

INCLUSION OF DISABILITY IN CITY DISTRICT DISASTER MANAGEMENT PLAN (DDMP) OF SHIMLA



INCLUSION OF DISABILITY IN CITY DISTRICT DISASTER MANAGEMENT PLAN (DDMP) OF SHIMLA





CONTENTS

ABBREVIATIONS	3
CHAPTER 1: INTRODUCTION	4
1.1 Introduction	4
1.2 Rationale and Context	4
1.3 Addressing Limitations	7
CHAPTER 2: VULNERABILITY STATUS OF SHIMLA DISTRICT IN CONTEXT OF PERSONS WITH DISABILITIES	8
2.1 Impact of Disasters on Persons with Disabilities	8
2.2 Risk Profiling of Shimla District	8
2.3 Vulnerabilities of Persons with Disabilities:	10
CHAPTER 3: MAINSTREAMING DISABILITY INCLUSION IN DISTRICT DM PLAN: GAPS AND CHALLENGES	17
3.1 Keys Issues, Gaps and Challenges	18
CHAPTER 4: RECOMMENDED ACTIONS FOR INCLUSIVE CAPACITY BUILDING AND TRAININGS	21
CHAPTER 5: RECOMMENDED ACTIONS FOR INCLUSIVE DM PLANNING AND PREPAREDNESS	22
CHAPTER 6: RECOMMENDED ACTIONS FOR INCLUSIVE DISASTER RESPONSE	29
ANNEXURES	31
Annexure 1: A Note on Emergency Management	31
Emergency Management	31
Emergency Management on the Basis of Types of Disability	33
REFERENCES	44

ABBREVIATIONS

ASHA	Accredited Social Health Activist	GSDRC	Governance & Social Development Resource Centre
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
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	PwDs	Persons with disabilities
DPOs	Disabled Persons' Organizations	SJ&E	Social Justice and Empowerment
DHFW	Department of Health and Family Welfare	SDGs	Sustainable Development Goals
DMC	Disaster Management Cell	SFDRR	Sendai Framework for Disaster Risk Reduction
DMP	Disaster Management Plan	UNDP	United Nations Development Programme
DRR	Disaster Risk Reduction	UNCRPD	The UN Convention on the Rights of Persons with Disabilities
EWS	Early Warning System	USAID	United States Agency for International Development
FGD	Focused Group Discussion	WDCs	Ward Development Committees
GoI	Government of India	WSS	Water Sanitation and Sewerage

CHAPTER 1

INTRODUCTION

1.1 Introduction

Shimla city is one of the six cities implementing USAID-GoI-UNDP project, "Developing Resilient Cities through Risk Reduction in the context of Disaster and Climate Change". Under the project, specific activities have been planned to attain key results such as City Disaster Management Plans, Hazard Risk and Vulnerability Analysis (HRVA), training of Government officials and communities to manage climate risks, action plans and specific interventions to strengthen early warning systems based on analytical studies, enhanced public-private partnerships through pilot projects and climate change adaptation components in development programmes and knowledge management.

Disability inclusion in the Disaster Risk Reduction (DRR) planning process is one of the overriding objectives and integral part of institution and community resilience building process in line with the Sustainable Development Goals (SDGs) and Sendai Framework for Disaster Risk Reduction (SFDRR). Hence, this activity has been undertaken following the development of City Disaster Management Plan (CDMP) and District Disaster Management Plan (DDMP) of Shimla.

1.2 Rationale and Context

Shimla is exposed to multiple hazards which put the quality of life of its people at risk during disaster related emergencies. While Shimla city and district have yet to experience any major disaster, they fall in a high risk zone. It is well known that disasters create enormous challenges for people in general and vulnerable people such as persons with disabilities in particular, who are invariably at a higher risk in

emergency situations. In Shimla District, needs of people with disabilities have been recognized within policies and laid down standards to remove barriers in many sectors of life. However, the real implementation on the ground has yet to begin in the right earnest.

The District Disaster Management Authority (DDMA) of Shimla has developed the District Disaster Management Plan for the district. In this context, there has been a long felt need to address the wide-ranging and varied impact of disasters on persons with disabilities across the district and provide practical solutions to address the barriers that confront them during disaster situations, as they are not adequately addressed within the existing DDMP.



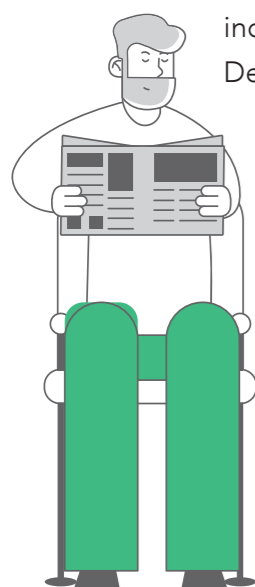
Hence, this initiative by UNDP is primarily focused on developing an action plan that could form an integral part of the existing DDMP for mainstreaming disability into the disaster management and planning process. There is a need to build institutional and community capacity to address the special needs of persons with disabilities in a manner that enhances their access to opportunities and their participation at all levels in the society. Disability inclusive intervention for disaster related issues has become all the more essential, in view of increasing frequency and intensity of disasters globally and increasing vulnerabilities of people in India in general and in Shimla District in particular. The HRVA study of Shimla city indicates this rising trend.

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 implementation.

The 2030 Agenda of SDGs 2015 also 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 therefore the strategies should include the knowledge and suggestions of persons with disabilities.

Government of India is committed to strengthening disability-inclusive disaster risk reduction by providing adequate technical support for successful implementation and ensuring that disability-inclusive DRR initiatives are mandated and implemented from Central to community levels. Effective institutions, structures and systems would be the key to disability inclusion by providing effective participation of persons with disabilities and their priorities.

The Adoption of the Dhaka Declaration on Disability and Disaster Risk Management, in December 2015, acknowledges: "The importance of linking disability inclusive Disaster Risk Management (DRM) with the Sustainable Development Goals (SDGs) on the understanding that inclusion builds the resilience of the whole of society, safeguards development gains and minimizes disaster losses".



According to the UNISDR organized Global Survey in 2013, of the 5,717 persons with disabilities belonging to 137 countries surveyed, 72.9 % of the respondents had no preparedness plans at all. The persons with disabilities across the world are reported to confirm that they are rarely consulted about their needs before, during or after the planning process. The survey found that in the event of a sudden disaster, only 20% of persons with disabilities could evacuate immediately without difficulty, while the majority

faced some level of difficulty or were not able to evacuate at all. Therefore it is a matter of serious concern that needs to be addressed as a matter of priority within planning and implementation processes.

Rights of Persons with Disabilities Act (RPWD), 2016 was enacted under the Article 253 of Constitution of India, which mandates the participation of persons with disabilities in Disaster Risk Reduction (DRR) process. In the Act, the DRR is articulated in Article 8, which stipulates that persons with disabilities shall have equal protection and safety in situations of risk, humanitarian emergency and disasters. The RPWD Act refers to the DM Act and emphasizes that District Disaster Management Authorities should maintain details of persons with disabilities in the district and should also inform such persons about any situation of risk, to enhance the disaster preparedness at their level.

In view of the above, it is clear that disability inclusive disaster management planning is need of the hour, and it is required to be addressed at all the stages of disaster management planning and implementation. The same is required in the context of Shimla, where issues related to persons with disabilities need to be an integral part of inclusive planning.

1.3 Addressing Limitations

The Disability Inclusive District Disaster Management Plan is an addendum document, which primarily captures the vulnerability profile of persons with disabilities of Shimla District, followed by the specific recommended actions for persons with disabilities inclusive planning, capacity building, preparedness and response.

However, the inclusion of disability issues in District Disaster Management Plan is faced with a set of limitations that need to be addressed upfront. The lack of availability of comprehensive, desegregated and up-to-date data has emerged as the biggest challenge. COVID-19 restrictions in the district of Shimla have further added to the constraints in conducting face to face meetings with all the concerned stakeholders.

A series of meetings and follow up discussions were held with a number of government departments and institutional actors that include: Department of Social Justice and Empowerment (DSJ&E) - Nodal Department for persons with disabilities; 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 meetings and discussions were aimed at eliciting the views and suggestions of the concerned stakeholders on disability inclusive CDMP, DDMP and investment priorities for action. Meetings were conducted with persons with disabilities, DPOs, NGOs, CDPO and leading organizations of Shimla working for persons with disabilities, such as UDAAN, UMANG and SAKAAR Society for Disabled, teachers and parents through audio and video conferences.

