



*“Public awareness, Preparedness, Participation and
Coordination for Civil Protection for All”*

Del. 3.1.2

Joint Cross-Border Study

Κοινό Όραμα & Διαβούλευση

Π 5^α

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Athens
TK. GR 45500, Ioannina
Greece
Tel: +30-210-9949837
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Authors:		
European Profiles	email: epmail@europeanprofiles.gr	Telephone: +30 210 8210895

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Reference Documents

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4PLUS Subsidy contract <A2-1.4-1>	SEE JTS & NCDP
4PLUS Application Form	NCDP
Visual Identity Guidelines	JTS
Decision of the Joint Steering Committee through written procedure	JTS
Implementation Manual	JTS
4PLUS Partnership Agreement	All 4PLUS Partners

Distribution List

This document has been distributed to:

Name	Position
LB-1. National Confederation of Disabled People of Greece	Project Lead Partner
PB-2. Regional Union of Municipalities of Ionian Islands, Greece	Project partner
PB-3. Regional Association of Local Governments of Western Macedonia, Greece	Project partner
PB-4. Albanian Association of Municipalities, Albania	Project partner
PB-5. Municipality of Kolonje, Albania	Project partner
PB -6. Urban Research Institute, Albania	Project partner

Preamble

The present Deliverable is called upon to contribute substantially to the formulation of an appropriate strategy for the joint development of the Inclusive Civil Protection. The main aim of the "4PLUS" Act is the upgrade / improvement of the existing infrastructure and development of human resources skills in the respective stakeholders, in order to take into account and better meet the needs of people with disabilities, people with chronic diseases, people with disabilities. age and people with reduced mobility in general ("low independence & high-risk groups").

In order to achieve the goal of developing Inclusive Civil Protection and to include the needs of people with reduced mobility / independence in the planning of any civil protection initiative in the cross-border area, it is necessary to develop strategies to promote "Accessibility". And the principles of "Planning for All" in all phases of civil protection (prevention, preparation, early warning, immediate intervention and crisis management, response and rehabilitation, etc.) that will meet the characteristics and requirements of people belonging to high-risk groups.

The structure of the report is based upon the rationale of Del. 3.1.2 as described in the relevant official documents (AF, SoB, etc) of the 4PLUS project. The Deliverable is divided into six Parts.

PART I

Provision of Methodology and Instructions regarding the contribution of the partners PB2, PB3, PB4, PB5 and PB6 to the Deliverable

Παροχή Μεθοδολογίας και Οδηγιών για τον συντονισμό της συμβολής των εταιρών PB2, PB3, PB4, PB5 και PB6 στο Παραδοτέο

Introduction

Leaders and decision makers in public administration, businesses and civil society who have responsibility for services that affect people with disabilities should accept that they may be more at risk than the general public, and may be more vulnerable to hazards, the consequences of a disaster, and unfair treatment during the event or its aftermath.

To ensure that people with disabilities receive adequate care is a matter of equity, fairness, and justice, as well as an important affirmation of the values of civility. Whereas emergency preparedness for the non-disabled is usually provided to groups, it is necessary to consider the needs of people with disabilities more in detail.

Disability is not limited to restrictions on personal mobility such as those of people in wheelchairs. Instead it covers a very wide range of physical, sensorial, mental, and emotional conditions, including the effects of old age or illness, and forms of dependency on medical drugs or equipment.

With respect to the general population, people with disabilities may be less able to perceive hazards and risks, or less mobile, or dependent upon assistance to be able to react to crisis situations.

Assisting people with disabilities during public emergencies requires planning, foresight and concerted action *before* disaster strikes, so that programmes and procedures are in place when the situation becomes critical.

This set of guidelines is intended to ensure that national governments, policy makers, and their counterparts at regional and local level, civil society organisations and relevant offices in both the public and private sector obtain a clear idea of how to proceed with the provision of disaster risk reduction for people with disabilities.

Useful Definitions towards a roadmap development

Disability

A physical, sensorial or mental condition that impairs a person's ability to perceive or react to events around himself or herself and, in interaction with various barriers, may hinder the person's full and effective participation in society on an equal basis with others. Disabilities may be permanent or temporary, but these guidelines refer specifically to those that are permanent or affect a person in the long term.

Hazard

A condition that threatens the safety and well-being of people. In origin it may be natural (e.g. earthquakes, floods), technological (e.g. transportation crashes, toxic releases), social (e.g. crowd crushes, demonstrations) or intentional (e.g. terrorism, politically-inspired violence).

Vulnerability

A person's susceptibility to harm as a result of external adverse events such as natural disasters, public emergencies, technological incidents or political violence.

Risk

The product of hazard and vulnerability leading to a probability of harm, expressed as physical or psychological injury, damage, destruction or interruption of productive and essential activities.

Crisis

A major incident that interrupts normal activities for a significant number of people and causes, or threatens to cause, harm to themselves or their property.

Disaster

A major destructive event that involves a large number of people and causes widespread damage and probably significant physical injury, possibly with a number, more or less

large, of fatalities. Attempts to quantify the threshold at which an incident becomes a disaster have not generally been successful, but disasters have a profound effect on society and communities and tend to be larger, or more serious, than incidents.

Emergency

Emergency is a type of event that requires action, usually urgent and often non-routine. Disasters can be considered as large-scale emergencies that result in "*a serious disruption of the functioning of a community or society involving extensive human, material, economic or environmental losses and consequences beyond the capacity of the affected community or society to cope. the use of its own resources*".

Disaster risk reduction

The process of preparing for, reducing the risk of and planning to face disaster when it happens.

Resilience

For individuals, groups of people and society, the state (and process) of being robust in the face of disaster risks. This means being able to reduce the impact of disaster, manage its effects with efficiency and recover rapidly from it, hopefully to a state of greater resistance than existed before (the "bounce forward" strategy).

Civil protection

The provision of services to the general population that enable them to face the risk of survive and reduce the damaging effects of disasters and crises.

What Successful Implementation of civil protection for PwDs does it mean?

Political commitment.

Governments must make clear decisions and include in their political agenda the commitment to make a serious effort to develop effective disaster risk management for people with disabilities. As part of the more general endeavour to ensure the safety of their constituent populations, they must consistently pay attention to such people's needs.

Co-ordination and continuity.

In order to guarantee the effective development, application and monitoring of emergency systems for people with disabilities, one particular body of governmental administration must be responsible for co-ordination and the continuity of initiatives. In close cooperation with all relevant stakeholders, it will be the task of the coordinating body to make sure that all relevant information is collected and centralised.

Networking.

At least one network should exist that allows stakeholders to meet and exchange information about the challenges to be met if risks are to be identified and solutions are to be found. These networks should always be open to new members and should take full account of evolutionary changes in technology, habits and expectations.

Strategic planning.

A master plan should be set up and constantly updated. The organisation of training activities and the evaluation of emergency exercises should be part of a constant process of adaptation of the master plan.

Knowledge management.

A coherent programme of knowledge management should be used to ensure the transfer of acquired know-how to those who can benefit from it. This knowledge would facilitate the organisation of training activities and allow emergency schemes constantly to be

improved. Specific added value will be provided by the involvement of people with disabilities and their organisations.

Identification and optimisation of resources.

The evaluation of a master plan and constant updating of its capacities, and the general level of knowledge, should allow stakeholders to estimate needs regarding financial, organisational and human resources. At the same time, the best possible use of existing or new resources may allow the action plan to be improved.

Communication.

In order to ensure that everyone is kept informed about the state of preparedness, a good communication policy is needed. Energetic dissemination of information will ensure that more and more relevant stakeholders are contacted and involved in the preparedness process.

Roadmap Phases

Phase #1: Prevention: Disaster Risk Reduction

Before disaster strikes, there should be a general process of mitigation, risk reduction, preparedness and planning. During the interval between disasters, it should be recognised and firmly established that in emergency situations, people with disabilities have a fundamental right to as good a level of protection as the rest of the population.

When it comes to identifying the practical problems to be anticipated, the counterdisaster organisations of government and public administration should insist on involving civil protection voluntary organisations and organisations of people with disabilities, or that represent and assist such people, in a multilateral dialogue that is intended to promote planning and action.

The overall goal of this phase is to ensure that people with disabilities are as resilient against disaster as the rest of the population, and that this level of resilience is satisfactory for all parties.

Governments, public administrations, and preparedness organisations should ensure that the rights and needs of people with disabilities form an integral part of the emergency planning process. This involves the following:

- ⇒ Knowing about people with disabilities by compiling records of addresses and needs for assistance, and where they are likely to be located. This may require using census data (with appropriate reference to legal requirements for privacy) or in the absence of registration systems for people with disabilities, conducting a survey of the local area. Hence, all beneficiaries with special needs during an emergency should be identified, quantified and registered with the civil protection authorities.
- ⇒ Common and specific hazards and risks should be considered in terms of how they affect people with disabilities, not merely how they impinge upon the general population.

