons with disability, their care-givers, government and non-government functionaries working on disability issues and others. Other methods adopted for gap and need analysis have included transact walk across different parts of the city, interactions with the SMC officials and field functionaries from NGOs such as UMANG and HelpAge working with persons with disability in the city of Shimla.

This has helped in having a comprehensive perspective about different barriers, emergency special needs of persons with disability, available resources and gaps therein. On the basis of the assessed emergency needs of persons with disability in different phases of disaster management cycle, the following priorities for action have been identified and suggested for inclusion in the City Disaster Management Plan and the District Disaster Management Plan of Shimla city and district respectively.

4.1 IMPROVING PHYSICAL AND STRUCTURAL ACCESSIBILITY

The public infrastructure available in the city of Shimla has yet to be persons with disability friendly. The undulating roads, narrow lanes, encroached pavements, parked vehicles on the road side congest the roads and make it difficult even for persons without disability to walk and navigate through the city traffic. The people with disability such as visually impaired, hearing impaired and locomotive impaired face greater difficulties in movement. For example, in case of a landslide, persons with locomotive impairment are likely to end up facing major problems in evacuation and transportation. Similarly, persons with hearing impairment will face difficulties in receiving the early warning messages disseminated through audio-visual mediums.

From the point of view of persons with disability in Shimla city, Sanjauli, Dhalli, Lower Bazar, Ram bazaar, Middle market, Totu, Vikasnagar and Panthghati are most vulnerable wards with large number of unplanned and non-engineered structures, posing a real disaster threat in the event of a fire and earthquake.

So in case of an earthquake or fire, it is going to be not only difficult, but practically impossible to move the required equipments, ambulances, fire brigades to the incident areas in case of emergencies. It is quite likely that persons with disability incur injuries and are not in a position to evacuate on their own in case of emergencies. Some of the

houses have hundreds of steps to be climbed first. Steps to their houses will be either uprooted or broken making it very difficult for search and rescue operations to be carried out. Even the family members have to struggle a lot to move affected persons with disability to safer places. The key physical and attitudinal barriers identified in case of an earthquake are as follows:

- Lack of physical access to buildings and inability to move freely within them.
- Lack of accessible bathrooms/ toilets.
- Lack of appropriate sleeping equipment especially for persons with trauma.
- Lack of access to food and healthcare needs.
- Loss of contact with the rest of the family
- Lack of special schools for mentally challenged persons

Priority Actions and Investments

- a) At the Hospitals (IGMC, KNH, DDU), the tactile paving should be used at the following points: entry gate and reception; emergency ward; and other major departments.
- b) Surface of the hospital should have light colored tiles indicating the directions of reception, emergency and other major departments.
- c) Braille boards and the large sign boards should be present at the entrance of hospital and at other important places for giving special instructions, identification of various departments, etc.
- d) Tactile paving, red colored tiles, Braille boards, and large sign boards, all of these should be used both at the railway station and at the bus stands.
- e) Install handrails for stairs, and ramps for buildings in HP University, hostel buildings, Kali Bari, Tara Mata temple, Sankatmochan temple, Jakhu temple, Gurudwara Sahib, HP Vidhan Sabha and HP Secretariat.
- f) Low floor bus services Bhattakuffar to old bus stand and Mehli to old bus stand
- g) Lift facility at H.P university, HP Secretariat, Directorate of Education, Inter State Bus Terminus, Tutikandi, hospitals
- h) Lift facility for persons with disability in all regional hospitals and zonal hospitals
- i) Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc.).
- j) Ensure sufficient lighting at the designated shelter areas/camps, so that the obstacles can be easily seen by those with low vision.
- k) Identify family members, neighbors or/and buddies/friends of persons with

disabilities and provide space to them in the same shelter.

- l) Protection measures to be put in place with assistance of families, community and local administration.

4.2 IMPROVING SOCIAL AND ATTITUDINAL RESPONSE

Lack of social awareness and sensitivity towards the needs of persons with disability would most likely increase their vulnerability in the event of a disaster and marginalize them further. As such, persons with disabilities and other vulnerable groups are often more susceptible to physical, sexual and emotional abuse when staying in shelters or camps due to their reduced ability to understand the situation or/and protect themselves. Hence, there is a pressing need to work on improving social and attitudinal response to the special needs of persons with disability during disaster related emergencies

Priority Actions and Investments

- a) In view of a fairly high number of persons with disability including the mentally challenged in the Shimla district, the psycho-social needs of the affected people is likely to be a big challenge in the aftermath of a disaster and calls for a targeted and timely response. The mentally challenged children and adults are found to have become more aggressive and violent in recent COVID pandemic period as noticed and reported by many parents. Hence the need for identifying the specific emergency psycho-social needs of the mentally challenged and addressing them through trained counselors has to be an obvious investment priority.
- b) There is no school at present for mentally challenged in Shimla city and district. Setting up schools for mentally challenged would help children of this category.

People with disabilities should not be separated from their family members /caregivers. Special protection measures need to be identified and made accessible to people with disabilities on priority.

4.3 OVERCOMING INSTITUTIONAL BARRIER

The Shimla Municipal Corporation is making efforts to prepare a comprehensive plan to mainstream disability issues and concerns in its City Disaster Management Plan. But in the absence of specialized human and other resources for persons with disability and elders in the SMC, the equity aspect of the plan still remains to be addressed.