CHAPTER 2

VULNERABILITY STATUS OF SHIMLA CITY IN CONTEXT OF PERSONS WITH DISABILITIES

2.1 Impact of Disasters on Persons with Disabilities

While a large majority of people may be negatively impacted by a disaster related emergency or crisis situation, persons with disabilities, like other groups such as older persons or injured persons, face specific challenges that put them at a greater risk. Given the hazard profile of Shimla and the emerging challenges of climate change, the frequency and intensities of natural disasters are expected to increase and accentuate the vulnerabilities of people even further. Shimla District has not seen a big disaster yet. And the persons with disabilities have yet to be exposed to any major emergency. However, it is well known that big disasters such as Odisha Super Cyclone 1999, Gujarat Earthquake 2001, J & K Earthquake 2005, Kerala flood 2018 and worldwide natural disasters have caused widespread damage and loss to people, with immense misery to persons with disabilities, in particular. Persons with disabilities in Shimla are also vulnerable to multiple hazards and related disaster induced emergencies. The persons with disabilities in Shimla District suffer from the following impairments in varying degrees and ways:

- VISUAL IMPAIRMENT
- LOCOMOTIVE IMPAIRMENT
- HEARING IMPAIRMENT
- LOSS OF MOBILITY AND INCREASED DEPENDENCY
- LOCOMOTIVE IMPAIRMENTS
- MENTAL IMPAIRMENT
- MULTIPLE IMPAIRMENT

The combination of these factors may have an additional impact on their health, with possible deterioration or creation of new long-term impairment, if not addressed in the early stages, and may also lead to increased protection challenges for persons with disabilities.

2.1.1 Psychological Impact: Psychological impact is the second most important personal impact of a disaster on people in general and on persons with disabilities in particular. It not only causes psychological stress, but also diminishes self-confidence and leads to disorientation among people with disability. Loss of income, internal displacement, loss of family members and care givers, who often represent primary support for persons with disabilities further bring severe emotional stress and trauma for them. While these types of impact are likely to be faced by many other affected people regardless of disability, there is no doubt that the psychological impact of the crisis on persons with disabilities is far greater than others.

2.1.2 Physical, Sexual abuse and Harassment: Persons with disabilities are also at high risk of physical, sexual and psychological abuses and harassments. According to a global survey, persons with communication problems, those who have difficulties with memory or concentration, and persons with hearing or sight impairments are particularly vulnerable to such abuses during the crisis. There are several instances of gender-based violence reported post disasters, as many persons and children with disabilities are highly vulnerable and experience sexual harassment in unsafe shelters. The absence and/or lack of appropriate medication can increase the risks of onset or progression of disability or/and can lead to severe complications such as stroke, diabetic complications, and increased levels of mortality and morbidity among the affected population. And Shimla District is no exception.

2.2 Risk Profiling of Shimla City

Shimla District, due to its distinctive geological features and location, is exposed to various natural hazards. The District is exposed to the following multiple natural and human induced hazards. Natural Hazards include: I. Earthquake, II. Landslide, III. Land Sinking, IV. Hailstorm, V. Severe Storms, including Lightning and High Winds (Thunderstorms), VI. Flash Flood/ Cloud Burst, VII. Heavy Snow Falls. Human induced hazards of the district include industrial hazards, epidemics, accidents, stampede etc.

Persons with disabilities in Shimla district carry multiple physical, psychological, social and economic vulnerabilities and constitute one of the most vulnerable groups in times of emergency. Persons with disabilities include women, men, girls, boys and old age people etc. with long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, are likely to hinder their full and effective participation in society on an equal basis with others in general and during emergencies in particular.

The population of persons with disabilities in India, as per census 2011, is 2.68 Cr, which is 2.2% of the population. Of these 56% is male and 44% is female. In the total

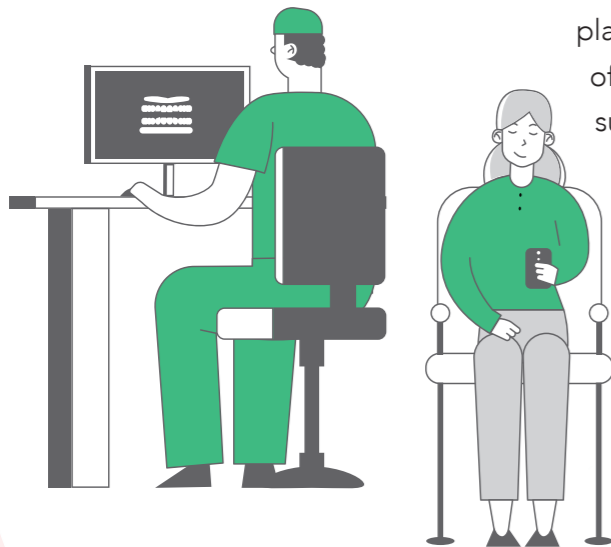
population, the male and female population is 51% and 49% respectively. In Shimla, as per Census 2011, the total number of persons with disabilities is 21,834, which is 0.31% of the population. Of these, the percentage of male and female population is 55.53 % and 44.47 % respectively.

2.3 Vulnerabilities of Persons with Disabilities:

In Shimla District, persons with disabilities face multiple vulnerabilities and barriers. These include physical, psychological, social and economic vulnerabilities and barriers that often result in persons with disabilities living with low self-esteem and low participation in social and civic life. The discrimination that they face is often based on stereotyped perceptions, which label them as weak, defenseless, and with no ability. The stigma attached to the word 'disability' is entrenched in societal structures, values and behavior patterns. Disaster management planning provides an opportunity to intervene and bring about a positive shift in addressing issues related to the vulnerabilities and barriers that persons with disabilities face and are likely to face in emergency situations. Vulnerabilities can be effectively addressed, if barriers are removed and persons with disabilities are allowed to access their rights fully and effectively.

A rapid qualitative survey on the ground, undertaken as part of this exercise, revealed that persons with disabilities in Shimla have little access to required resources and assets to face disasters and related emergencies. Their right to decision making and specifically the right to use resources are very limited. Women, elderly and children with disabilities are particularly more vulnerable as persons with disabilities and face further increase in barriers, which they need to overcome for ensuring their personal safety and security during disasters.

In the context of emergencies, the field experience of Shimla indicates that persons with disabilities are too often neglected in the contingency planning, assessment, design, and delivery of humanitarian relief. Emergency situations such as natural or human induced disasters can result in a higher number of people, experiencing disability due to new injuries, a lack of quality medical care, or the collapse of essential services. Ensuring inclusion of persons with disabilities during emergency response must be considered a core component of effective humanitarian action.



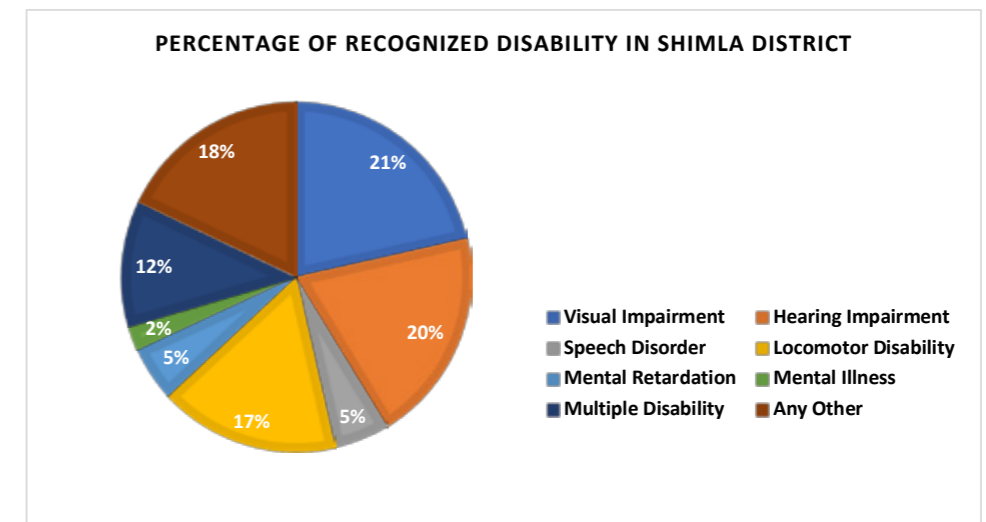
Persons with disabilities are among the most vulnerable groups, as clearly confirmed during the interactions with stakeholders in Shimla. It has emerged that as a group they are ignored, both in formulation of policies and in the implementation of programs. They are required to be included in all the important decision-making processes and should also be invited to participate in the committees to manage disasters. Further, the deliberate action from the humanitarian community is required to make sure that crisis-affected people most at risk have access to basic aid and specific services essential for their survival, protection, and recovery.