- ⇒ Special needs are associated with care homes for the elderly, psychiatric hospitals and rehabilitation centres, as well as other special institutions that cater for people with severe disabilities who are unable to live in the community. These institutions represent concentrations of vulnerable people who may require special assistance during an emergency and should not be missed when designing preventative activities.
- ⇒ The needs of people with disabilities in an emergency must be estimated and resources found to cater for them. This process must recognise the individuality of particular needs resulting from disability and not overgeneralise them. It must be recognised that the needs of people with disabilities will be highly varied according to the types of disabilities involved, the living arrangements and the care and support services utilised by the individuals concerned.
- ⇒ Preventative emergency planning for people with disabilities should consider whether and how individuals are able to summon assistance, whether and to what extent rescuers are trained to deal with them, whether there are barriers to processes such as evacuation, and whether such processes are adequately endowed with resources, and whether appropriate temporary accommodation can be provided to people with disabilities if long-term evacuation is required.
- ⇒ Finally, planning should include measures to monitor, evaluate, and deal with discrimination against people with disabilities if it occurs during emergency, disaster or crisis situations. The approach to and respect for people with disabilities should be incorporated, as principles and as prescriptions for action, into training programmes for people who deal with disaster as planners, managers, decision makers or responders. Education for the contact with people with disabilities should extend to all phases of disaster: mitigation, alert, emergency action and recovery.

Phase #2: Protection: Emergency Action

This phase refers to an emergency or crisis situation in which responses such as rescue, evacuation and care are required. Those rescuers who are required to lift and transport physically people with disabilities, and the frail elderly, should be trained and equipped to carry out such actions in the proper, professional manner with minimal risk to the giver or receiver of assistance. All equipment and technical devices should be well maintained in order to be fully operational in case of an emergency. Emergency responders and other

carers must be required to maintain a correct, professional and non-discriminatory attitude to people with disabilities at all times.

Based on detailed knowledge of the people with disabilities who are likely to be present in the local area, detailed studies should be made of how each individual will perceive danger or receive an alert. In order to ensure that it is effective, the process of sending out an alarm should be studied in relation to the cognitive and sensorial capacities of each person to be alerted, or the needs of his or her careers.

Phase #3: Evacuation

Evacuation is one of the principal means of avoiding harm to people during threatening or crisis situations. It can be divided broadly into the pre-impact (preventative) kind and that which is practised during or after the impact (for rescue or the maintenance of public safety). When evacuation is needed, civil protection authorities should have pre-existing procedures to ensure no one is left behind.

Arrangements should be made to ensure that people with disabilities are able to follow evacuation orders when these are given out by the authorities. This involves ensuring that departure, the journey and the arrival at destination can be conducted efficiently and in safety without undue delays or impediments—and under the same criteria of efficiency and safety as are applied to the general population.

There should be no physical barriers to these three phases of movement: this involves checking for the presence of steps, that corridors are wide enough to permit passage, that manpower and transport are available and are suitably equipped, and that arrangements are in place for accommodating each type of disability.

Bedridden people who are unable to move themselves should be raised, dressed (if necessary) and transported by carers or responders who are trained in how to carry out this kind of work and who will use the proper procedures.

If people with disabilities are taken to rest centres, these should be planned and equipped so that they are accessible and able to accommodate such people as far as possible

without additional hardship. The person with a disability should have access to any equipment that is essential to the normal maintenance of his or her health and safety, including, where necessary, medications and life-support machinery.

Phase #4: Rehabilitation

This phase refers to the aftermath of a disaster, crisis, or emergency in which the emphasis is placed on restoring conditions to normal and recovering from damage and disruption. This may be a slow process that lasts years and requires a lengthy period of living with temporary arrangements.

Governments and public administrators should seek to ensure that people with disabilities are not discriminated against in the planning, design or assignment of temporary post-disaster shelter, which must be accessible and functional according to their needs. Moreover, people with disabilities should not be discriminated against in the provision of post-disaster employment opportunities, or in the assignment of permanently rebuilt housing.

As in the emergency phase, every effort should be made to accommodate working animals, such as guide dogs for the blind. People with disabilities should not suffer higher levels of post-disaster risk than do the general population.

The presence of discrimination in any of the ways outlined here should be monitored regularly and, if it occurs, measures should be taken promptly to stop it and discipline or re-educate any staff who are guilty of exhibiting discriminatory attitudes or behaviours, or making decisions that cause discrimination.

Contributions of Partners PB2, PB3, PB4, PB5 και PB6

	Awareness	Inception	Development	Consolidation
Political commitment	<ul style="list-style-type: none"> - <i>e.g. Motivating local policy makers</i> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>e.g. Deciding to start the implementation</i> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i>
Co-ordination	<ul style="list-style-type: none"> - <i>e.g. identifying potential partners</i> - <i>To be filled in by the partners</i> 	<ul style="list-style-type: none"> - <i>e.g. Nomination and job description</i> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i>

<p>Networking</p>	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>e.g. Establishing Working Methods</i> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i>
<p>Strategic planning</p>	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>e.g. Defining goals, aims and actions</i> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i>
<p>Knowledge management</p>	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>e.g. On-going monitoring of quality</i> - <i>To be filled in by the partners (1-3 bullets)</i>

Resources	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i>
Communication	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i> 	<ul style="list-style-type: none"> - <i>To be filled in by the partners (1-3 bullets)</i>

PART II

*Synthesis of the contributions of the PB2, PB3, PB4, PB5 and PB6 partners
in Part I*

*Σύνθεση των συμβολών των εταιρών PB2, PB3, PB4, PB5 και PB6
στο Μέρος I*

Political commitment

Awareness

- ⇒ Motivating the government to become act
- ⇒ Motivating local policy makers
- ⇒ Motivating people and PWD and advocate into the policy process
- ⇒ Motivating civil protection Authorities
- ⇒ Motivating volunteer groups

Inception

- ⇒ Deciding to start the process of implementation

Development

- ⇒ Approving an agenda of events and Workshops
- ⇒ Creating on official mandate and attributing tasks
- ⇒ Draft Political Agenda

Consolidation

- ⇒ Follow-up and support
- ⇒ Including the measure systematically in budget provisions

Co-ordination

Awareness

- ⇒ Identifying potential partners
- ⇒ Contact local & regional authorities
- ⇒ Cooperation local & central authorities, based on agreed upon standards
- ⇒ Deciding who should take responsibility for the task

Inception

- ⇒ Nomination and job description
- ⇒ Specify roles and responsibilities

Development

- ⇒ Management of events and Workshops
- ⇒ Creation of web/ online tools
- ⇒ Organising actions and reporting
- ⇒ Organizing actions and reporting
- ⇒ Establish multisectoral coordination mechanisms for disability involving people with disabilities and representatives from the disability sector for all aspects of emergency risk management.
- ⇒ Establish a Focal Point for referral who not only refers cases but continuously follow-up the referral
- ⇒ Facilitate disability sector participation, input and ownership in planning and coordination for multisectoral emergency risk management

Consolidation

- ⇒ Project implementation
- ⇒ Establishing the co-ordinating body in official structures
- ⇒ Meeting reports, knowledge products

Networking

Awareness

- ⇒ Identifying potential partners
- ⇒ Contact local & regional authorities
- ⇒ Present the mechanism for creating the network
- ⇒ Identifying potential partners
- ⇒ Participation of local communities in DRR&CP

Inception

- ⇒ Contacting potential partners
- ⇒ Inviting internal and external partners and experts
- ⇒ Defining roles, structures and working methods
- ⇒ Integrated and flexible network
- ⇒ Inviting internal and external partners and defining roles, structures and working methods.

Development

- ⇒ Establishing Working Methods
- ⇒ Creation of web/ online tools

Consolidation

- ⇒ Maintaining the online tools
- ⇒ Partners meetings for follow up
- ⇒ Maintaining the structure and acquiring expertise
- ⇒ Regular and periodic meetings for follow up

Strategic planning

Awareness

- ⇒ Prevention/mitigation and recovery
- ⇒ Effective policies for PWD aligned
- ⇒ Looking for possible models
- ⇒ Presenting relevant approaches/models

Inception

- ⇒ Defining goals, aims and actions
- ⇒ Provide tools for effective management of risk disasters
- ⇒ Determine the existing baseline

- ⇒ Provide a mechanism by which the impact of institutional and community-based disaster risk reduction and resilience activities can be measured over time.