Priority Actions and Investments

- a) Setting up institutional arrangement at the SMC level for taking care of needs of persons with disability and elders.
- b) Sensitization and orientation of SMC officials on special needs of persons with

disability and elders in general and during emergencies in particular.

- c) Engagement of persons with disability, NGOs and DPOs in the disaster preparedness and planning process
- d) Setting up special training centers for persons with disability, with a focus on the livelihood initiatives.

4.4 IMMEDIATE HEALTHCARE NEEDS

Healthcare provisions are difficult to access immediately after a disaster and this can affect persons with disabilities disproportionately due to their specific disability related conditions and constraints. It might result in an increase in disability or a temporary disability becoming permanent. Persons with disabilities may also face nutritional risk due to an inability to chew/swallow/ eat food by themselves, if paralyzed, or may need other special mechanisms / aids for eating or require energy dense food. Recurrent diarrhea and vitamin A deficiency may lead to blindness.

Immediate health care needs are related to critical care, food, drinking water, and care-giver assistance. Preventive steps would assist in the reduction of disaster-related disability. Early identification and care can limit the extent of disability arising from injuries following disasters. Adequate training, planned response, referral and prompt medical care can significantly reduce or prevent disabilities from worsening or occurring during disasters.

Priority Actions and Investments

- a) Train volunteers to recognize and handle trauma. This will enable them to recognize the severity of trauma, limit impairment and assist in shifting to the right medical facility and on time.
- b) Provide proper food to persons with disabilities in order to avoid nutritional deficiency.
- c) Include in the relief package, additional clothes for people with incontinence and uncontrolled bowel movement.
- d) Provide Vitamin A to children, as required.

4.5 ENHANCING FIRST RESPONDERS' CAPACITY

Poor capacity of DPOs, lack of assistive equipment for persons with disability, lack of well trained and adequate number of persons with disability educators, untrained care givers, DPOs and other NGOs make it difficult for SMC to respond to the emergencies, making persons with disability in Shimla city a 'High Risk 'group against all future disasters.

Priority Actions and Investments

- Timely repairs of assistive devices.
- Determining the need of assistive devices.
- Finding out how many persons with disabilities are eligible to get assistive devices free of cost or at subsidized cost.
- Special Training on emergency early warning and notification; evacuation; emergency transportation; sheltering; access to medications, refrigeration, and back-up power etc.

4.6 WATER AND SANITATION

Lack of appropriate and adequate water and sanitation facilities affect persons with disabilities the most. Persons with disabilities may not be able to stand in long queues to access water and sanitation facilities. They might not be able to walk long distances to fetch water.

Priority Actions and Investments

Provision of disability friendly water and sanitation facilities and services at emergency shelters to be incorporated in the planning process.

4.7 REHABILITATION SERVICES

Rehabilitation services should aim at improving the autonomy and independence of persons with disabilities in a manner that helps them actively participate in the related activities. Rehabilitation services are usually available only in major towns and, most often, are not enough to address the needs of persons with disabilities adequately at the moment.

Priority Actions and Investments

- Provisions for physiotherapy to improve the ability of a person with physical impairment to move (exercise, positioning, strengthening, etc.).
- Occupational therapy/ADL to help a person with disability learn new ways to complete daily activities (dressing, eating, using implements etc.).
- Identification of vocational training skills and provision of training through DPOs.
- Prepare training manuals for workers who will assist in repairing assistive devices.

CHAPTER 5

INVESTMENT ACTION PLAN

Persons with disability face disproportionate impact of disasters as the response, protection and rehabilitation efforts are currently not tuned to their specific and special emergency needs. Yet they are the very people who are left out of the planning, preparedness and response processes

The Shimla City Disaster Management Plan proposes an 'Investment Plan' that is prepared on the basis of an analysis of the needs and resources undertaken for the purpose and recommends a set of structural and non-structural priority actions (short, medium and long term) and investment options. It is envisaged that these actions and investments are likely to facilitate the effort of SMC and Shimla DDMA in mainstreaming disability issues and concerns into disaster management planning and its implementation process on the ground.

5.1 TIMELINE

- Short Term: (within 1 year), Medium Term (2-3 years), Long Term (3-5 years)

Investment Action Plan

S. No.	Theme	Structural /Non-Structural	Activity	Implementing Agency	Timeline
1.	Physical and Structural Accessibility	Structural	Tactile paving at entry gate, reception and inter-departmental path ways of IGMC, KNH, DDU and Mall Road	SMC, /State PWD department	Medium Term
			Braille boards and large coloured sign boards should be used at railway station, Mall road and at the bus stand.	-DO-	Short and Medium Term
			Install handrails for stairs, and ramps for buildings in HP University, hostel buildings, Kali Bari, Tara Mata temple, Sankatmochan temple, Jakhu Temple, Gurudwara Sahib, HP Vidhan Sabha, Post office,	-DO-	Medium Term