Along with stakeholder interactions, a review and analysis of the available secondary data was also carried out to arrive at an overview of the vulnerability status of persons with disabilities in Shimla. However, despite data constraints and limitations of information, especially related to the persons with disabilities, the gender wise and age group wise, analysis has been carried out on the basis of available data to better comprehend the vulnerability status of Shimla District.

The following data depicts the Overall Vulnerability of Shimla District, Disability Type wise:

PERCENTAGE OF RECOGNIZED DISABILITY IN SHIMLA DISTRICT		
TYPE OF DISABILITY	TOTAL PERSON	PERCENTAGE
Visual Impairment	4687	21%
Hearing Impairment	4339	20%
Speech Disorder	1111	5%
Locomotor Disability	3644	17%
Mental Retardation	1113	5%
Mental Illness	494	2%
Multiple Disability	2531	12%
Any Other	3915	18%
TOTAL	21834	100%

Source: Census 2011



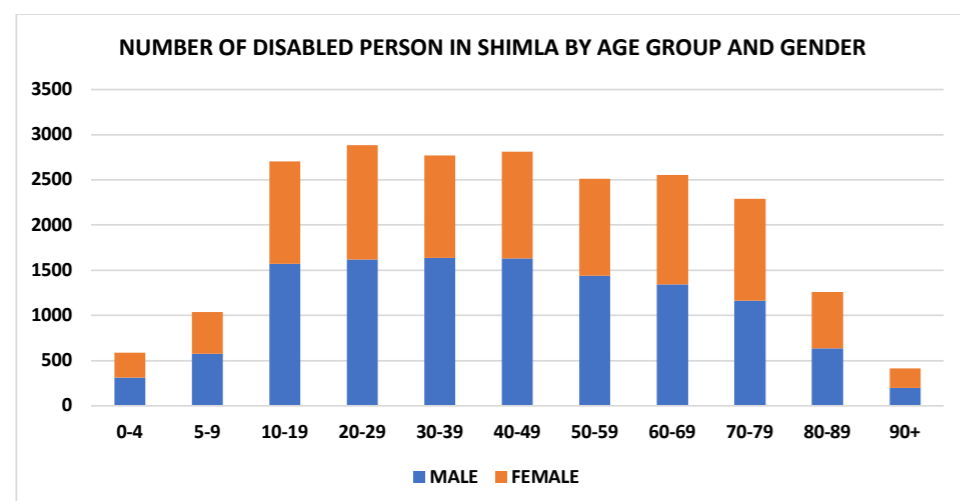
The above figure depicts the percentage of recognized disability in the Shimla District. According to Census of India 2011, the total number of disabled persons is 21834, out of which the number of blind people is the highest in number, which is 21%, followed by 20% hearing impairment and 17% disability in movement. People with mental illness and mental retardation comprise only 2% and 5% respectively, which is the lowest in comparison to other disabilities in Shimla district. However, these cannot be ignored and their special needs must be addressed as part of inclusive disaster management planning.

With the help of this available data and more data that needs to be collected, an inclusive disaster management plan targeting the needs of persons with disability in the district for mitigation, preparedness and response can be chalked out.

Age and Gender -wise Persons with Disability – Shimla Urban

AGE- GROUP	MALE	FEMALE	TOTAL
0-4	315	271	586
5-9	577	459	1036
10-19	1573	1134	2707
20-29	1619	1266	2885
30-39	1635	1136	2771
40-49	1633	1181	2814
50-59	1437	1076	2513
60-69	1341	1215	2556
70-79	1161	1132	2293
80-89	635	624	1259
90+	199	215	414
Total	12125	9709	21834

Source: Census 2011

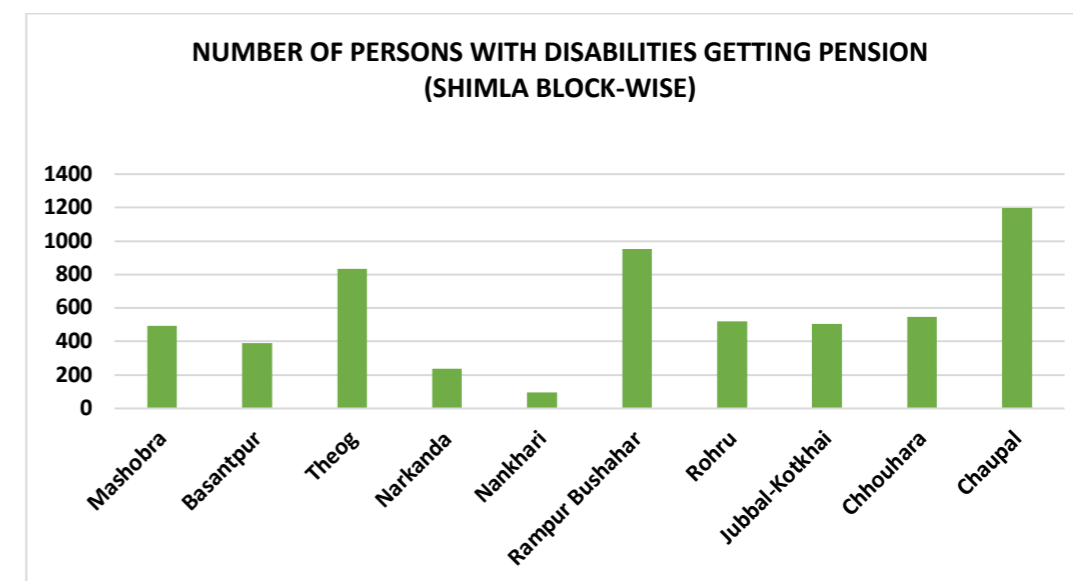


The above figure depicts the number of recognized disabilities in the Shimla District by age group and gender. According to Census of India 2011, the total number of disabled persons is 21834, out of which the number of male population with disability is the highest i.e. 12125 and the number of female population is 9709.

Age group 40-49 has the highest number of people with disabilities. Male population falling in the age group 30-49 is the most affected i.e. 3268, whereas, in the female population, 20-29 is the age group that is most affected by the disability i.e. 1266. The number of disabled people in the aging group is low apparently because of low life expectancy in that group.

Number of persons with disabilities getting pension in Shimla (block wise) is as follows:

NAME OF BLOCK	NUMBER OF PWDS GETTING PENSION
MASHOBRA	494
BASANTPUR	391
THEOG	833
NARKANDA	239
NANKHARI	96
RAMPUR BUSHAHAR	951
ROHRU	519
JUBBAL-KOTKHAI	506
CHHOUHARA	548
CHAUPAL	1197
TOTAL	5774



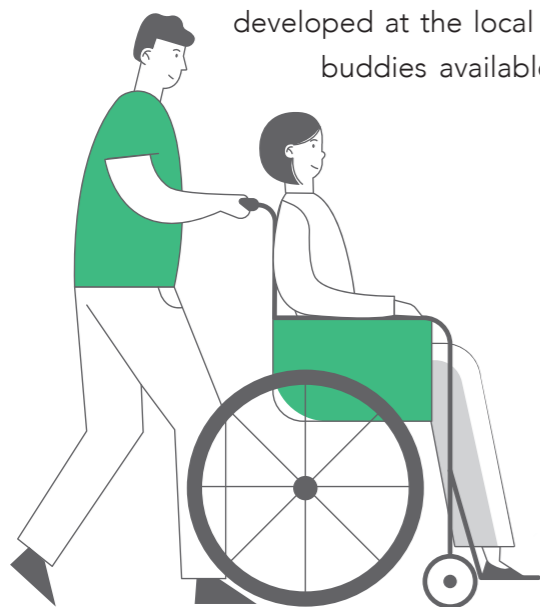
Source: Department of Social Justice and Empowerment

The above graph shows the number of persons with disabilities across different blocks of Shimla, getting pension from the Department of Social Justice and Empowerment under different schemes of the Government. The highest number of persons with disabilities getting pension are in Chaupal Block i.e., 1197, followed by Rampur Bushahar i.e., 951 and Theog i.e., 833. The number of female beneficiaries is comparatively low in each block. The lowest number of persons with disabilities receiving pension is in Nankhari Block of Shimla.