Development

- ⇒ Organizing events and Workshops for the realization of current situation
- ⇒ Developing a master plan with agreed and fixed strategies, actions, timescale, and resources
- ⇒ Individualized and comprehensive approaches to support PWDs
- ⇒ Well-coordinated sectoral policies and programmes
- ⇒ Legislation is aligned

Consolidation

- ⇒ Follow up, update and support
- ⇒ Organising an ongoing assessment of quality and success levels

Knowledge management

Awareness

- ⇒ Transfer of acquired knowledge from experts to the people and PWD as well as policy makers and civil protection Authorities
- ⇒ Rising levels of interest and appearance of questions

Inception

- ⇒ Situation analysis (legal framework, documentation, etc.).
- ⇒ Identifying needs for education or external expertise.
- ⇒ Involvement of PWD, Local Authorities and volunteer groups

Development

- ⇒ Organizing events and Workshops in order to transfer the acquired knowledge from experts to the people and PWD as well as policy makers and civil protection Authorities

- ⇒ Setting up a common knowledge base (for education, training, information, conferences, etc.)
- ⇒ Proven traditional practices widely applied
- ⇒ Include disability issues in all information management systems to ensure that data used to inform policy and practice are relevant to people with disabilities
- ⇒ Adapt early warning communication systems and media to ensure that they reach and are understood by people with disabilities

Consolidation

- ⇒ On-going monitoring of quality
- ⇒ Managing newly acquired knowledge on an on-going basis

Resources

Awareness

- ⇒ Good knowledge of the available resources and services including location, service providers and who they are targeting
- ⇒ Identifying current situation / problems / locations and resource
- ⇒ Looking for existing resources (voluntary roles)

Inception

- ⇒ To estimate the current and future needs
- ⇒ Identify priorities
- ⇒ Clarifying the allocation of resources
- ⇒ Estimate needs regarding financial, organisational and human resources
- ⇒ Include dedicated funding for services, programmes and capacity development to address the needs of people with disabilities in all aspects of emergency risk management

Development

- ⇒ Organizing events and Workshops in order to bring in contact PWD with Civil protection Authorities, policy makers and volunteer groups
- ⇒ Allocating resources according to a master plan and opportunities
- ⇒ Integrate volunteers that support persons with disabilities and older persons
- ⇒ Identify local or community members who can assist with communication (e.g. interpreter for people who are deaf)

Consolidation

- ⇒ Follow up and support
- ⇒ Assigning stable resources

Communication

Awareness

- ⇒ Communication with Media, PWD, local authorities, local population and civil protection authorities
- ⇒ Interest appears through key experiences, press releases, etc.
- ⇒ Communication between governing bodies, local authorities, and the local population

Inception

- ⇒ Raise awareness through Media, involving stakeholders and policy makers
- ⇒ Communicating and announcing intentions
- ⇒ Seeking external exchange and communication
- ⇒ Communication policy/strategy drafted and consulted among stakeholders
- ⇒ Identification of means/measures for dissemination of information, in particular appropriate for PWD

Development

- ⇒ Publications, communication activities organization of events
- ⇒ Communication and feedback of steps achieved

⇒ Implementation of the Communication policy/strategy

Consolidation

⇒ Follow up and support

⇒ On-going monitoring of quality and success

PART III

*Coordination of the Consultation of the partners PB2, PB3, PB4, PB5 and PB6
by providing Methodology and Instructions*

*Συντονισμός της Διαβούλευσης των εταιρών PB2, PB3, PB4, PB5 και PB6
με παροχή Μεθοδολογίας και Οδηγιών*

The importance of involving stakeholders into 4PLUS project

The efficiency and effectiveness of any strategy creation and project implementation largely depends on the level of agreement between the stakeholders concerned, which makes cooperation a necessary condition for success. Without engaging stakeholders, there can be no common enduring agreement, ownership, or support for a particular project.

A project is more likely to succeed, especially in the long-term, if it takes into consideration the environment in which it operates and endeavors to meet the needs of the stakeholders affected by it. For some of these actors, cooperation is certainly every-day practice and partly also regulated e.g. between local government agencies. However, considering the range of interests evoked above it is immediately clear that many important stakeholders are actually not (or only marginally) involved in broadband network strategy development and implementation processes.

Early and continuous involvement by representatives of the various stakeholder groups such as PwDs will increase the likelihood that the evaluation findings will also be used by the stakeholders. Their participation means that they will have a detailed information about the outcomes and the progress of the project; they will feel a sense of ownership in both the evaluation and in the program or project itself. Involving stakeholders in broadband network strategy creation enables the project team to draw on specialised and local knowledge when defining a specific broadband network problem and generating suitable solutions. In addition, engagement is particularly valuable in ensuring that the implemented strategy or scheme delivers popular and sustainable solutions that will improve local quality of life.

Getting the stakeholders informed can help to:

- ⇒ Promote local solutions to local challenges.
- ⇒ Improve public acceptance of the project.
- ⇒ and create political credibility.

Purpose of the Methodology

To achieve this integrated approach, each partner will organize consultation processes. In order to ensure bottom up involvement and commitment, this methodology provides the partners with tools and instruments on how to inform and at a later stage involve stakeholders in the process in a tactical way respecting the different responsibilities of the players. The methodology will also function as a help desk for all partners on how to use this method in practice.

This methodology is intended to give support for local project managers for organization the stakeholder involvement process for the organisation of consultations for \$PLUS project.

Indentification of the target groups

Definition of the stakeholders

In the context of public participation, a stakeholder can be defined as any person, or group, who has an interest in the project or could be potentially affected by its delivery or outputs. Stakeholders are actors with a specific interest - articulated or not - in the development of a policy or measure. They are those people who have a stake in the evaluation findings.

This implies a broad range of public and private organisations (authorities, universities, chambers, associations, enterprises, etc.), individuals (experts, politicians), the media as well as citizens, and People with Disabilities. Community leaders are all potential stakeholders in a program or project. Stakeholders can be organisations or individuals. These individuals may be involved in the project's implementation, may be in decision-making positions for future project funding, or may be potential recipients of project services.

Hints for selecting stakeholder groups:

- ⇒ A sample representative from the wider public (whether or not they directly affected by the issue);
- ⇒ Statutory consultants.
- ⇒ Relevant government organisations;
- ⇒ Special interest groups with PwDs;

- ⇒ Local or national NGOs.
- ⇒ Local online and offline medias
- ⇒ Individuals with particular expertise in PwDs

Stakeholder groups in detail

Stakeholders can be categorised along different aspects. Often used terms are primary stakeholders or key stakeholders.

Primary stakeholders are for example organisations or individuals ultimately affected (positively or negatively) by a measure implementation. Another important stakeholder group for the organisation of the consultation event are the mass media (ther can be online or offline media – newspapers, radios, internet sites etc.)

Stakeholder analysis

Stakeholder identification and management is a key skill for all project managers, program managers and executives (collectively called project manager for the purpose of this paper). Stakeholders are individuals who represent specific interest groups served by the outcomes and performance of a project or program. Project managers are accountable for the end-to-end management of their projects, including performance and expectation management of individuals who may be outside their direct control.

Project managers must give due consideration to the people issues surrounding projects and recognise that the appropriate involvement and management of stakeholders is almost always a critical success factor. Project managers should therefore have a formal stakeholder management process that is appropriate for the circumstances of the project.

The mapping of stakeholders can be easily carried out by creating an Influence-Interest-Matrix. In this diagram, the influence and the interest of a stakeholder is represented. A cluster analysis shows possible gaps in the stakeholder selection. Most important is to involve stakeholders who have a high influence and a high stake, while stakeholders with low influence and a low stake have lower priority.

Influence-Interest matrix

	Low influence	High influence
Low stake	Less priority stakeholder group	Useful for decision and opinion formulation, brokering
High stake	Important stakeholder group perhaps in need of empowerment	Most critical stakeholder groups

Potential target groups

The potential target groups could be:

- ⇒ National Confederation for People with Disabilities
- ⇒ Local Associations of People with Disabilities
- ⇒ Regional Authorities
- ⇒ Municipalities
- ⇒ Civil Protection Departments
- ⇒ Fire Service
- ⇒ Primary education
- ⇒ Secondary education
- ⇒ Higher education
- ⇒ Civil Protection Institutes
- ⇒ Hospitals
- ⇒ Social Welfare Directorates
- ⇒ Ministry of Health
- ⇒ Army
- ⇒ Volunteers and Citizens' Groups

Stakeholder engagement

Working with stakeholders can nowadays be considered common practice – yet often only particular stakeholders are involved. In many cases, only broadband service providers and sometimes organisation representatives have a say, while other stakeholders are ignored.

However, it is important to involve all different types of stakeholders at a specific point of the process, addressing their specific requirements. A dedicated strategy is needed, drawing on different formats and techniques when dealing with authorities, private businesses, civil society organisations, citizens or all of them together.

It is crucial to avoid participation gaps. A participation gap exists if certain groups are underrepresented while others are overrepresented in a process. This may lead to the effect that their requirements and ideas are also weighted higher than others, inconsiderate of their actual role in society. Moderators of participative processes therefore need to achieve balance in terms of quantity (i.e. a certain group is represented in a way that reflects its actual share in society) and quality (i.e. to avoid that certain stakeholders predominate others in meetings and events).

In detail the following aspects should be considered:

- ⇒ Choose a mix of appropriate tools and techniques to communicate your approach to different stakeholder groups at each step in the process.
- ⇒ Incorporate a feedback loop into the engagement activities and identify how and when you will keep stakeholders informed of key project stages, activities and milestones. By doing so, stakeholders can see how their views, opinions and issues are carried forward into the process.