			SMC office, DC office, SP Office, LIC office, Government departments and HP Secretariat	-DO-	
			Low floor bus services from Bhattakuffar to old bus stand and Mehli to old bus stand.	-DO-	Short Term
			Special university buses to ferry students with disabilities.	SMC and Transport Department/ University Authority	Medium Term
			Fence the person with disability hostels, designated shelter compound and areas that are unsafe (open manholes, piles of rubble, etc.).	-DO-	Long Term
			Ensure sufficient lighting at the designated shelter areas/camps	-DO-	Medium Term
			Setting up more special schools including for the mentally challenged in Shimla	Department Social Justice, Department of Education and SMC	Long term
			Construction of disabled friendly washrooms at Mall Road, Bus Stand and university /college and hostels	SMC, /State PWD department	Medium Term
2.	Institutional Capacity Building	Non-structural	Setting up institutional arrangement at the SMC for taking care of needs of persons with disability and elders.	SMC – Lead agency DPO/ NGOs- Support agency/s	Short Term
			Sensitization and orientation of SMC officials on special needs of persons with disability and elders during emergencies.	SMC – Lead agency DPO/ NGOs- Support agency/s	Medium Term
			Designing and carrying out persons with disability Needs Assessment Survey for Shimla city and district	SMC – Lead agency DPO/ NGOs- Support agency/s	Short Term

			Putting up coordination mechanisms with local DPOs and NGOs for inclusive city disaster management planning process (relief, preparedness and rehabilitation)	SMC – Lead agency DPO/NGOs- Support agency/s	Short Term
			Training of ULB/Ward Councilors on the special needs of persons with disabilities in disasters and the rights and dignity of persons with disabilities in DM	SMC – Lead	Short Term
			Capacity Building of DPOs/ NGOs to provide rehabilitation and referral services persons with disabilities required	Support: Department of Social Justice and Empowerment (SJ & E) and NGOs and DPOs	
			Corpus Establishment for persons with disability	-DO-	
			Special trainings on the livelihood programmes	SMC –Lead Department of Social Welfare & Justice and Department of Labour and Employment	
3.	Immediate Healthcare Needs	Non-structural	Training of volunteers to recognize and handle trauma; limit impairment; and assist in shifting persons with disability to the right medical facility on time; curative and preventive care	SMC – Lead	Long Term
			Training of volunteers on relief packaging e.g. food and nutrition; water and sanitation	Support : Department of Social Justice and Empowerment (SJ & E) and NGOs and DPOs	Long Term
4.	Rehabilitation Services	Non-Structural	Mapping and training of physiotherapists to improve the ability of a person with physical impairment to move (exercise, positioning, strengthening, etc.)'	SMC-Lead Department of Health – Support	Long Term

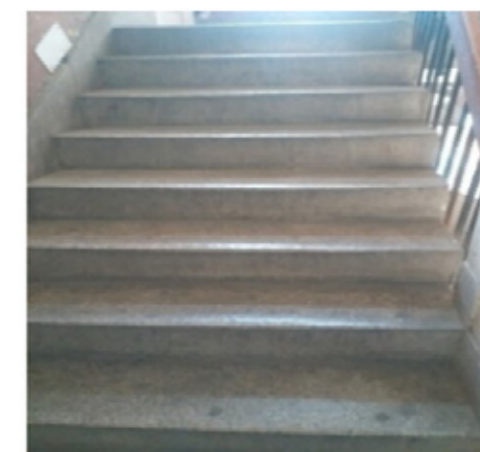
			Deployment of Special Educators, Speech Therapists and physiotherapists for rehabilitative services.	SMC – Lead Support : Department of Social Justice and Empowerment (SJ & E)and NGOs and DPOs	Long Term
			Training of Care givers and Assistants on Occupational therapy/ADL to help a Person with Disability to learn new ways to complete daily activities (dressing, eating, using implements etc.).	Department of Social Justice and Empowerment – Lead SMC –Support agency SMC – Lead Empowerment – Lead	
			Develop training manuals for workers who will assist in repairing assistive devices.	Support : Department of Social Justice and Empowerment (SJ & E)and NGOs and DPOs	
				Support : Department of Social Justice and Empowerment (SJ & E)and NGOs and DPOs	
5.	Enhancing First Responders' Capacity	Non-structural	Training of police, fire, Home Guard in emergency rescue;	SMC – Lead	Short Term
			Training of medical services [EMS] and public health personnel, emergency managers/planners on emergency health of persons with disability.	Support : Department of Social Justice and Empowerment (SJ & E)and NGOs and DPOs	Short Term
			Training of DPOs on mapping of personswith disability including those in need of assistive devices; and skill training on repairs of assistive devices.	SMC – Lead Support:Dept. Of Health and NGOs and DPOs	Medium Term and Long Term

			Finding out how many persons with disabilities are eligible to get assistive devices free of cost or at subsidized cost.	SMC – Lead Support: Department of Social Justice and Empowerment (SJ & E), Dept. Of Health and NGOs and DPOs	Medium Term and Long Term
			Training of DPOs and care givers on topics such as Early Warning and notification;	SMC – Lead Support: Department of Social Justice and Empowerment (SJ & E), Dept. Of Health and NGOs and DPOs	
			Evacuation and emergency transportation to safe shelters; access to medications; refrigeration and back-up power.	-DO-	
6.	Inclusive DRR Education for Children	Non structural	Reading, Conversion and interpretation of DAISY Tools/ Materials	SMC – Lead	Medium Term
			(Digital Talking books, Braille Translator, e-book readers, Apps and software, text-to-speech package etc.)	Support: Department of Social Justice and Empowerment (SJ & E) and NGOs and DPOs &Dept. Of Education	Long Term
			Recruitment and Training of Special Educators.	-DO- SMC –Lead Dept. Of SJ & E, Department of Education – Support.	Medium Term