In view of this block wise spread of persons with disability, there is an obvious need to take appropriate mitigation and preparedness measures considering their special needs, specific to their location and accompanying hazard. The inclusion of these people in decision making is of critical importance for effective disability inclusive disaster management planning.

With the help of this data and more that needs to be collected, an inclusive disaster management plan, targeting the needs of persons with disability in the district, for mitigation, preparedness, and response, can be worked out. However, this must be underlined that this data is almost 9 years old (Census 2011), and the respective age wise categories should now be considered in the next age group level, while carrying out the inclusive planning of Shimla District (as no latest data on persons with disabilities in the district is available at the moment).

In view of the above, it is required that the Disaster Risk Reduction (DRR) efforts specifically address the vulnerability of persons with disabilities among the affected population, rather than clubbing them with other vulnerabilities. Special attention needs to be paid to ensure that no person with disability is abandoned after a disaster. Local community-based efforts and support systems are required. For example, a buddy-system whereby each person with disability has one or more persons in the neighborhood to assist her/him in times of emergency, could be developed at the local level. Currently there is no formal data of buddies available for the district of Shimla.



CHAPTER 3

MAINSTREAMING DISABILITY INCLUSION IN DISTRICT DM PLAN: GAPS AND CHALLENGES

The Himachal Pradesh State Policy on Persons with Disabilities 2011, aspires to see the State as an inclusive and enabling society that values highly the lives of persons with disabilities and continually strives to enhance their access to opportunities and their participation at all levels in the society.

It provides a framework for the Government to create an enabling environment to achieve disability inclusive disaster management planning and implementation on the ground. It seeks to remove barriers that prevent persons with disabilities from participating fully in society. This policy statement attempts to cover the range of barriers experienced by persons with disabilities, which include public attitudes, human rights, employment and educational opportunities and provides a framework for developing strategies and action plan for removing those barriers.

In the wake of the enactment of Rights of Persons with Disability Act in December 2016, the Himachal Pradesh State Policy on Persons with Disabilities 2011 needs a thorough review and revision. The key provisions of the RPWD 2016 may be integrated in the revised policy. This needs to be done in a manner that addresses the requirement of mainstreaming the disability issues and concerns in various programmes and interventions, at the local level.

3.1 Keys Issues, Gaps and Challenges

It is important that the key issues, gaps and challenges of disability inclusion are clearly identified and understood so that they can be addressed with regard to all aspects of disaster management planning and related successful practices are institutionalized.

3.1.1 Data on needs and resource mapping: This is one of the major concerns of disability inclusive planning in Shimla, as the first responders are not in possession of complete data which is reliable. Many persons with disabilities are sure to be left out because of their apparent invisibility and are not covered by any of the surveys. Capacity of data collection, compilation and access has to be strengthened for mapping of persons with disabilities and their vulnerability and capacity assessment.

3.1.2 Policies, planning and strategies: The State Policy on Persons with Disabilities of Himachal Pradesh was drafted in the year 2011. A revised policy and a detailed state level plan, in line with RPWD Act 2016, drafted in consultation

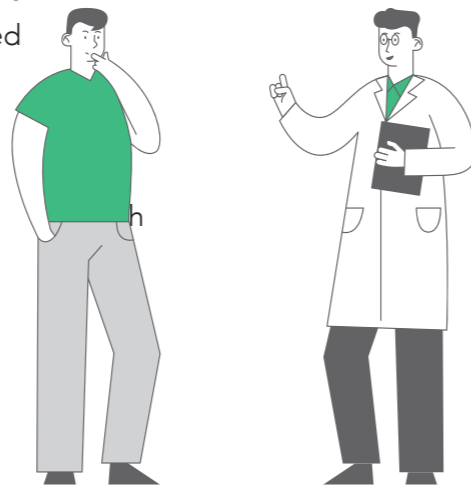
and engagement with persons with disabilities and local DPOs/NGOs, would be useful for district level inclusive disaster management planning. In order to ensure inclusive planning process, it is important to do the following:

- Creating awareness of DRR planning among persons with disabilities.
- Institutionalizing the practice of in-depth consultation with persons with disabilities and DPOs for articulating DRR planning needs and priorities.
- Devising and operationalizing a two-track system for mainstreaming disability issues and concerns and providing specialized support services.

3.1.3 Adoption of universal design principles and access to assistive technology: In Shimla the physical inaccessibility to services is quite common. As informed by the persons with disabilities, most of the public services such as colleges, student hostels, hospitals, public transport system are not disabled friendly. In times of emergency, physical inaccessibility of the basic services can put the life and well-being of the persons with disabilities in danger even further. The following action points are critical in this regard:

- Accessible accommodation and transport in all phases of disaster to be an integral part of preparedness.
- Training workers of universal design and capacity building of first responders and service providers
- Use of material prepared by Disabled People Organizations (DPOs) would assist in overcoming the gap in services in Shimla e.g. using manuals prepared by the Digitally Accessible Information System (DAISY) (e.g. Evacuation Manual)

3.1.4 Preventing Social and attitudinal exclusion: Persons with disabilities face social and economic exclusion due to their apparent invisibility and prevalent social apathy and stigma. They often face discrimination at home, school and work places. Many a times they are taken for granted. Society simply feels quite satisfied with ensuring simple entitlements such as pensions, subsidies or allowances for them. They do not trust much on their abilities. Due to this attitude, the persons with disabilities are generally not included in the important consultations such as DM planning, emergency coordination meetings, allocation of resources, procurement of specialized equipment etc.



It is critically important to include persons with disabilities at each stage of disaster risk reduction planning process, from preparedness (including the warning systems), safe evacuation, accessible shelters, to relief and reconstruction.

3.1.5 Women and girls with disabilities: Women and girls with disabilities are generally being discriminated even during normal times due to prevailing social apathy, stigma and indifference. In times of emergency, they become even more susceptible to physical, sexual and emotional abuse, particularly when staying in shelters or camps, primarily due to their reduced ability to protect themselves or understand the situation.

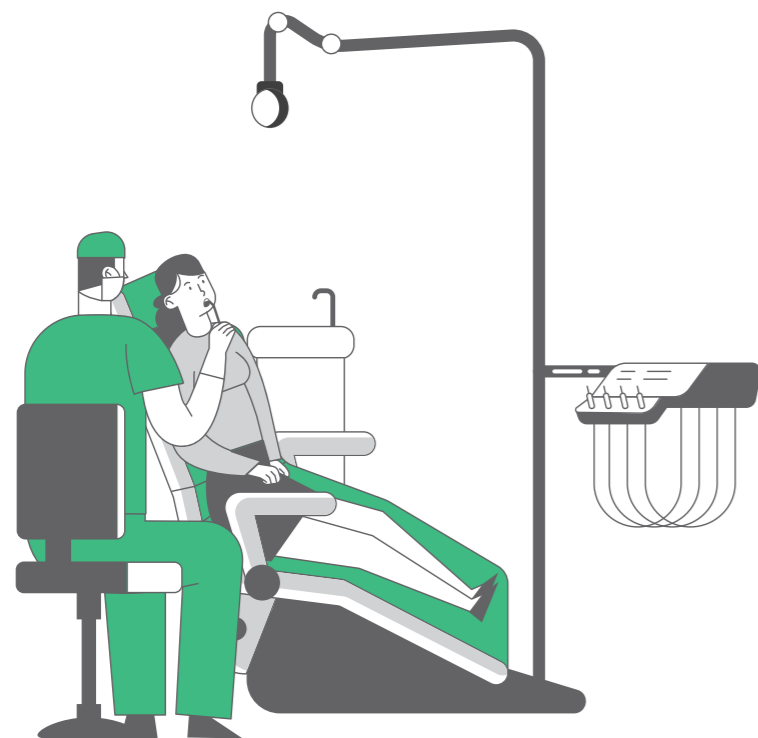
- DM strategies need to take into account protection and security needs of women headed households and girls living in camps and shelters.
- Train professional local builders and architects in Universal Design norms.
- Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc.).
- Ensure sufficient lighting, in shelter areas/camps, so that the obstacles can be easily seen by those with low vision. <
- Install handrails for stairs, and ramps for buildings.
- Identify family or neighbors of persons with disabilities and provide space to them in the same shelter.