Methodology background

The methodology for the realisation of the consultation event will follow the one-sided approach, which is the classical method. The classical methods of a consultation event is the one where there is a chairperson and there are two or three key spokespersons. Presentors share their opinion on the topics from the agenda. After each presentaion a specific time for answering questions from all stakeholders is foreseen. The opportunity for asking questions provides the framework for any participant for an active involvement at a specific time during the process. This means that participants get the main topic of the day and a few questions to give food for thought. Generally, this method is considered as a well controllable and does not require excessive preparation measures for the presentators.

Preparation of a consultation event

Building an organising team

Building a good organising team is one of the most important pieces of planning an event. An organising team is a group of individuals that supports the goals of the event and assists with its planning and execution. The organising team is so important because they make the event happen.

A good organising team is:

- ⇒ One that can work together.
- ⇒ One that gives support to the organisers as they do their work.
- ⇒ One that completes the tasks that it sets out to complete.
- ⇒ One that has fun while doing the work

There are some steps, which every project partner should follow by building the right team:

- ⇒ At your first team meeting, make it clear who is in charge and what is to be expected from the team. This is the time to remove any confusion or conflict, and clearly set hierarchies, roles and responsibilities. Do this now to avoid potential problems later (In the appendix you will find a check list for all the activities of the event).
- ⇒ Well-briefed team-members are essential for a successful event. Tell the team-members what the aim of your event is and what message should be spread. At every stage ensure they are completely in the picture.
- ⇒ Set clear, unambiguous and achievable goals for the team as a whole, and for individuals within the team. No team-member' s goal should conflict with another team-member' s goal. Assign different tasks to one or more people. Make sure people are capable of their tasks and know what they can decide on their own and what they need to refer to you.

- ⇒ Communication is essential for the success of your event. Plan regular meetings to keep track of the event as it progresses. Encourage and foster cooperation, not competition.

Schedule the event

When you set the date for your event, make sure you factor in enough time to prepare, consider your potential guests and the dates and times that suit them, be aware of other events and holidays that are on around the same time, and factor in some flexibility. Therefore, consider the following potential issues:

- ⇒ Know your audience - Consider your audience's needs, then plan your dates around them. For example, you're less likely to attract people to a live event on Monday mornings or Friday afternoons. Busy executives are not likely to have the time to attend an all-day event, while people who need a lot of technical information are more likely to find the time.
- ⇒ Check holidays - once you have a general idea of when to hold your event, check to make sure there are no public holidays on the day of your event, or either side of it. It's also a good idea to check whether or not school holidays (both public and private) are on during your event, as this could also prevent some people from being able to come.
- ⇒ Check other events - check whether there are any other events on at the same time as yours. In particular, check for industry events since they may draw attendance away from yours; non-industry events with subject matter that might interest your audience; and big events that may limit your choice of venue.
- ⇒ Prepare to be flexible - once you've narrowed down dates that will put your event's best foot forward, be prepared to change them. You may find that the venue you really want isn't available on your preferred date, or the keynote speaker you most hoped to attract can't make it. You may need to be adaptable to get what you want.

Creating the agenda

By the planning of the agenda it would be reasonable for the project partners to have in mind some pieces of advice. For example:

- ⇒ By holding a panel every project partner should always leave sufficient time for a question and answer session and let your audience and the media know that there will be time for their questions at the end. If the time for question by the audience and the mass media exceeds the expected time for it, do not stop the stakeholders asking. The interest in the 4PLUS project is a guaranty for future engagement of the stakeholders.
- ⇒ Try to present your presentations and materials in a more attractive way, what will positively reflect the attitude of the participants.

By organising a consultation event one of the main objectives is to increase the awareness of citizens, PwDs and policy makers. These objectives can be only achieved by gathering at one place all these stakeholders. At the same time the project partners of 4PLUS consortium will have the opportunity to inform all stakeholders about the progress, the expected outputs and results of the project.

Promoting the consultation event

No marketing program can succeed without an effective communication program. This component plays three vital roles: providing needed information and advice, persuading target customers of the merits of a specific supporting action, and encouraging them to take action at specific times. When considering appropriate promotion and publicity for the event the project partners must think about the event brief and objectives of the event and how it relates to the project' s strategy.

The project partners should prepare a profile of the target audience/s for your event and determine optimal numbers, audience profile, a common source for the group, and also the timing of the event. This will help you determine the most appropriate method of promotion. Consideration of the appropriate promotion of the event should be at least three or four weeks in advance.

Public service or 'community announcements' on radio, television and in the newspaper often provide free publicity to not-for-profit community-based events.

- ⇒ Local radio stations tend to provide dedicated airtime for Community Announcements. To take advantage of these services, adequate lead time and details of the event must be provided. A direct contact with the regional medias would be a cheap and time effective way to find out their requirements.

- ⇒ Print advertising is not always the best option as it is a very crowded medium that requires a substantial amount of money to make an impact. If your budget allows, consider placing an insert in the local paper instead of an advertisement.
- ⇒ Advertising in special-interest publications and direct marketing – (such as direct mail letters to members of your audience group) may also be an option and is more cost-effective.
- ⇒ Local radio is a good medium for advertising as it is cost effective and you can often obtain free publicity through radio interviews with announcers or media releases to be aired in the station' s news bulletins. Interviews can be conducted by the event organiser or other people of interest. Ensure that whoever is being interviewed is well briefed on the details of the event and further contact information for listeners.

Mail outs / Email

Carefully targeted direct mail can be very effective. The best results come when the recipient is already familiar with you, the organisation or the event. Use relevant organisation mailing lists that capture a particular profession, community group or alumni. A useful and often less costly form of direct mail is inserting a flyer or conference program into a relevant magazine or newspaper. Promoting your event via email is also an effective way of reaching your target audience. There are several restrictions the organisation must comply with when sending emails to the general public.

Choose the appropriate time to send your invitations. The timing for sending the invitation should be chosen by the project partner the way that the potential stakeholders have enough time to plan their participation at the consultation event and at the same time is not too early for them to decide if they will be available for the event.

During and after the consultation event

Information and materials to participants

After deciding on the format of the consultation event and concrete issues regarding the event, the relevant stakeholders will be invited. The host project partner should prepare

materials for handing out to inform the stakeholders in more details about the progress and the expected outcomes of the project.

Preparation phase is the key to success. After determining the method for organising a consultation event, the key to successful realisation is a carefully done preparation process.

A good idea is also to have prepared not only a detailed and useful presentation for the stakeholders but in advance to prepare some questions, which could be asked by the attendees.

Registration and information table

⇒ Welcome

- Make sure that participants are welcomed as they arrive at the venue. If you are having speakers, welcome your speakers outside of the venue and escort them in.

⇒ Registration

You have a few tasks to take care of for registration. They include:

⇒ Assigning of name tags.

⇒ Giving out of event materials, including the schedule.

⇒ Making sure that lodging is taken care of

- Information table/Registration desk

⇒ Make sure that someone is available throughout the event to answer questions or direct participants who get lost. Also, if your event is during the whole day, you may have people who will come at a later period of the info day.

- Staff the event

To staff the event, you must have people doing things such as staffing the registration table, welcoming participants and speakers, and tidying the venue. You should have someone:

- ⇒ Introduce the speakers
- ⇒ Moderate discussion
- ⇒ Keep time
- ⇒ Record the talk and the discussion
 - Co-ordinate the media
- ⇒ The media contacts should co-ordinate the media at the event. They should meet and greet the journalists, give them their packets of materials, and organise people to give interviews.
 - Evaluation Forms

Encourage your participants, speakers, and organising committee to complete the evaluation forms and then collect the completed forms! At some events, you will give out the evaluation forms at the end of the event. At other events, evaluation forms will be included in the materials packet. However you give the form, make sure you get it back completed!

Follow-up

Correspondence

- ⇒ After your event, the project partners should be in touch with the people who were a part of the events. It is vital to reaffirm the relationships that have been just build.
- ⇒ It is important for all project partners to make professional pictures, which could be used later for sending them to the stakeholders. The pictures should be posted on the website of the project partners! Let all the participants, sponsors and speakers know that the pictures are up too!
- ⇒ After receiving media coverage, you should follow-up with the journalists who covered your event.
 - Delivering post-event materials

Checklists

Preparational phase

Venue

Task	responsible	deadline	status
Find a suitable place with one large room and a close smaller one for press conference and catering, room should be lit by natural light.			
Make sure of parking possibilities and accessibility for people living with disabilities			
Check on possible place for coffee-break-corner in the large room			

Technical equipment

Task	responsible	deadline	status
Make sure all equipment is placed well and are ready to use			
Make sure that banner stand is well visible			

Communication with stakeholders

Task	responsible	deadline	status
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Have host or hostess(es) welcoming the participants			
Registration table is ready and the person responsible knows his/her tasks			
Make sure that there is a glass bowl at the registration table for business cards			

PART IV

Consultation Events in Albania and Greece

Δράσεις Διαβούλευσης στην Αλβανία και στην Ελλάδα

CONSULTATION IN ALBANIA

Introduction

The online consultation was organized by the Urban Research Institute, called upon to contribute substantially to the “Common Vision and Consultation” for the consultation of an appropriate strategy for the joint development of the Inclusive Civil Protection.