7.	Awareness, Education and Training	Non-structural	Public Awareness and education campaigns on rights of persons with disability; myths and misconceptions about disability, disability etiquettes; vulnerabilities and capacities of persons with disability; social integration and participation of persons with disabilities in all aspects of life including disaster management.	SMC –Lead Dept. Of SJ & E, Department of Education – Support	Medium Term
			Printing and dissemination of IEC Materials, First Aid, Rescue Training, psycho-social Training and mock exercises and evacuation drill to persons with disability for better preparedness against disasters	-DO- SMC and DPOs	Short and Medium Term (Regular training)
8.	Inclusion of Women	Non-structural	Orientation of health service personnel in provision of sensitive services and of the needs of girls and women with disabilities.	SMC –Lead Ministry Women and Child Welfare, NGOs-Support agencies –Support agency	Medium Term
			Training of government and non-governmental organizations in prioritization of issues of women with disabilities in development efforts.		
9.	Media	Non-structural	Media sensitization programme on the issues of persons with disabilities during disasters and how they could be addressed.	SMC –Lead	
			Sensitization of media on dissemination of disaster related early warning information that can be accessed and understood by persons with disabilities.	Department of Social justice & Empowerment	

5.2 INVESTMENT PLAN RECOMMENDED SITES IN SHIMLA CITY

- Short Term: (within 1 year), Medium Term (2-3 years), Long Term (3-5 years)

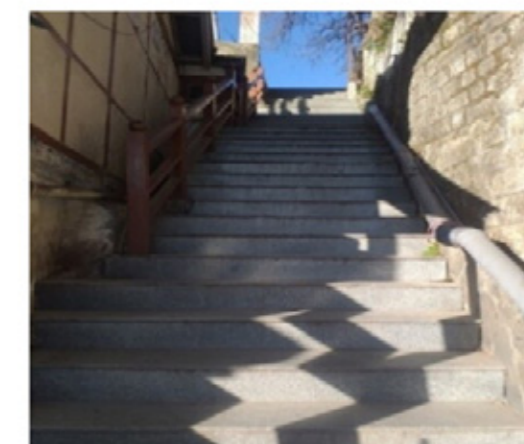


D.C Office of Shimla. Ramps, Braille boards and red coloured sign or instruction board would make it disable friendly. Use of tactile tiles for flooring would prevent accidents. Other department offices may also have similar disable friendly features..



Lift provision from Lakkar bazaar to the Mall with easy access to the persons with disability

Shimla city Post office. Construction of Ramp and railing is needed here



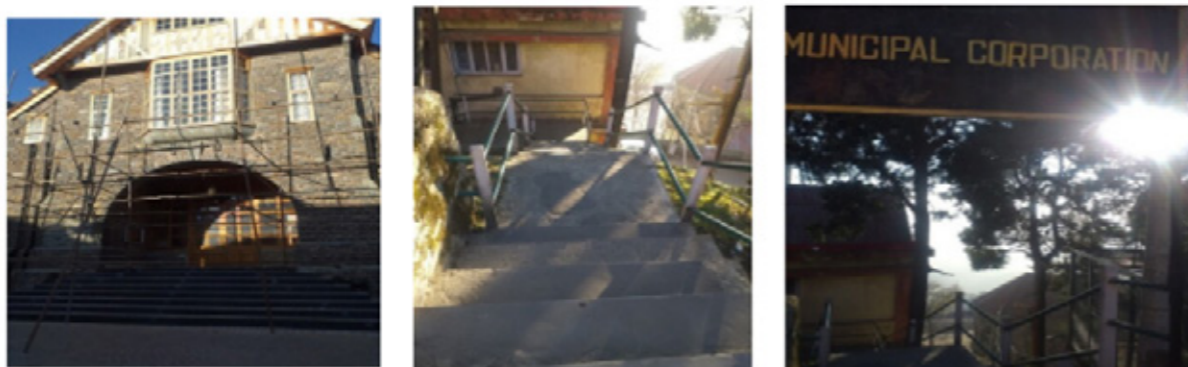
Stairs link the Mall Road to the Ridge. Elevator would improve the transit of general masses and persons with disability in particular.



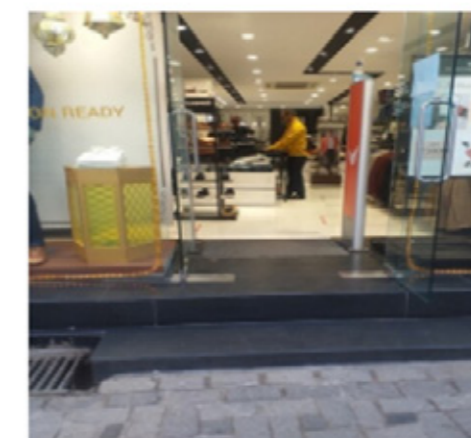
Stairs make it difficult for disables at the Superintendent of Police Office in Shimla. Ramps may be the alternative.