3.1.6 Children with disabilities: Children with disabilities often get physically, mentally and psychologically abused. They often get deprived of access to health care and education. Capacity of children to face barriers during emergencies could be low and they may not be in a position to access adequate health, rehabilitation and psycho-social recovery facilities and services on their own. In order to address the special needs of children with disabilities, the key measures are as follows:

- Design specialized training modules for school safety programmes; train resource persons; and conduct mock drills on 'search, rescue and evacuation (SRE)' for children with disability.
- Special schools to conduct regular preparedness and evacuation drills for a diversity of children with disabilities.
- Special care givers, hostel-inmates, buddy and parents to be trained on SRE needs to help and support the children with disabilities not only in schools, but also in the larger community during disaster related emergency.

3.1.7 Elderly persons with disabilities: Elderly persons with disability often have special health needs, which call for separate and special attention, more so during emergencies. Damage to health infrastructure and over-burdened health facilities during emergencies make it even more difficult for the elderly people with disabilities to access basic health facilities and services on their own. Elderly persons are more likely to be ignored by the decision makers. The following inclusive measures will be of help:

- Elderly people must be consulted or be given decision-making roles while planning for evacuation, setting up shelters etc. following disasters.
- Food, potable water, health, safe shelter and hygiene and sanitation needs and services must be factored into relief and rehabilitation planning.



CHAPTER 4

RECOMMENDED ACTIONS FOR INCLUSIVE CAPACITY BUILDING AND TRAININGS

At the very outset, there is a need to underline the critical importance of capacity building and training in any serious attempt to ensure disability inclusive disaster management planning and its effective implementation on the ground at the local level.

The following are the key recommended actions for strengthening the capacity building and training dimension of disability inclusive disaster management planning in Shimla:

- Identify the overall training needs including of the persons with disabilities, trainers, special educators, identified Buddy Fellows (SAHYOGI), parents, guardians, family members, life partner, concerned Government Departments including Social Justice & Empowerment, Health, Civil Defense & Home Guards, Revenue, ULBs, NGOs, DPOs, emergency first responders, volunteers, and identified Ward Representatives etc.
- Prepare a detailed training calendar to conduct regular trainings and refresher training programmes.
- Provide training in an accessible manner involving the use of user-friendly modes such as Braille, special computer software, audio versions, large print and use of sign language interpreters etc.
- Production and use of communication tools through a booklet highlighting the specific needs of different types of disabilities to be used as a training and reference manual for disaster/relief personnel.
- Inclusive disaster management trainings at the identified facilities and centers which are physically accessible.
- People with auditory disabilities to be trained to become volunteers, so that they can help other persons with hearing impairment.
- Train relief workers to assist with:
 - a) Repairs of assistive devices.
 - b) Determining the need of assistive devices.
 - c) Finding out how many persons with disabilities are eligible to get assistive devices free of cost or at subsidized cost.

CHAPTER 5

RECOMMENDED ACTIONS FOR INCLUSIVE DM PLANNING AND PREPAREDNESS

A truly inclusive disaster management planning and preparedness exercise has to ensure the substantive, and not merely notional, participation of persons with disabilities in the planning processes and their implementation on the ground.

The recommendations made in this chapter have been arrived at on the basis of not only secondary data review and analysis, but also by way of multiple rounds of interactions with representatives of persons with disabilities, DPOs such as SAKAR, UMANG and UDAAN, parents, Ward Representatives of ULB/Ward and senior officials of relevant Government departments including Health, Social Justice & Empowerment etc.

The recommendations are meant to be acted on by the District Administration, UN agencies, and Humanitarian NGOs etc. Their objective is to ensure that disaster management planning and programming at the district level are truly inclusive of disability related needs and capacities.

It is envisaged that the following set of recommendations are going to be very helpful in reaching out to persons with disabilities, eliminating the barriers that result in their lack of access to basic services, and providing targeted support as required, so that their rights are protected and they could not only live a dignified life as others, but also protect themselves and their assets effectively during emergencies.

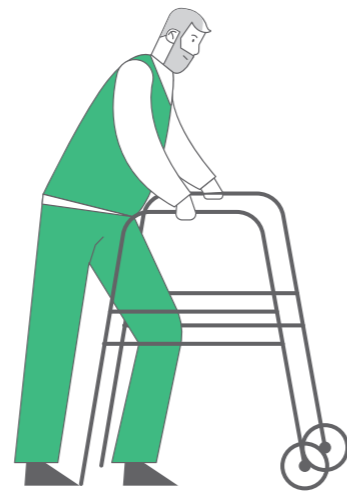
Set of Recommended Actions:

i) Policies and Guidelines:

- Revision of Himachal Pradesh State Policy in the light of the provisions of the RPWD 2016, National Disaster Management Plan, 2019 and NDMA Guidelines on Disability Inclusiveness.
- Preparation of Comprehensive Guidelines for DDMP with the detailed and specific provisions on inclusion of persons with disabilities in line with National DM Framework and RPWD 2016.

ii) Preparedness and mitigation strategies:

Effective Shimla district preparedness and mitigation strategies for persons with disability would require the following measures to be taken up by the District DM planners:



- Prior mapping of locations of persons with disabilities
- Listing of their specific resource needs including required assistive devices
- Identification and mapping of health care centres/institutions
- Location and mapping of special educators, therapists, and professionals (audiologists, speech therapists and sign language interpreter etc.) and accessible transport.
- Stockpiling of medical and life saving devices such as respirators, critical assistive devices and other medical equipment supplies that would help in reducing the risk of people with disability during disasters.

iii) Inclusive assessment and monitoring

- Identify persons with disabilities in vulnerable areas and inform volunteers of their specific needs.
- Map houses of persons with disabilities and evacuation routes for evacuation in the DM plans.
- Identify and put in place special protection measures for rehabilitation facilities/institutions (e.g. special homes, rehabilitation service centers etc.).
- The sizeable number of persons living in these facilities can be saved when confronted with a life-threatening disaster situation.

iv) Coping strategies and mechanisms

- Building a network in the community that can provide disability friendly information on impending disasters.
- Designing appropriate early warning systems to reach out to persons with disabilities
- Including persons with disabilities in the planning process at all levels.

v) Overcoming social and physical barriers

- Train professional local builders and architects in Universal Design norms. Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc).
- Ensure sufficient lighting, in shelter areas/camps, so that the obstacles can be easily seen by those with low vision.
- Install handrails for stairs, and ramps for buildings.
- Identify family members, neighbors and identified and trained buddies of persons with disabilities and provide space to them in the same shelter.
- Protection measures to be put in place with assistance of families, community and local administration.

- Ensuring persons with disabilities friendly low floor buses, traffic crossings and railway platforms.
- Toilet floors at public places and in shelters to have a non-slip surface.
- Light-weight PVC door shutter to be provided as a sliding door.

vi) Critical and Preventive Health Care

- 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.
- Provide proper food to persons with disabilities in order to avoid nutritional deficiency.
- Include in the relief package, additional clothes for people with incontinence and uncontrolled bowel movement.
- Provide Vitamin A to children, where necessary.
- 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.
- Train relief workers to assist with:
 - 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.
- Include the above in the tasks of relief workers
- Contact the concerned Government departments (Social Welfare, ALIMCO, DRCs /other) or NGOs in order to provide assistive devices.
- Organize screening, fitment and distribution camps.
- Provide proper food to persons with disabilities in order to avoid nutritional deficiency.
- Include in the relief package, additional clothes for people with incontinence and uncontrolled bowel movement.
- 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.
- Provide proper food to Persons with Disabilities in order to avoid nutritional deficiency.
- Include in the relief package, additional clothes for people with incontinence and uncontrolled bowel movement.

vii) Food, Shelter, Water and Sanitation

- List persons who should receive compensation and ensure that they receive it.
- Check if persons with disabilities who are below the poverty line are included in the list.
- Cash compensation to persons after a disaster will serve as a temporary assistance to avoid a debt trap.
- Include persons with disabilities in insurance schemes.
- Include persons with disabilities in micro-credit/micro-finance schemes.
- Prepare and use guidelines to monitor any discriminatory practices.
- List persons who should receive compensation and ensure that they receive it.
- Check if persons with disabilities who are below the poverty line are included in the list.
- Include Persons with Disabilities in all Data Bases/ Surveys prepared for DM.
- Prepare specific data bases of Persons with Disabilities when general databases do not include their needs.
- Sensitize ULB/Ward members on the needs of Persons with Disabilities in disasters and the rights and dignity of Persons with Disabilities in DM.
- Ensure that the disability needs are included in the CBDRM process at the Ward level.

viii) Early Warning System

A. Short term (with existing infrastructure) measures

- Improving coordination between different departments
- Risk Information and dissemination. Hosting the information at MC and other relevant departments. Although HRVA done is yet to be disseminated and used in decision making.
- Update Risk Assessments periodically. Risk is dynamic and hence HRVA studies needs to be updated at least once a year.
- Capacity development of the officials needs to be carried out so that they can update the non-spatial information in the online system periodically. For example information about the population, vulnerable people etc. can be updated with-out much efforts to keep the system up to date.
- Collect, collate and analyse the disaster, damage and loss database for small, medium and large scale disasters. This will not only help in understanding the hotspots and spatio-temporal trends, but also the progress made in DRR interventions. Disaster

damage and loss data needs to be integrated with the HRVA studies.