The consultation presents a good opportunity to advance a disability-inclusive development agenda on DRR & CP. The consultation has resulted in concise, action-oriented outcome recommendations guided by the ideals of the Convention on the Rights of Persons with Disabilities (CRPD) and aimed at ensuring the inclusion and mainstreaming of disability in all future country development plans and cross-border programmes.

The online consultation process

URI organized and moderated an online consultation on 18 of November 2020. With a view to gather input for the on-going work in consolidation for the Joint Cross-Border Study, the gathering perspectives, feedback, and recommendations from relevant stakeholders on how to include disability in the DRR & CP development framework.

The format of the consultation encouraged participation and stimulated discussion from a wide range of stakeholders and were based on a set of ten questions previously developed to guide the consolidation of the document. The questions are as follows:

1. What are the major obstacles encountered and challenges faced in relation to implementing policies and programs for the realization of the development goals for person with disabilities?
2. What approaches/actions have been successful in promoting the inclusion of disability in the DRR & CP development framework?
3. What specific steps, measures or actions should be taken to promote the goal of a disability inclusive society?
4. What are the roles of the relevant stakeholders? Governments, NGOs, academics, private sector?
5. Additional recommendations.

Participation

A total of 17 individuals, participated in the online meeting, representing different organizations and institutions at local and national level.

Discussants types included non-governmental organizations (11), academia (1), activists (2), Governments (2), and caregivers (1). A list of participant organizations and affiliations is included as Annex 4.

Non-governmental organizations were the most active in providing feedback and recommendations, many of which are involved in disability issues.

Obstacles & Challenges

The consultation process initiated with a question about “major obstacles and challenges faced in relation to implementing policies and programs for the realization of development goals for persons with disabilities.”

There were several responses on this question, and respondents took a variety of positions on the issues following three guiding themes:

- a. Lack of political will and lack of capacities by Governments**
- b. Lack of empowerment of persons with disabilities to advocate**
- c. Lack of an adequate inclusive DRR&CP policy framework for implementation**

The above three issues have guide the structure of this report. The inputs from the online discussant have been broadly organized to further elaborate on the obstacles encountered and how these may be tackled using examples of promising solutions and good practice for successfully integrating a disability perspective into development activities.

Efforts have been made to develop a clear and reasonable framework based on the multitude of opinions and the overall goals of the exercise: to provide useful and comprehensive views resulting in useful recommendations.

Lack of political will and lack of competences by Governments

The impact of disasters in Albania are significantly compounded by a relatively high degree of poverty, lack of infrastructure maintenance, unsafe building and land use practices, linked to rapid urbanization, exploitation of natural resources (overgrazing of pasture, overexploitation of forests and riverbeds, etc.) as well as some other consequences of the transition from a state-controlled economy to a free-market one.

Following all this, several participants representing mostly NGOs commented on the lack of political will, and the fact that real implementing of the inclusive development programming was a low in general.

At the same time, it was emphasized that there is a low level of implementing their competences due to lack of technical and human capacities from the administrative staff.

While, experiencing the strong 6.4 magnitude earthquake that struck Albania in 2019, *"Some of the main challenges staff face are lack of needed logistics, lack of funds, panic and pressure exerted by earthquake-affected persons to meet their needs, including outof-focus requirements for social protection, part-time work, fieldwork, increased stress and management and organization problems. Some of the staff (public and private) suffered personal property damages and consequently are more vulnerable to the increased psychological burden in the provision of services"* .

In addition, there is the lack of material resources and the low level of coordination between different agencies with legal responsibilities in civil emergencies, while education and information systems lack the necessary comprehension and effect on state agencies and Albanian population at large.

Lack of empowerment of persons with disability to advocate

At the core of the 'political will' issue lays the basic fact that persons with disabilities are a highly marginalized group; a group too often without power and lacking a voice to advocate for themselves.

Yet, there is a **lack of a clear strategy to promote the empowerment of Persons with Disabilities** and their organizations so to promote their meaningful participation and consultation while designing, approving, and implementing legislation, policies and programs.

According to the respondent' s feedback *“Empowerment can' t be an individual process only”* . It should also aim to increase collective power, both in terms of organizational as well as advocacy capacity. Persons with disabilities should be empowered by participating in a unified manner (represented by organizations) but also by forming strategic alliances with other social sectors. As much as possible participation should allow PWDs to interact with other civil society groups and with relevant/high level authorities.

At the same time, in general *“A new culture of safety and resilience should be instilled not only into all levels' institutions but into the Albanian population as well, because it “lacks awareness of DRR, as a result, risks and vulnerabilities are not well understood”* .

Furthermore, chaotic urbanization, usually in disregard of the seismic code application and risk zoning, the lack of maintenance for the drainage systems, etc., all increase the disasters' occurrence and consequences.

On the other hand, both, the lack of insurance culture and the lack of public/private insurance scheme negatively impact the recovery of the disaster affected area/population. Related to the latter, among the Albanian population *“there is an expectation that once a disaster damages houses, goods, crops and cattle, the government will allocate emergency funds to compensate losses”* , while (based on the Albanian legislation) compensation possible is up to 40% of the losses.

Lack of an adequate inclusive DRR & CP policy framework for implementation

The Civil Protection System in Albania consists of permanent and temporary structures at central level, district, and local level. There are about 20 agencies/institutions at central level, and about 15 organizations at district/local level which are regularly involved in DRR&CP activities. At each level there is at least one temporary structure - the Inter-ministerial Committee, at central level, and the Civil Emergency Commission, at region/municipality/commune level. Besides government organizations, there are tens of relevant NGOs acting in this field. However, the DRR&CP system in Albania remains highly centralized. Regional and local governments do not receive sufficient funding and in practice are excluded from decision-making.

Referring the discussions during the recent years, a range of legislation and policies relevant to the promotion and protection of the rights of persons with disabilities has been approved in Albania.

The latest National Strategy on Persons with Disabilities 2016-2020 promotes the inclusion of persons with disabilities in the Albanian society, prevent discrimination, and eliminate any barriers to accessing public services and the fulfilment of their rights.

Though disaster prevention is gaining increased importance in the Regulation of Albania and in the priorities of the local authorities in the region, **strategic guidance on how to carry out the relevant priority setting and how to support hazard prevention and reaction measures for citizens with reduced mobility and autonomy, such as persons with disability and the elderly is lacking.**

Following ratification of the UN Convention on the Rights of Persons with Disabilities in 2012 and Albania receiving the status of a candidate country for EU membership in 2014, the government prepared a Policy Document on Social Inclusion (PDSI 2016-2020). The PDSI provides a framework for monitoring and measuring social inclusion in several policy areas, including poverty reduction and social protection, employment and skills, education and training, health, basic needs, participation, and human rights. In addition, the Document promotes accountability and transparency in the ways social inclusion is measured and used to inform the implementation of social services. The previous National Disability Strategy aimed to “ensure that the locations and premises of all governmental agencies and public offices were made accessible” .

Nevertheless, **Albania still faces significant challenges in removing these barriers.** Many public buildings and outdoor public areas, as well as government websites, remain inaccessible. Similarly, there are no private or public services where there is provision in sign language for hearing-impaired persons. The actions that need to be taken in this area often are the responsibility of local government authorities. The present Action Plan defines activities at the national level which fall within the remit of the central government.

Successful approaches and actions

The online consultation moved participants from a discussion about obstacles and challenges toward a consideration of methods to address them.

Addressing the lack of political will and lack of competences by Governments

Most of the participants stated that the key element to address this issue is to meaningful involvement and active participation of persons with disabilities in consultations with the policy makers; the need for development policies that support inclusive DRR & CP services, as well as a safe and healthy living environment for all, particularly persons with disabilities; and ensuring equal access to education for persons with disabilities and enhancing the welfare of persons with disabilities.

At the same time, **national authorities should become more aware of the need to develop long-term risk reduction approaches**; increasing the level of understanding, in order to link the **DRR perception of “disaster response” with “risk reduction” for all**. This needs to be addressed in long-term development plans.

Government agencies at national, regional, and local levels, as well as non-governmental actors, must understand the need to work together. This will reduce the risks and consequences of disasters. Crucially, the population should be educated to understand what they themselves can do to either reduce the likelihood of a disaster or increase their family’ s ability to cope in the event of a disaster.

There is a need for a database that compiles all data on regional disaster risks, impacts and losses, and in particular the distribution of PWD and other data concerning to them; and it needs to be regularly updated by local authorities.

There is the need for local governments to receive **financial support** from the central government for civil protection work, but also the obligation to use some of their incomes to train their staff and to be equipped with necessary infrastructure to deal with emergency situations.

Addressing the lack of empowerment of persons with disabilities to advocate

According to most of the participants some of the approaches that you can use to facilitate people’ s empowerment include the following:

- ⇒ Rights-based approaches
- ⇒ Person-centered practice
- ⇒ Self-advocacy
- ⇒ Active support
- ⇒ Active listening

Social justice and the importance of knowing and respecting each person as an individual

⇒ Strengths-based approaches

At the same time, it is important to **PROMOTE open access to risk information**. In assisting communities to map their exposure to disasters, DRR mapping activities should:

- ⇒ Empower and include persons with disabilities and DPOs in mapping activities.
- ⇒ Disaggregate data by disability and ensure protection of personal information.
- ⇒ Ensure that all tools and methods for collecting, analyzing, and disseminating risk information are accessible to people with disabilities.