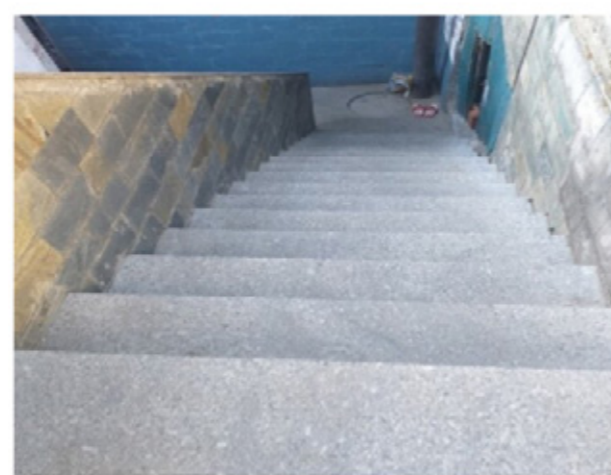
LIC Office on the Mall Road Shimla need proper maintenance and a ramp may be built to make it disable friendly



Shimla Municipal Corporation has stairs to reach the office. Ramp should be built. Use of Braille and a bright red coloured board would further improve



Marble or fancy tiles used in flooring; though good for beautification but are slippery for the disables. Tactile flooring, ramps and railings in showrooms of Mall road, offices, restaurants, and washroom would be less slippery and prevent accidents



CHAPTER 6

INVESTMENT PRIORITIES, OPPORTUNITIES AND OPTIONS

As this investment plan is more about priorities, opportunities and options, and less about budgetary provisions, it may be in order to underline the single most important priority for an investment plan at the very outset, which is generation of a comprehensive and reliable data base on persons with disability in the city and district of Shimla at the earliest.

This can be easily accomplished with relatively small amount of fund and time investment, but will go a long way in building up a robust investment plan for disability inclusive disaster management planning in the years to come.

The existing investment opportunities that could be accessed and optimized in order to ensure adequate investment in disability inclusive disaster management planning and preparedness in Shimla are as follows:

6.1 ONGOING CENTRAL SCHEMES WITH CENTRAL SHARE 100%

- i. An Integrated Program for Older Persons (i) Old age homes (ii) Mobile Medicare units (iii) Multi service Centers etc. 90% of the project proposal is government paid. NGO's who are registered under society registration act are eligible for Grant in aid.
- ii. Indira Gandhi National Disabled pension Scheme (IGNDPS) Rs. 1100/- P.M. (18 yrs to 79 yrs.) (Central Share=300/- + State Share =800/-) Applicant should be a member of BPL family with a disability of 80% or above.

6.3 CENTRAL SCHEME OF ASSISTANCE TO DISABLED PERSONS

For Purchase/Fitting of Aids/Appliances, 2005, Ministry of Social Justice and Empowerment, Government of India (GoI).

- i. The 'National Handicapped Finance and Development Corporation' promotes economic development activities for the benefit of the persons with disabilities. It promotes self-employment and other ventures for the benefit/economic rehabilitation of persons with disabilities by way of loans and advances for economically and financially viable schemes and projects.
- ii. The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, 1999. Niramaya scheme is one of the Central Schemes under a legislative Act, and provides affordable Health Insurance to

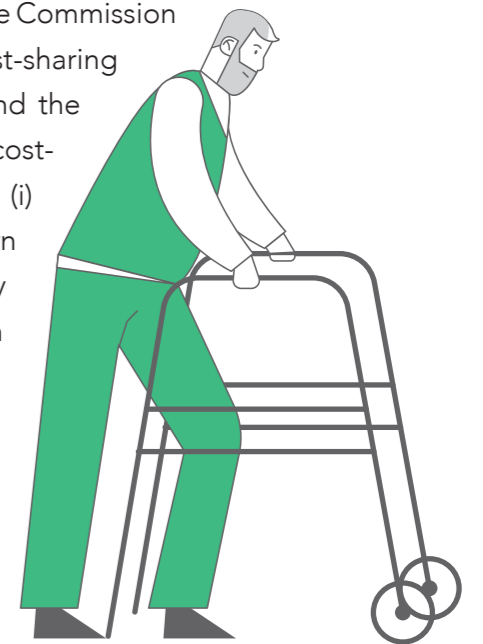
persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

- iii. HP State Scheme: Disabled persons having disability of 40% are provided loans by the Himachal Pradesh Minorities Finance & Development Corporation (HPMFDC) for setting up small ventures like tea stall, tailoring work etc. Social Justice and Empowerment department provides subsidy on projects sanctioned by HPMFDC up to Rs. 10000/- or 20% of the project cost (whichever is less).
- iv. State Scheme for Skill Development of persons with disability: Vocational rehabilitation training is provided to persons with disabilities through selected TIs in identified trades by the department of SJ& E.

These central and state schemes offer substantial opportunities for contributing towards the social and economic development of persons with disability. However, there is a need to enhance the DRR orientation of these schemes. The SMC and DDMA Shimla need to work with the Department of Justice and Social Welfare and work around these available schemes to do the following: include HVCA; strengthen DRR services and infrastructure for effective emergency response and recovery; effect change of perception of the people and administration towards persons with disability; carry out training and capacity building of care givers, assistants and DPOs through convergence. These opportunities need to be used as effective DRR options for persons with disability in the city and district of Shimla.