- Capacity Development including training on Early Warning Systems, Risk Assessment, Response planning etc.
- Weather forecasting mechanisms and advisories needs to be made more user-friendly and contextual.
- Media can be involved for addressing the needs of people with disabilities and other vulnerable groups (e.g. subtitling of information for hearing impairment)
- Private Public Partnership and Involving Telecom Service Providers for SMS based warnings.
- Updating of India Disaster Resources Network and developing GIS based dynamic resource mapping platform. Mobile app to be developed for capturing geo-coded information on resources available with the key departments.

B. Middle to Long term measures

- •Micro mapping of resources for effective preparedness and response. At present non spatial mapping of district level resources are existing in IDRN Portal. However the portal is developed during 2003-04. Now with the advances in Geospatial technology it is possible to geocode resource information and develop online dynamic resource mapping.
- Built on Risk Knowledge (Disaster Databases and HRVA): Budget needs to be allocated for review and revising of HRVA at least once in 5 years. Also there is a need to develop and maintain historical data of disaster damages and loss for minimum 30 years to carry out a statistically meaningful analysis.
- Increase Density of weather stations: State governments with the meteorological agencies needs to focus on increasing the network of weather stations. Being a mountain state the weather condition vary considerably with in the same district or even within the city area itself.
- Sensor based systems and IoTs – Focus should be given on Sensor Based low cost systems for collecting real time data.

x) Media

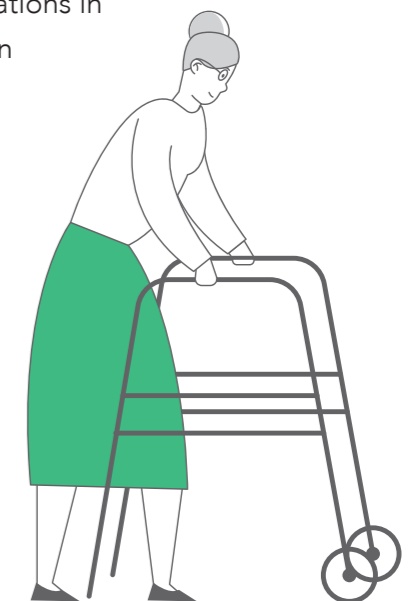
- •Sensitize Media on the issues of Persons with Disabilities in disasters and how they could be addressed. Ensure that it does not use stereotypical images and discriminatory language (such as crippled).
- During early warning, instruct media to provide information that can be accessed and understood by Persons with Disabilities.

xi) Children with Disability

- Include the needs of children with disabilities (existing and newly created).
- Following disasters, make a rapid assessment of children with disabilities who have been dropped out of schools and those who need education in existing inclusive schools.
- Sarva Shiksha Abhiyan of the Government provides an important intervention on inclusive education, which needs to be explored such as adequate number of special educators at the appropriate locations etc.
- Use these schools to introduce the issue of disability in disaster management.
- Facilitate to ensure that Special Educators are available for children with disabilities in camps.
- Encourage inclusion of topics related to disaster management (search and rescue, first aid etc.) in special schools.
- Prepare guidelines to protect children who may be subjected to violence inside and outside the family.
- Provide care to children with disabilities falling under the National Trust guidelines.
- Provide protection to orphans with disabilities.
- Provide counselling to children who face psychological trauma.

xi) Inclusion of Women

- Provide sanitary wear for use during menstruation.
- Educate health service personnel in provision of sensitive services and of the needs of girls and women with disabilities.
- Train government and non-governmental organizations in prioritization of issues of women with disabilities in development efforts.



CHAPTER 6

RECOMMENDED ACTIONS FOR INCLUSIVE DISASTER RESPONSE

The following are the key recommended actions for effective and inclusive Disaster Response Mechanism:

i) Strengthening Search, Rescue and Evacuation (SRE)

- Ensuring adequate and reliable data about the numbers, location and needs of individuals with disabilities, which is a must for effective SRE and relief process.
- Volunteers/replacement volunteers to be trained professionally in the special techniques or procedures in SRE keeping in view the diversity and complexity of disability to be addressed.
- Ensuring adequate and reliable data about the numbers, location and needs of individuals with disabilities, which is a must for effective SRE and relief process.
- Volunteers/replacement volunteers should be trained professionally in the special techniques or procedures in SRE keeping in view of diversity of disability to be deployed.

ii) Consolidating Relief Mechanism

- Adequate volunteer support services at relief Centres, mass feeding Centres, temporary toilets, portable housing facilities to ensure access to relief goods and services.
- Assistive and mobility devices such as wheelchairs, hearing aids, Braille translators, crutches, prostheses, respirators which get damaged or become inoperable during emergencies, to be kept proper stock of through electronic tracking system.
- Small vehicles, cycle-rickshaws or para-transport system for easy door-to-door safe, reliable and timely evacuation of persons with disabilities to be made accessible.
- Prior planning for critical care of people with spinal injury or brain injury has to be put in place.
- Train professional local builders and architects in Universal Design norms.
- Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc).
- Ensure sufficient lighting, in shelter areas/camps, so obstacles can be easily seen by those with low vision.
- Install handrails for stairs, and ramps for buildings.

- Identify family or neighbors of Persons with disabilities and provide space to them in the same shelter.
- Protection measures be put in place with assistance of families, community and local administration.
- Adequate volunteer support services at relief centers, mass feeding centers, temporary toilets, portable housing facilities to ensure access relief goods and services.
- Assistive and mobility devices such as wheelchairs, hearing aids, Braille translators, crutches, prostheses, respirators which get damaged or become inoperable during emergencies, to be kept proper stock of through electronic tracking system.
- Small vehicles, cycle-rickshaws or para-transport system for easy door-to-door safe, reliable and timely evacuation of PwDs to be made accessible.
- Prior planning for critical care of people with spinal injury or brain injury has to be put in place.

iii) Establishing mechanism for smooth Rehabilitation and Reconstruction (R&R)

- There is a list of various support schemes (e.g. loans), special concessions and reservation (e.g. in bus travel) provided for Persons with disabilities. Inform and assist those who are eligible to access the schemes. Functionaries who are assisting in livelihood restoration must have knowledge of these schemes.
- Assist in accession to exclusive support facilities of skill up-gradation training and technical support to begin income-generating activities.
- Make the work place accessible by creating changes such as lowering the height of a worktable, changing the design of a machine so that it can be used with one or no hand, use audio signals/ instructions for persons with visual conditions.
- Infrastructures such as shelters, schools, hospital, houses, community centers, public places etc. need to be included in the universal design and inclusive resources, which are disability friendly, barrier free and easily accessible.
- Social safeguard systems such as re-entry of the persons with disabilities in the job guarantee scheme to assure income generation and economic empowerment.
- Easy access to information about government schemes during recovery phase so that the newly acquired persons with disabilities are not left out of any R & R system.
- For persons with spinal cord, head injury long term rehabilitation would be required; the plans need to factor this aspect into the health and medical rehabilitation.

ANNEXURES

Annexure 1

A NOTE ON EMERGENCY MANAGEMENT

Emergency Management

Emergency preparedness is a shared responsibility. All people are encouraged to be prepared to cope for at least the first 72 hours of an emergency, while emergency workers focus on those in urgent need. While disasters and emergencies affect everyone, their impact on people with disabilities is often compounded by factors such as reliance on electrical power, elevators, accessible transportation and accessible communication – all of which can be compromised in emergency situations.

By taking a few simple steps today, one can become better prepared to face a range of emergencies. These basic steps should help you to take care of yourself and your loved ones during an emergency.