Addressing the lack of an adequate inclusive DRR&CP policy framework for implementation

To address this challenge, **participants stated the importance to revise the strategies at national and local level on the DRR & CP approaching all, and in particular PWD**, by:

- ⇒ Ensure that persons with disabilities and disabled people' s organizations (DPOs) are included as contributing stakeholders.
- ⇒ Persons with disabilities and DPOs have relevant knowledge and expertise to support the development, implementation, monitoring, and evaluation of disability inclusive DRR.
- ⇒ Identify potential strategic partnerships that can be used to address accessibility standards at the national level.
- ⇒ Work with DPOs and sector experts in construction, communication, and other areas, and seek the support and guidance of national/international organizations with expertise in accessibility standards.
- ⇒ Collaborate with partners to improve data; and facilitate the use of existing data collection tools and tools yet to be developed to address disability.

Promote **resilient infrastructure**. In providing technical assistance to governments to improve the design, operations and maintenance, and contingency planning of new

and rehabilitated infrastructure - adoption and implementation of accessibility standards.

Roles for relevant stakeholders

To further encourage greater opportunity for input and discussion, the online consultation included a question about the roles of the various stakeholders in the field of DRR & CP inclusive development.

The National Strategy on Civil Protection (CP) and Disaster Risk Reduction (DRR) is a draft document not yet adopted by the GoA.

However, the main principles are contained in the National Strategy for Development and Integration 2015-2020 (DCM 348/2015). In July 2019, a few months before the earthquake, GoA approved the new law "On Civil Protection" (L. 45/2019), which replaced the Law 8756/2001 "On Civil Emergencies."

The new law established the National Civil Protection Agency (NCPA), under the Ministry of Defence (MoD), This function was previously handled by the General Directorate of Civil Emergencies under the Ministry of Interior (MoI) until 2017, and then under MoD.

The main operational structures in disaster response in the country are:

- ⇒ The Albanian Armed Forces (AAF), with available specialized Urban Search and Rescue (USAR) teams,
- ⇒ Albanian State Police (ASP),
- ⇒ Fire Protection & Rescue Service (FP&R) at local level, and
- ⇒ The Emergency Medical Services (EMS).

In the event of a major disaster, the GoA has established mechanisms to seek assistance from the EU Emergency Response and Coordination Centre (ERCC), the NATO Euro-Atlantic Disaster Response Coordination Centre (EADRCC), bi-lateral and other countries. The General Directorate of State Material Reserves (DPRMSH) provides relief goods.

Civil society organizations

Most participants were people involved with NGOs. The suggested role of civil society included increasing dialogue with Governments to promote the inclusion of the perspectives of persons with disabilities in relevant decision-making processes and outcomes on DRR & CP sector.

Key recommendations

The following key issues have been identified for action to promote disability-inclusive development

- ⇒ Disability issues must be recognized as a cross-cutting developmental issue between all related stakeholders at local and national level.
- ⇒ A rights-based approach to disability-inclusive development is needed to ensure the efficacy of any initiative.
- ⇒ Persons with disabilities, and their representative organizations, should be included in all decision-making processes that affect them.
- ⇒ Accessibility should be part and parcel of all aspects of society and development.
- ⇒ Further progress should be made in the realization of the rights of persons with disabilities in DRR & CP.
- ⇒ Greater awareness-raising about disability issues is needed to increase political will, which is essential to the success of inclusive development.
- ⇒ PROMOTE open access to risk information. In assisting communities to map their exposure to disasters.
- ⇒ PROMOTE resilient infrastructure. In providing technical assistance to governments to improve the design, operations and maintenance, and contingency planning of new and rehabilitated infrastructure.

CONSULTATION IN GREECE

The civil protection services of the Municipalities, the Regions, the co-competent services such as the local Fire and Police Services, representatives of the ESAMEA and organizations of the disability movement, Directorates of Education, voluntary organizations, etc. were invited to the consultation.

Dozens of representatives of the above bodies (45 people) from the two Regions responded to the invitation (see Annex II), while during the consultation an intense and substantial dialogue was developed on the issues raised by the working text.

The discussion was moderated by Dr. **Topaloglou Lefteris** Director of PED Western Macedonia, who after welcoming the participants gave the floor to the President of PED Ionian Islands Mr. **Parisi Alexandros** Municipal Councilor of Argostoli, who during his greeting mentioned among other things that the great natural disasters of 2014 in the Ionian Islands, 2015, disasters from bad weather, disaster IANOS) have demonstrated the need for comprehensive civil protection plans that will effectively address the needs of people with disabilities and therefore civil protection bodies should be better prepared. He also stated that the priorities of each Local and Regional Authority should be corresponding, while he assured that the Ionian Islands Regional Development Agency will support, with all available means, this cooperation that contributes to the development of "inclusive" practices for effective Civil Protection in our Regions. benefit of the local community.

Then the President of Western Macedonia Mr. **Dastamanis George** Mayor of Grevena spoke, who among other things after referring to the importance of the 4PLUS project for which he stressed that the Regional Government as the body representing local government in the regional level, decided to treat the 4PLUS project (for plus) not just as another European project among so many others involved, but as a project that we want to leave a mark on society after it is over. Regarding the discussed road map, he stressed the importance of prevention, protection, evacuation as the distinct stages of an effective driver.

The moderator of the discussion then, after stating that the baseline text for the consultation process had been sent to everyone along with the invitation, invited the participants to comment.

The discussion was opened by Mr. **Koutsianos Vassilis**, member of the Executive Secretariat of ESAMEA, who after mentioning that the Confederation with the 4plus project is trying to contribute to the dialogue for an inclusive political protection, stressed the need for effective management of the issue and said that the body is ready to assist in this direction.

Afterwards, Mr. **Skoupouras Andreas**, Deputy Mayor for Social Welfare & Social Work of the Municipality of Central Corfu and the Diapontian Islands spoke, who after referring to the relevant efforts made by the Municipality regarding the mapping of the areas of the historic center raised the crucial issue of personal data protection in the registration of people with disabilities, proposing the adoption of smart solutions, such as the use of the initials of the name and the type of disability as recording data, while management framework of the problem of their management, in a uniform way, for example with a central directive of the competent Ministry.

This was followed by Mr. **Nikos Miliotis**, Deputy Regional Minister for Civil Protection of the Ionian Islands, who noted that the management of Ianos highlighted critical issues, which document the need for an inventory of people with disabilities per settlement whose elements should be included in the plans for natural disasters and XENOKRATIS, with special references to the meeting points, the provisions for i / f care, with risk and access analysis, with the obligation of the civil protection offices for their observance. In terms of personal data, there should be a close relationship between local services and collective disability bodies.

Mr. **Kolovos Nikolaos** of the Corfu Administrative Fire Service stressed the need to transfer the discussion to a practical level, both locally and regionally and so on. He emphasized the registration of people with disabilities, without a name, eg a sign with two numbers, eg floor and number of people. He also stressed that in times of crisis time is important and requires valid information, while he considered that there is a very large space for education and information, but at the national level and with a central role of OASP.

Mr. **Fylakis Angelos**, Vice President of the Association of the Disabled of the Prefecture of Florina, stated that the approach of the text was pioneering, especially regarding the requested participation of the disabled, but the reality is different. He asks if there is a political commitment to the inclusion of people with disabilities in a political protection for all, considering that two-way communication is particularly important.

Mr. **Zoumboulidis Spyros** President Association of Parents, and Friends of Persons with Disabilities of Corfu, mentioned, among other things, that its body operates the KDIF Melissa for which they are trying to work out a civil protection plan, while emphasis should be placed on people with multiple forms of disability and therefore education is needed, taking into account the difficulties that exist and invisible forms of disability. Taking into account that ESAMEA has managed to participate disabled people in many committees, while not in civil protection, he formulated the proposal to launch a solution for the representation in the collective bodies of civil protection at local, regional and national level.

Mr. **Iakovidis Costas**, Regional Director of Education of Western Macedonia, referred to the problems of accessibility to the schools of the region, as a critical parameter for an effective political protection in the educational structures, while he stated that his service is committed to invite the representatives of the schools for exercises and information.

Mr. Iakovidis was answered by **Mr. Dastamanis**, Mayor of Grevena, stating that a contract is underway to restore accessibility to schools.

Mr. **Giotis Haris**, Deputy Mayor for Quality of Life, Everyday Life & Civil Protection of Central Corfu and the Diapontian Islands, stated that design is a dynamic process constantly adapted to evolving ICT. He also stressed that XENOKRATIS does not specify its provisions for the disabled. He acknowledged that there are shortcomings while only the OASP has issued a relevant form for people with mobility disabilities in cases of earthquakes. He stressed that each case must be treated separately (mental, motor, sensory). He closed his intervention by stating that the Municipality starts the process of registering the disabled first in the historic center and then more widely to complete the register.