6.4 NEW OPPORTUNITIES

- 15 Finance Commission: The Commission recommended setting up National and State Disaster Management Funds (NDMF and SDMF) for the promotion of local-level mitigation activities. The Commission has recommended retaining the existing cost-sharing patterns between the centre and states to fund the SDMF (new) and the SDRF (existing). The cost-sharing pattern between centre and states is (i) 75:25 for all states, and (ii) 90:10 for north-eastern and Himalayan states. As Shimla is the capital city and district of Himachal Pradesh, a Himalayan State, it can get 90% central assistance with only 10% state investment. Thus, the SDMF provisions of the 15th Finance Commission can be explored for financing the disability inclusive response and mitigation interventions under the CDMP and DDMP.



- **Smart City Mission:** Shimla is one of the 30 urban centers chosen under the Smart City Mission. The Rs 2,905 crore project, which has been approved by the centre, aims at transforming over 200-year old hill town into a world-class, modern, urban paradise. Building safety, disaster mitigation and security of citizens, which obviously include persons with disability, have been identified by the Shimla Municipal Corporation as one of the priorities of the Smart City Mission. Hence, SMC may and must explore the new funding opportunities for disability inclusive infrastructure and services within the on-going Smart City Project.
- **Crowd Funding:** Community crowd funding, which includes donation based and rewards-based crowd funding, are legal and are quite popular to raise funds for social causes. SMC can explore the possibility of crowd funding for providing disability friendly infrastructures and services in Shimla city.
- **Corporate Social Responsibility (CRS) and Public Private Partnerships:** Shimla Municipal Corporation and SDMA may explore the CRS funding to finance some of the priority needs of persons with disability. As such, the public and private sector industries have been significantly contributing towards disaster management, recovery and mitigation activities in India. SMC and SDMA can learn from good practices and use the CRS and Public-Private Partnership arrangements for implementing disability inclusive interventions in Shimla city and district.

6.5 WAY FORWARD

The Ministry of Social Justice and Empowerment, Government of India, is developing Unique Disabled Identity Card (UDID), a pan-India database of persons with disabilities. With UDID Card, there will be no need of separate and mutually incompatible records of disabled people in various states. Information will be quickly accessible anywhere in India. Information could also be updated easily from anywhere. Benefits, facilities and rights provided by the government will be more effectively delivered to persons with disabilities with UDID in operation.

With UDID Card, it will become possible to track the physical and financial progress of the card holder at various levels (like village, district, and state level). The UDID will certainly be a huge help to persons with disabilities. It would bridge the much-needed data gaps of persons with disability across the states and enable district, corporation and municipal authorities in better planning and ensuring greater outreach through effective monitoring and transparency at various levels.

Apart from it, the other investment options recommended in this document are required to be considered for inclusive disaster management planning, preparedness and investment for persons with disability.

ANNEXURES

LIST OF ASSISTIVE EQUIPMENT AND DEVICES

A list of 21 equipments, as per the identified needs of persons with disability of Shimla city, has been prepared, which may be procured by the relevant agencies and distributed to the target beneficiaries.

A. VISUAL AIDS

1. **Picture chart** – They are the charts bearing drawing with the names indicating what is the thing displayed.
2. **Flash cards**- A flashcard or flash card is a card bearing information on both sides, which is intended to be used as an aid in memorization. Each flashcard bears a question on one side and an answer on the other. Flashcards are often used to memorize vocabulary, improving long term memory, historical dates, formulas or any subject matter that can be learned via a question-and-answer format. Flashcards can be virtual (part of a flashcard software), or physical. Flashcards are an application of the testing effect i.e. the finding that long-term memory is increased when some of the learning period is devoted to retrieving the information through testing with proper feedback. Study habits affect the rate at which a flashcard-user learns, and proper spacing of flashcards has been proven to accelerate learning. A number of spaced repetition software programmes exist which take advantage of this principle.
3. **Text books**- Large-print (also large-type or large-font) refers to the formatting of a book or other text document in which the typeface (or font), and sometimes the medium, are considerably larger than usual, to accommodate people who have poor vision. Often public special-needs libraries will stock large-print versions of books, along with versions written in Braille.
4. **Black boards**- Black surfaces and white colored writing over it with bold letters are visible from distance space also.
5. **Models** – It can help in detailed understanding of the appearance of the item.
6. **Toys**- Their touch is their eyes. They can slowly touch and feel the appearance.
7. **Braille** - Is a tactile writing system used by people who are visually impaired. It is traditionally written with embossed paper. Braille users can read computer screens and other electronic supports using refreshable Braille display. They can write Braille with the original slate and stylus or type it on a Braille writer, such as a portable Braille note taker or computer that prints with a Braille embosser.

8. A magnifying glass (called a hand lens in laboratory contexts) is a convex lens that is used to produce a magnified image of an object. The lens is usually mounted in a frame with a handle.
9. Abacus- it is a counting frame and an oblong frame with rows of wires or grooves along which beads are slid, used for calculating.
10. Electronic book, also known as an e-book or eBook, is a book publication made available in digital form, consisting of text, images, or both, readable on the flat-panel display of computers or other electronic devices. Although sometimes defined as "an electronic version of a printed book", some e-books exist without a printed equivalent. E-books can be read on dedicated e-reader devices, but also on any computer device that features a controllable viewing screen, including desktop computers, laptops, tablets and smart phones.