Emergency preparedness involves three basic steps:

1. Knowing the risks
2. Making a plan
3. Getting an emergency kit

PERSONAL SUPPORT NETWORK

A personal support network is a group of at least three people you know and trust and who would help you during an emergency.

EMERGENCY KIT CHECKLIST

In an emergency you will need some basic supplies. Be prepared to be self-sufficient for at least 72 hours. These items may not apply to every situation or every person; Check your kit twice a year to ensure contents are up to date. Re-stock as needed.

BASIC EMERGENCY KIT CHECKLIST

- Water – at least two litres of water per person per day. Include small bottles that can be carried easily in case of an evacuation order
- Food that won't spoil, such as canned food, energy bars and dried foods (replace food and water once a year)
- Manual can-opener
- Wind-up or battery-powered flashlight (and extra batteries)

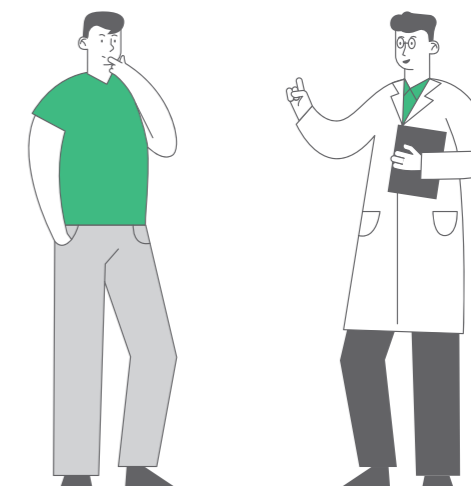
- Wind-up or battery-powered radio (and extra batteries)
- First aid kit
- Special items such as prescription medications,
- Bracelet or identification
- Extra keys to your car and house
- Cash in smaller values, such as 10rs and change.
- Special items according to your needs (i.e., prescription medication, infant formula, special equipment, pet food and water, etc.)
- A copy of your emergency plan and contact information

Others

- Recommended additional items checklist
- Two additional litres of water per person per day for cooking and cleaning.
- Candles and matches or lighter (place candles in sturdy containers and do not burn unattended).
- Change of clothing and footwear for each household member.
- Sleeping bag or warm blanket for each household member.
- Toiletries, hand sanitizer, utensils Garbage bags for personal sanitation Toilet paper.
- Minimum of a week's supply of prescription medications.
- Household chlorine bleach or water purifying tablets.
- Basic tools (hammer, pliers, wrench, screwdrivers, work gloves, dust mask, pocket knife).
- Small fuel-operated stove and fuel (follow manufacturer's directions and store fuel properly).
- A whistle (in case you need to call for help).
- Duct tape (i.e., to tape up windows, doors, air vents).
- Detailed list of all special needs items, in the event that they need to be replaced.

TIP

- Have a phone at home that does not require electrical power to work (i.e., a corded phone or a TTY).



Emergency Management on the Basis of Types of Disability

Mobility

Mobility limitations may make it difficult for a person to use stairs or to move quickly over long distances. Limitations may include reliance on mobility equipment such as a wheelchair, walker, crutches or a walking cane. People with a heart condition or respiratory difficulties may also have limited mobility.

Your Emergency Plan

- If you use a wheelchair or scooter, request that an emergency evacuation chair be stored near a stairwell on the same floor where you work or live, so that your network can readily access it to help you evacuate. The person with the disability should be involved in the selection of the evacuation chair.
- People who require the use of an evacuation chair should designate a primary and backup contact to assist them in the event of an evacuation. Create an evacuation plan in collaboration with the building manager and contact persons, and practice using the chair with them.
- In your personal assessment checklist, identify areas of your body that have reduced sensation so that these areas can be checked for injuries after an emergency, if you cannot do so yourself.
- Check with your local municipal office to find out if emergency shelters in your area are wheelchair accessible.

Recommended Additional Items Checklist

- Tire patch kit
- Can of seal-in-air product (to repair flat tires on your wheelchair or scooter)
- Supply of inner tubes
- Pair of heavy gloves (to protect your hands while wheeling over glass or other sharp debris)
- Latex-free gloves (for anyone providing personal care to you)
- Spare deep-cycle battery for a motorized wheelchair or scooter
- A lightweight, manual wheelchair as a backup to a motorized wheelchair (if feasible)
- Spare catheters (if applicable)
- Your power outage backup plan

Others

- Assisting a person with a mobility disability – what to do
- If possible, use latex-free gloves when providing personal care.
- Try to ensure that the person's wheelchair is transported with the person.

- If this is not possible, employ other evacuation techniques as appropriate, such as use of the evacuation chair, shelter-in-place (if instructed to do so), or lifts and carries by trained personnel.
- Do not push or pull a person's wheelchair without their permission, unless it is a matter of life or death.

Non-Visible Disabilities

Individuals with non-visible disabilities may have difficulty performing some tasks even though their condition is not apparent. Non-visible disabilities can include communication, cognitive, sensory, mental health, learning or intellectual disabilities which may impair an individual's response to an emergency. Conditions can include allergies, epilepsy, diabetes, pulmonary or heart disease, and/or dependency on dialysis, different supplies, etc.

Your Emergency Plan

- Keep an emergency contact list on your person. This list should note key people that are aware of your special needs.
- Inform your designated support network of where you store your medication.
- Consider wearing a bracelet or identification to help notify emergency responders about your special needs.
- Request that a panic push-button be installed in your work and living areas so that in an emergency you can notify others of your location and that you need special assistance.
- Recommended additional items checklist
- Supply of food items appropriate to your dietary restrictions
- List of instructions that you can easily follow in an emergency
- Personal list and minimum one-week supply of all needed medications, medical supplies and special equipment (i.e., ventilator for asthma, nitro lingual spray for a heart condition, an epinephrine pen against allergic reactions or anaphylactic shock, etc.)
- Detailed list of all prescription medications
- Identification

Others

Example: People with diabetes

- •Extra supply of insulin or oral agent
- Extra supply of syringes, needles and insulin pens (if used)
- Small container for storing used syringes and/or needles (if applicable)
- Blood glucose testing kit, spare batteries and record book

- Supply of blood glucose and urine ketone testing strips Fast acting insulin for high blood glucose (if applicable) Fast acting sugar for low blood glucose
- Extra food to cover delayed meals
- Ice packs and thermal bag to store insulin (if applicable)
- Assisting a person with a non-visible disability – what to do
- Allow the person to describe the help they need.
- Find effective ways to communicate, such as drawn or written instructions, using landmarks instead of general terms like “go left” or “turn right”.
- Maintain eye contact when speaking to the person.
- Repeat instructions (if needed).
- If a person needs to take medication, ask if he/she needs help taking it. (Never offer medicine not prescribed by a physician.)

Hearing

- The way that emergency warnings are issued in an emergency is critical to the understanding of instructions and the subsequent response and safety of those with hearing loss.
- Your emergency plan
- Communicate your hearing loss by moving your lips without making a sound, pointing to your ear, using a gesture, or if applicable, pointing to your hearing aid.
- Keep a pencil and paper handy for written communication.
- Obtain a pager that is connected to an emergency paging system at your workplace and/or your residence.
- Install a smoke detection system that includes flashing strobe lights or vibrators to get your attention if the alarms sound.
- Test smoke alarms monthly by pushing the test button.
- Replace batteries every six months or whenever there is a low battery signal.
- Recommended additional items checklist
- Writing pads and pencils for communication
- Flashlight, whistle or personal alarm
- Pre-printed phrases you would use during an emergency, such as “I use American Sign Language” or “If you make announcements, I will need to have them written simply or signed”.
- Assistive equipment according to your needs (i.e., hearing aid, personal amplifier, etc.)
- Portable visual notification devices to know if someone is knocking on the door, ringing the doorbell, or calling on the telephone
- Extra batteries for assistive devices
- A CommuniCard that explains your hearing loss and identifies how first responders can communicate with you during an emergency

Others

- Assisting a person with a hearing impairment – what to do
- Get the person’s attention via a visual cue or a gentle touch on their arm. Do not approach the person from behind.
- Face the person, make eye contact when speaking to them as they may rely on lip reading and communicate in close proximity.
- Speak clearly and naturally. Do not shout or speak unnaturally slowly.
- Try to rephrase, rather than repeating yourself.
- Use gestures to help illustrate your meaning.
- If there is time, it may be helpful to write a message.
- Hearing aids amplify sounds and can create a physical shock to the user, so do not make loud noises.
- Note that some people may be deaf-blind.