Then Ms. **Agni Sidiropoulou**: Disabled parent and President of the Association of the Disabled of Florina said that it is a constant request to include the disabled in civil protection plans, and that the disability movement should participate because when someone knows then they can help. A synchronization and programming process is needed to address this deficit.

Ms. **Dimeggeli Maria**, Head of the Department of Civil Protection of the Municipality of Central Corfu and the Diapontian Islands, stated that different planning is required for each disability group for the disabled and their families, including education and information. He also pointed out that each body should plan for its structures, for example the Church for its institutions, while the General Secretariat should issue specific instructions for each project, and in this direction the participation of volunteer groups should be active. . He referred to the diversity of disability and noted that the road map is very good, but it should reach the level of family, institution, structure, school as everyone should know.

Bousias Giorgos, a representative of the Corfu Police Directorate, referred to the importance of integrated and effective signage as it is able to facilitate the assistance of the Police where needed.

Mr. **Douflias Vangelis**, executive of the Regional Development Plan of Western Macedonia, considers the integration and participation of people with disabilities in civil protection plans, considered the preparation of the individual emergency plan very important and therefore requires active participation in the planning, which is a dynamic process with ICT as a component, but without ignoring the importance of exercise.

Mr. **Mourouzis Alexandros**, scientific associate of ESAMEA, stated, among other things, that Civil Protection is far behind in the public debate regarding disability and reduced autonomy and that it is purely the responsibility of the state and the authorities and not the citizens. Addressing the problem of trust is the responsibility of the state to solve it. Disability must be included in the design of Civil Protection as a general principle for each body. Obviously this requires homogenization through networking between actors through the exchange of plans, experiences, etc. and finally referred to specific principles that should be integrated into relevant civil protection policies such as: recording and research of risks and needs at local, regional, national and cross-border, the preparation

of education of the population at the initiative of the authorities, the conduct of skills exercises of the civil protection authorities and their staff, but also the improvement of the readiness of the private sector, ie in the workplaces, leisure, entertainment, etc., in which people with disabilities also move.

Then the Deputy Chief of the Coast Guard **Pappas Nikolaos** spoke, who said that the issue of registration of the disabled is particularly important for the island areas taking into account their tourist character, especially in those cases where evacuation by sea will be required.

Afterwards, Mr **Matthaios Kyritsis** from the Ministry of Defense Argostoliou shared his experience from a similar discussion in Patras and therefore the relevant discussion has started elsewhere and therefore this is a process that is repeated and this is important, while the possible know-how that may have been developed can be sought.

Mr. **Hatsios Grigoris** Commander of the Kastoria Hospital referred to the efforts of the institution to improve the accessibility conditions to its infrastructure, at multiple levels.

Mr. **Karabatsos Konstantinos** Regional Superintendent of Corfu Scouts stated that the scout movement is available to be trained regarding civil protection and the disabled as internships are required adapted to the specifics of this population.

Mr. **Andreas Zapantis** Director of P.E.D. Ionian Islands considered the 4plus project and the road map very important, as it is directly interested, it touches the reality of the area (earthquakes, floods) and all the co-competent services. The large participation in such an issue as that of the consultation proves the interest in the issue, while the deliverables of the project can help the civil protection authorities and the disabled.

Mr. **Petousis Thanos**, advisor of PED IN, stated that the two PEDs have completed three very important deliverables but due to the pandemic they are a little behind in networking but he hopes that with the new year important steps will be taken in this direction as there is a strong policy will in this direction.

The discussion was closed by the President of PED Western Macedonia **Mr. Dastamanis** George Mayor of Grevena, who stated that he has been working for 40 years as a doctor with a disability, which allows him to commit that the results will not remain on paper but the T.A. . will move forward, as it is behind this issue and must move forward because it affects everyone and does not honor the institution of T.A.

PART V

Synthesis and Production of the Road Map entitled:

Joint Roadmap Towards Inclusive Civil Protection

Σύνθεση και Έκδοση του Οδικού Χάρτη με Τίτλο:

Joint Roadmap Towards Inclusive Civil Protection

Terminology

The *International Classification of Functioning, Disability and Health* (ICF) regards disability – or difficulties in functioning – as neither purely biological nor purely social, but instead the interaction between health conditions and environmental and personal factors. Disability can occur at three levels:

- ⇒ impairment in body function or structure such as a cataract that prevents the passage of light and the sensing of form, shape, and size of visual stimuli.
- ⇒ limitation in activity such as the inability to read or move around.
- ⇒ restriction in participation such as exclusion from school.

People with disabilities

The United Nations *Convention on the Rights of Persons with Disabilities* states that “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” . People with disabilities may include, for example, people who use wheelchairs, people who are blind or deaf, people with intellectual impairments or people with mental health conditions, as well as people who experience difficulties in functioning due to a wide range of health conditions such as chronic diseases, infectious diseases, neurological disorders, and as a result of the ageing process.

Emergencies

Emergencies are a type of event or incident that requires action, usually urgent and often non-routine. Emergencies are due to natural hazards (such as earthquakes, cyclones, forest fires, floods, heat waves and droughts), epidemic

and pandemic diseases, transport crashes, building fires, chemical, radiological, and other technological hazards, food insecurity, conflicts, and situations such as mass gathering events. Disasters can be considered large-scale emergencies that result in “a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources” .

Emergency risk management

The term 'emergency risk management', sometimes called 'disaster risk management', refers to the systematic process of using administrative decisions, organization, operational skills and capacities to implement strategies, policies and coping capacities of the society and communities to lessen health consequences and improve health outcomes from hazards and related emergencies and disasters. Capacities encompass policies, legislation, human and financial resources, planning and coordination mechanisms, information management, risk assessment, infrastructure and logistics, service delivery, and capacity development for preventing hazards, reducing vulnerability, implementing emergency preparedness, response, recovery and rehabilitation of affected countries and communities. Within this context, actions are described as follows:

- ⇒ **before:** includes community and national emergency risk assessments, hazard and vulnerability reduction, and preparedness.
- ⇒ **during:** the emergency response;
- ⇒ **after:** covers recovery, rehabilitation, reconstruction and transition to comprehensive services, including actions to reduce the risk of future events.

Introduction

An estimated 15% of the world's population live with some form of disability, yet they are among the most vulnerable and neglected in any type of emergency. Evidence shows that people with disabilities are disproportionately affected and experience particularly high rates of mortality and morbidity. The United Nations *Convention on the Rights of Persons with Disabilities* (CRPD) Article 11 (on situations of risk and humanitarian emergencies) calls upon States Parties to take "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters" .

It should be emphasized that a major problem in emergencies is that urban web design has followed the "average user" model and not "holistic design" principles, with the result that any citizen who deviates from this non-existent " average user, such as people with disabilities, to be hindered in everyday life, and even more so in emergencies.

This Roadmap is intended primarily for actors working in emergency and disaster risk management (hereafter 'emergency risk management') at the local, national, or international level, and in governmental or nongovernmental agencies. People with disabilities, those working in the disability sector and those working in other sectors that contribute to improved health outcomes related to emergency risk management, may also find this guidance note useful.

It is a short, practical Roadmap operating as a guide that covers actions across emergency risk management such as risk assessment, prevention (including hazard and vulnerability reduction), preparedness, response, recovery, and reconstruction. It outlines the minimum steps health actors should take to ensure that specific support is available for people with disabilities when needed and to ensure that disability is included in the development and implementation of general health actions in all emergency contexts, that is, natural and technological hazards, epidemic diseases and other biological hazards, and conflicts and other societal hazards. This dual strategy – of both mainstream and specific support – will help ensure that the long-term needs of the community are met.

The National, European and International Legal Framework for Disability

The National Context

The National Action Plan for the Rights of Persons with Disabilities is an action that is implemented for the first time horizontally, in accordance with the guidelines of the United Nations, based on Article 69 of Law 4488/2017. The National Action Plan is first and foremost an implementation of the executive function of the state, as first established by law 4622/2019, as it composes, in a single policy umbrella, actions by all ministries that reasonably continue, according to their competence, to the special care that the state owes to People with Disabilities.

In this way, the constitutional requirement of Article 21 (6) is guaranteed, which guarantees that Persons with Disabilities have the right to enjoy measures that ensure their autonomy, professional integration and participation in the social, economic and political life of the country.

In addition, the present National Action Plan creates a new model of strategy with the interaction of the national with the international law of protection of human rights. Particular attention was paid to the European Convention on Human Rights, as interpreted by the Strasbourg Court, as well as the Convention on the Rights of Persons with Disabilities (CRPD), which is specific to this field. the exclusive view of its subject as an individual, independent of the state (the right to be left alone), in a more sincere and informed by human experience perception of him as a person with needs and as a social being.

Based on the findings of international law, the National Action Plan develops the model of adopting specific positive obligations for the protection of rights found in the thematic conventions of the United Nations and the Council of Europe, as a claim to ensure a dignified standard of living and participation in social life. . The state does not exhaust its protective role in benefits, but must build a relationship of trust with the citizen who is a person with a disability, which reflects the interest and care for every aspect of his daily life.