B. AUDIO AIDS

Audio equipment refers to devices that reproduce, record, or process sound. This includes:

MICROPHONES	TAPE RECORDERS	CD PLAYERS
RADIO RECIEVERS	MIXING CONSOLES	AMPLIFIERS
AV RECIEVERS	LOUDSPEAKER	EFFECTS UNITS

A hearing aid is a device designed to improve hearing by making sound audible to a person with hearing loss.

Early devices, such as ear trumpets or ear horns, were passive amplification cones designed to gather sound energy and direct it into the ear canal. Modern devices are computerized electro acoustic-systems that transform environmental sound to make it audible, according to audio metrical and cognitive rules. Modern devices also utilize sophisticated digital signal processing to try and improve speech intelligibility and comfort for the user. Such signal processing includes feedback management, wide dynamic range compression, directionality, frequency lowering, and noise reduction.



Modern hearing aids require configuration to match the hearing loss, physical features, and lifestyle of the wearer. The hearing aid is fitted to the most recent audiogram and is programmed by frequency. This process is called "fitting" and is performed by a Doctor of Audiology, also called an audiologist (AuD), or by a Hearing Instrument Specialist (HIS). The amount of benefit a hearing aid delivers depends in large part on the quality of its fitting. Almost all hearing aids in use in the US are digital hearing aids.

C. LOCOMOTARY AIDS



1. Caliper – These devices are used in the Rehabilitation center. Calipers are imputed to those patients who had lost their limbs in any accident, disease or due to any other reason. It can also be referred to asa device for pressing a frictional material (such as a brake pad) against the sides of a rotating wheel or disc

2. Walker- (mobility) a walker or walking frame is a tool for disabled or elderly people who need additional support to maintain balance or stability while walking.



3. Crutch- Crutch is a support typically fitting under the armpit for use by the disabled in walking.

4. Mobility scooter is an electric vehicle and mobility aid equivalent or auxiliary to a wheelchair but configured like a motor-scooter. When motorized they are commonly referred to as a power-operated vehicle/scooter or electric scooter as well. Non-motorized mobility scooters are less common, but are intended for the estimated 60% of wheelchair users who have at least some use of their legs. A

mobility scooter has a seat over three, four or more wheels, sometimes a flat area or foot plates for the feet, and handlebars or a delta-style steering arrangement in front to turn the steerable wheels.

The seat may swivel to allow access when the front is blocked by the handlebars. Mobility scooters are usually battery powered. A battery or two is stored on board the scooter and is charged via an onboard or separate battery charger unit from standard electric power. Gasoline-powered scooters may also be available in some countries, though they are rapidly being replaced by electric models. User-powered scooters are propelled by a lever used in a push-pull rowing motion to provide exercise and mobility at the same time.

5. AFO or Knee Ankle Foot Orthotics (Polio Caliper)–Knee Ankle Foot Orthotics (KAFO) consist of an AFO with metal uprights, a mechanical knee joint, and 2 thigh bands. KAFO can be used in quadriceps paralysis or weakness to maintain knee stability and control flexible movement. KAFO also is used to limit the weight bearing of the thigh, leg, and foot with quadrilateral containment brim. A KAFO is more difficult to don and doff than an AFO, so it is not recommended for patients who have moderate-to-severe cognitive dysfunction.

Each KAFO is custom-made to the specific requirements of the individual. There are numerous design options available that make usage of the Orthotics both functional and comfortable.

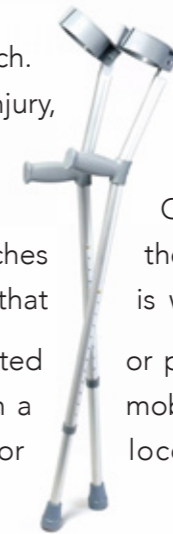
Orthotics and prosthesis orthotic provide the correction of disorders of the limbs or spine by use of braces and other devices to correct alignment or provide support. It is a device (such as a brace or splint) for supporting, immobilizing, or treating muscles, joints, or skeletal parts which are weak, ineffective, deformed, or injured. And prosthesis is an artificial body part, such as a leg, a heart, or a breast implant. In medicine, a prosthesis or prosthetic implant is an artificial device that replaces a missing body part, which may be lost through trauma, disease, or a condition present at birth (congenital disorder).

6. Wrist and hand splints: These are provided to people who need protection and support for painful, swollen or weak joints and their surrounding structures. Their designs make sure you position your wrist and hands correctly. There are two types of hand or wrist splint: splints used for resting joints of the wrist and hand.
7. Elbow crutches, sometimes known as forearm crutches, are a supportive device used to aid people in the task of walking. A common elbow crutch has a cuff that wraps around the forearm, approximately an inch or two beneath the elbow. There is a handgrip that allows the user to hold on to the crutches with the elbow bent at a 30-degree angle when walking. Many elbow crutches are adjustable, allowing for variances in height and gait among the wide array of people who need walking aids. Elbow and arm crutches function in a similar manner as a more common type of

crutch--the underarm or auxiliary crutch. Both of these mobility aids can ease pain when walking due to injury, illness or disability.

When walking with both types of crutches, the weight of the body is supported by the handgrips. On underarm crutches, support is added by a padded bar that reaches the armpit. The users of elbow crutches are given support by the cuff that is wrapped around the forearm.

- 8) Wheel chairs - It is a manually operated or power driven device designed primarily for use of an individual with a mobility disability for the main purpose of indoor as well as outdoor locomotion.