Vision

A person who is blind or has reduced vision may have difficulty reading signs or moving through unfamiliar environments during an emergency. They may feel lost and/or dependent on others for guidance.

Your Emergency Plan

- Have a longer white cane available to readily manoeuvre around obstacles (there may be debris on the floor or furniture may have shifted).
- Identify all emergency supplies in advance with fluorescent tape, large print or Braille text, such as gas, water and electric shutoff valves.
- Familiarize yourself in advance with all escape routes and locations of emergency doors/exits on each floor of any building where you work, live and visit.
- Recommended additional items checklist
- Extra white cane, preferably longer in length
- Talking or Braille clock
- Large print timepiece with extra batteries
- Extra vision aids such as an electronic travel aid, monocular, binocular or magnifier
- Extra pair of prescription glasses (if applicable)
- Any reading devices / assistive technology to access information or portable CCTV devices

Others

- Assisting a person with a vision disability – what to do
- For people who are deaf-blind, draw an “X” on their back with your finger to let

them know you can help them.

- To communicate with someone who is deaf-blind, trace letters in their hand with your finger.
- To guide a person, keep half a step ahead, offer them your arm and walk at their pace.
- Do not shout at a person who is blind or has reduced vision. Speak clearly and provide specific directions.
- Provide advance warning of upcoming stairs, major obstacles or changes in direction.
- Watch for obstacles that the person could walk into.
- Never grab a person with vision loss, unless it is a matter of life or death.
- Do not assume that the person cannot see you.
- Avoid the term “over there”; describe positions such as, “to your right / left / straight ahead / behind you”, or by using the clock face positions (i.e., the exit is at 12 o’clock).
- If the person has a service animal on duty, ask them where you should walk to avoid distracting the animal. Do not separate the service animal from its owner.

Seniors with a Disability/ Special Needs

Seniors, especially those with special needs, should be informed of what to do in an emergency. Contact your municipality to find out about programs and services in your area that will help you during an emergency and assist you in returning to your daily routine.

Your Emergency Plan

- Create an emergency contact list identifying your personal support network, including physicians, case worker, and a contact from a seniors group, neighbours and your building superintendent.
- Keep a copy of this list in your emergency kit and on your person.
- Familiarize yourself with all escape routes, emergency equipment and the location of emergency doors / exits in your home.
- If you have a pet, bring it with you in an evacuation and have an emergency plan for your pet. Determine in advance who can take care of your animal during an emergency.
- Request that a panic push-button be installed in your work and/or living area so that in the event of an emergency you can notify others of your location and that you need special assistance.

Recommended additional items checklist

- Non-perishable food appropriate to your dietary restrictions
- Assistive devices needed such as canes, walkers, lightweight manual wheelchair,

hearing aids, breathing apparatus, blood glucose monitoring device

- Extra prescription eyewear and footwear (if required)
- Extra supply of medications and vitamin supplements
- A list of all your needed medical supplies and special equipment
- Copies of all medication prescriptions
- Extra dentures (if required) and cleaner
- Latex-free gloves (for anyone providing personal care to you)

Others

Assisting a senior with a disability / special needs – what to do

- Check on neighbours to find out if there are seniors who would need your help during an emergency.
- Always speak calmly and provide assurance that you are there to help. Avoid shouting or speaking unnaturally slowly.
- Let the person tell you how you can help.
- Know the location of emergency buttons (many seniors’ buildings have emergency buttons located in bedrooms and washrooms).
- Follow instructions posted on special needs equipment and/or assistive devices.
- High Rise Safety
- Residents of high rise buildings should make themselves aware of:
 - Building superintendent’s name and phone number
 - Members of the Building Safety Committee
 - The contact names and coordinates of floor monitors Who conducts evacuation drills, and how often Location of fire extinguishers, automated external defibrillator units and oxygen tank
 - Location of emergency evacuation device(s)

Your Emergency Plan

- Advise your building superintendent of your requirements during an emergency.
- Know your building’s evacuation plan and escape routes.
- Know the location of emergency buttons in the building and exits that are wheelchair accessible (if applicable).
- If applicable, request that an emergency evacuation chair be installed close to the stairwell on the floor where you work or live. If you cannot have an evacuation chair, have a backup plan for evacuating without one.
- If you will need help during an emergency, obtain large printed signs from the building manager that you can place in your window/door, indicating that you need assistance.

- Assisting a person with special needs in a high rise building – what to do
- Check on neighbors and/or co-workers with special needs to find out if they need your help.
- Offer to carry the person's emergency kit along with any special equipment.
- Avoid attempts to lift, support or assist the movement of someone down stairways unless you are familiar with safe techniques.
- Do not use elevators in event of fire or smoke, or if the emergency is likely to lead to a power outage.

Checklist and Personal Assessment

During an emergency, this checklist will enable emergency responders to better assist you.

- I am able to:
- Hear
- See
- Walk without help
- Walk with help
- Prepare my meals
- Feed myself
- Dress myself
- Sit without help
- Sit with help
- Wash/bath without help
- Wash/bath with help
- Sanitary needs without help
- Sanitary needs with help
- I will need specific help with (explain):

- Important personal information
- List your prescription number, name and purpose of each medication (i.e., #34567/ insulin/diabetes)
- Prescription#: _____
- Name of medication: _____

Purpose: _____

- Doctor(s): _____

Phone(s): _____

Special equipment I use: _____

Special sanitary aids: _____

Allergies: _____

Other special needs: _____

Special diet: _____

- Health card #: _____

Private medical: _____

Policy #: _____

Neighborhood contact: _____

Out-of-town emergency contact: _____

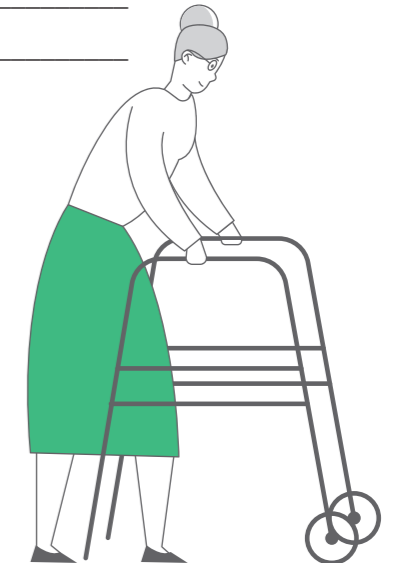
School contact: _____

Household pet care: _____

Veterinarian phone: _____

- Local emergency management contact (for your area):

- Personal support network contact list (family members, attendants, neighbours, etc.)
- Name: _____
- Relation: _____
- Address: _____
- Phone(home): _____
- Phone (business): _____



REFERENCES

- National Disaster Management Act, 2005
- National Disaster Management Policy, 2009
- National Disaster Management Plan, 2019
- National Disaster Management guidelines on Disability Inclusive Disaster Risk Reduction, 2019, NDMA
- Rights of Persons With Disabilities Act, 2016 (R.P.W.D.)
- Multi Hazard Vulnerability & Risk Assessment, Shimla
- Sendai Framework for Disaster Risk Reduction (2015-2030)
- Agenda 2030 for Sustainable Development Goals
- Paris Agreement under the United Nations Framework Convention on Climate Change
- Agenda for Humanity
- New Urban Agenda
- Himachal Pradesh State Policy on Persons with Disability 2011
- Shimla City Disaster Management Plan, 2019
- Shimla District Disaster Management Plan, 2019
- SMRC. 2005. Manual on Psychological Care during Disasters: Manual Bhubaneswar
- RCI, 2005. Access for All: Training Manual to promote "Barrier Free Environment" Rehabilitation Council of India. New Delhi.
- United Nations Enable. 2007. United Nations Convention on the Rights of Persons with Disabilities
- Disability in Humanitarian Context, Handicap International, 2015
- Dhaka Declaration on Disability and Disaster Risk Management, 2015
- Disability inclusion: Topic guide, Rohwerder, B. (2015)... Birmingham, UK: GSDRC, University of Birmingham.
- Disability Management in India: Challenges and commitments, National Institute for the Mentally Handicapped, Ministry of Social Justice and Empowerment, Secunderabad.
- Fifteenth Finance Commission Report
- Mainstreaming Disability in Disaster Management, UNDP
- Canada Persons with disabilities guide book