C. WRITING AIDS

Writing aids are recommended for individuals who face difficulties in writing due to arthritis, limited hand or finger dexterity, or reduced grasping power. Adaptive writing tools make writing an effortless task and reduce strain by promoting proper alignment. Their unique design lets the user get a better grip on pencil or pen in order to write. Writing aids for disabled are intended to eliminate hand tremors, pain and weak grasps. These non-complex and user-friendly writing aids include a range of products like pens, holders for pens, mouth sticks and grip attachments.



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MODEL DISABILITY SURVEY (MDS) BASED QUESTIONNAIRE FOR PERSONS WITH DISABILITIES


KNOWLEDGE LINKS
Linking Learning with Action

To help us provide benefits that meet your needs, please complete this survey and return it to Knowledge Links.

NAME	GENDER	AGE
TYPE OF DISABILITY	DATE	
ADDRESS	CONTACT NO.	
LEVEL OF EDUCATION		

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
How accessible is Shimla. With strongly agree being 'completely accessible' and strongly disagree being 'completely inaccessible'.					
At work/ School/ College					
Restaurants, Cinema Halls, Malls, Religious Places					
Roads, Parks and Open Spaces					
In Public Service Buildings- Hospitals, Banks, Post Office, Police Office, Court.					
Do you have someone to assist you with your day to day activities at home or outside					
Do you think you need additional assistance with your day to day activities at home or outside					
Does your school/college/workplace have a publicized policy supporting people with a disability					
Do you receive a disability pension?					
Overall, I am satisfied.					
Whether there are any special initiatives undertaken by the Government or NGOs for disaster preparedness and post-disaster protection and rehabilitation of PWDs?					
Have you ever experienced any disaster- Earthquake, Fire, Flood, Cloud Burst, etc.					
Were you prepared for it					
Do you have proper Assistive Devices?					
Do you have personalized tools, kit and manual?					
Do you have any emergency contact list/ directory?					
Do you think that there is enough information about events which can be easily accessed by disabled people?					
Do you use any Disability specific services, networks, or social groups? This could be a club, a reading group, a support group, a parenting group, online discussion or anything provided specifically for people with a disability or by a disability organization.					
Do you have Disability Insurance					
Involvement in Training Program/ Mock drills					
I know where to find information about my benefits.					
Overall, I am satisfied					

General Questions	
How does a disaster like Earthquake, flood will impact your daily life, please specify your emergency needs.	
What kind of training and capacity building you would like for emergency response and preparedness-	
What support are you getting from the NGOs, DPOs, and Government?	
What are your priority needs yet to be made? Can you list them?	
Emergency needs of.....and what specific support they would need-	
a) Elders and Aged	
b) Women	
c) Children	

STAKEHOLDERS INTERVIEW QUESTIONS (INDICATIVE)

1. Shimla Municipal Commissioner/Deputy Mayor/ Senior Municipal Corporation officials:

- What is the policy of the SMC for protecting the persons with disability against disasters?
- Does SMC/DDMA maintain the consolidated and desegregated data of persons with disability?
- Are there any special schemes/programmes of government to support the special needs of the persons with disability? If yes, what are these special schemes/initiatives?
- Does the planning department of the district/SMC factor the needs of the persons with disability while budgeting?
- What is the future plan of the SMC/district administration to mainstream disability issues into the disaster management planning process?
- Your suggestions on inclusive DMPs and Investment Plan.

2. Department of Social Justice and Empowerment/Health and Social Welfare:

- Being the nodal department for persons with disability, what are the overall initiatives undertaken by your department to address the special needs of the persons with disability?
- What are the key issues and challenges of the department in terms of coordination with other departments?
- Does the department have enough financial autonomy in addressing the needs of persons with disability?
- Does the department have enough capacity and resources to mainstream disability into the development planning?
- Your suggestions on inclusive DMPs and Investment Plan.

3. NGO/DPO/ASHA workers:

- Do the NGOs acknowledge the special needs of the persons with disability during and post-disasters? What is current level of awareness of institutions and communities?
- Do you face any social discrimination or stigma? If yes, how do you overcome these issues?
- What are the initiatives undertaken by government, to address the special needs of the persons with disability and their communities? Are these adequate enough?
- What is the status of persons with disability welfare in the state and in Shimla district/city in particular?
- Your views on special needs of persons with disability and their mainstreaming into development planning?
- What is the present capacity of the NGOs/DPOs to address the needs of the persons with disability? If inadequate, what additional capacities' enhancement, you would suggest?
- What is the level of GO-NGO cooperation on persons with disability protection and rehabilitation? Key issues and challenges faced by the NGO/DPOs in this regard?
- Any other suggestions?

4. FGD Questions for Disable Community Representatives/ Members:

- Have you ever witnessed any disasters in your locality? How did you respond to that situation?
- Does the community /society address your special needs? What are the major issues?
- What are the challenges you face in your day-to-day life when you go to a public place/ hospitals/malls/educational institutes?
- Whether there are any special initiatives undertaken by the Government or NGOs for disaster preparedness and post-disaster protection and rehabilitation of persons with disability?
- What are your suggestions for improving protection, well-being and overall mainstreaming of persons with disability into the development process?
- Do you have personalized tools, kit and manual?
- Do you have any emergency contact list/ directory?
- Your suggestions on inclusive DMPs and Investment Plan.
- Any other concerned issue/ point to share?