The Treaty on European Union

The Treaty on European Union, in Article 6, identifies the principles of freedom, democracy, respect for human rights and fundamental freedoms, and the rule of law, as common principles governing the action of all Member States. Respect for international conventions on the protection of human rights and the principles governed by international law are general principles of Community law. In particular, the principle of equality is a universal right and the elimination of discrimination is an integral part of the common aspirations of the Member States of the European Union.

It was not until 1996 that the European Commission and the Council of the European Union adopted the social model for disability, which argues that the root of disability lies in the failure of the physical and social environment to meet the needs of people with disabilities and not in their disability. with disabilities to adapt to the environment. Thus, in July 1996, the European Commission adopted a Communication on Equal Opportunities for Persons with Disabilities, which was the first comprehensive strategy on the subject, inspired by the UN Standard Rules. for the Equation of Opportunities for People with Disabilities.

The purpose of the Communication, based on the social model of disability, was to give "a renewed impetus to the legal approach to disability". Subsequently, in December 1996, the Council of the European Union adopted a Resolution on Equal Opportunities for Persons with Disabilities, reaffirming its commitment to the basic principles and values of the UN Standard Rules. and the principle of equal opportunities for persons with disabilities and called on the Member States and the other Community institutions to take action to achieve these objectives. Despite their limited legal status, these two texts were very important, as they paved the way for the subsequent development of the policy and created the framework within which Community actors could meet the new possibilities presented by the Treaty of Amsterdam. 1997.

European Social Charter

The European Social Charter was signed in 1961 by the members of the Council of Europe, as a complement to the European Convention on Human Rights in the field of social and economic rights. It is the conventional but relaxed arm of the Council of Europe in social rights, mainly due to the general wording of its articles. It includes fundamental social rights of workers, such as the right to work, the prohibition of forced labor, the right to fair pay, the right to collective bargaining, the right to protection of children, adolescents

and women, and rights outside the sphere of labor, such as the right to health protection, the right to social security, the right to health care and social services, the right of the family to social, legal and financial protection, the right of mothers and children to social and economic protection, the right to take up in the territory of other Member States and the right to protection of migrant workers and their families.

The original list of 19 protected rights was renewed by the 1988 Supplementary Protocol with four more rights inspired by European Community social law (the right to equal opportunities and equal treatment in employment and sex work without discrimination, the right to information and consultation). the right to participate in the definition and improvement of working conditions and the right of older people to social welfare).

Additional Protocol of 1995. The latter amendment improved the effectiveness of the Charter, as it established the right of collective redress in the event of a breach of the Charter by a Contracting State. Pursuant to Article 1, the right to bring collective action is granted to international and national organizations of employers and trade unions as well as to 47 international and national non-governmental organizations as partners of the Council of Europe, which are listed by the Government Charter Committee. .

The partner disability organizations are the European Disability Forum, the organization for mental retardation Inclusion Europe, the organization for autism Autisme Europe, the International Federation of Hydrocephalus and Spina Bifida and the organization for mental health disorders Europe , the Mental Disability Advocacy Center, the International Federation of Persons with Physical Disabilities, Disabled People's International, Rehabilitation International, the European Union for the Blind, the European Union for the Deaf and the European Action of the Disabled.

The Revised European Social Charter of 1996 added two major changes to the fight against discrimination. First, Article V was added to Part V, according to which "the exercise of the rights provided for in this Charter shall be ensured without discrimination on grounds such as race, color, sex, language, religion, politics or other beliefs, ethnic or social origin, health, national minority affiliation, birth or other status ".

European Charter of Fundamental Rights

On 7 December 2000 in Nice, the Council, the Parliament and the European Commission formally proclaimed the Charter of Fundamental Rights of the European Union, which covers many rights protected within the European Union. Article 21 (1) provides for the

prohibition of all forms of discrimination, as it stipulates that "All discrimination on the grounds of sex, race, color, ethnic origin or social origin, genetic characteristics, language, religion or belief, political opinion or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation".

This article has innovative features, such as a detailed reference to the grounds for discrimination. A total of seventeen reasons for discrimination are mentioned, of which disability, age, sexual orientation and genetic characteristics are not mentioned in the European Convention on Human Rights. In fact, genetic traits have not yet been included in any other major international human rights legal text. In addition, the statement of reasons is not restrictive, as the words "..every discrimination in particular .." imply that basically any reason for discrimination falls within this article. It should be noted that discrimination based on nationality is mentioned in paragraph 2 of the same article.

An overview on the Rights of Persons with Disabilities in case of emergency

Persons with disabilities are not a homogenous group. They face multiple and compounding forms of discrimination, based on disability but also on other grounds, which may lead to situations of exclusion. In situations of forced displacement, persons with disabilities have the same rights and basic needs as others and face the same challenges. However, they face numerous additional barriers. They face protection risks, including a heightened risk of violence, exploitation and abuse, and high levels of stigma. They have difficulties accessing humanitarian assistance, education, livelihoods, health care and other services. They may be denied certain legal rights and are often excluded from decision-making processes and leadership opportunities.

To this end the protection objectives should involve:

- ⇒ To identify and assess the needs of persons with disabilities, from the start of an emergency and throughout.
- ⇒ To provide an immediate and adequate response to specific needs and ensure that protection and assistance programmes are accessible to persons with disabilities on an equal footing with other persons of concern.
- ⇒ To create conditions in which people with disabilities do not suffer discrimination and participate in decisions that affect them.
- ⇒ To ensure that all responses take account of and include persons with disabilities, by applying an age, gender and diversity lens and considering their specific needs. Persons with disabilities must be enabled to participate as actors in the protection of their families and communities.
- ⇒ To ensure that appropriate systems are in place during an emergency to prevent and respond to violence against persons with disabilities and their families, or their exploitation or abuse.

Principles and Standards to be taken into consideration

- ⇒ UN Convention on the Rights of Persons with Disabilities and its Optional Protocol (2006). Article 11 of the CRPD refers to the safety and protection of persons with disabilities in conflict and emergency situations.

Handicap International, Disability Checklist for Emergency Response, 2010. In braille and large print.

- ⇒ UNHCR Executive Committee, Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR, 2010. Reaffirms UNHCR's responsibility and commitment to upholding the rights of persons with disabilities in accordance with Executive Committee Conclusions, international conventions, and relevant United Nations General Assembly resolutions. Outlines recommended actions by UNHCR, its partners, and States.
- ⇒ UNHCR, Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement, 2019. Provides practical guidance on issues that must be considered to ensure that the rights of persons with disabilities of concern to UNHCR are fulfilled without discrimination.
- ⇒ UNHCR, Policy on Age, Gender and Diversity (AGD), 2018. The policy reinforces UNHCR's commitment to ensure that people are at the centre of all we do. It consolidates commitments to a strong AGD orientation, accountability to affected people (AAP) and commitments to women and girls. It defines six areas of engagement and ten mandatory core actions for all UNHCR operations and headquarters.

Protection Risks per type of Disability

- ⇒ Persons with disabilities may experience difficulty in moving, hearing, seeing, communicating or learning. Their disabilities may include injuries or chronic illnesses.
- ⇒ Persons with disabilities face a variety of barriers: these may be physical and environmental; attitudinal; policy; or in communication.
- ⇒ Persons with disabilities are more likely to experience violence, including: sexual and domestic abuse; exploitation by family members; discrimination; and exclusion from access to humanitarian assistance, education, livelihoods, health care, a nationality, and other services. Women, older individuals, children, and LGBTI persons who have a disability are doubly exposed to such risks.
- ⇒ Persons with disabilities are likely to be more at risk in dispersed rural and urban settings and recent displacement sites, because communities in these locations are less cohesive and community protection mechanisms may be weaker.
- ⇒ Adolescents and youth with disabilities are frequently excluded from peer group activities and social networks that can help to protect them from violence, including sexual and gender-based violence (SGBV).

- ⇒ Children with disabilities may suffer stigma, bullying or discrimination (including harassment) at the hands of their peers or teachers, harming their educational opportunities.
- ⇒ Persons with psychosocial and intellectual disabilities tend to be less identifiable than persons with physical and sensory disabilities. As a result, programmes are less likely to address their needs and registration procedures are more likely to overlook them.

Key decision points

At the start of an emergency, consider disability when designing shelter and settlement options, selecting sites, planning and designing infrastructure, and setting access standards. Make sure that arrangements for emergency aid distribution address the access needs of persons with disabilities.

- ⇒ Take immediate steps to ensure that the response deals adequately with the specific needs of persons with disabilities.
- ⇒ Ensure that persons with disabilities are identified and registered and that their needs are assessed.
- ⇒ Make sure that services and infrastructures take account of and include those with physical, hearing, visual, intellectual and psychosocial disabilities
- ⇒ Establish referral systems to ensure that persons with disabilities reach relevant service providers.
- ⇒ Put in place systems to prevent and respond to violence, exploitation and abuse.
- ⇒ Ensure that programmes include persons with disabilities, and that persons with disabilities have access to information and messaging about programmes that concern them.
- ⇒ Ensure that staff, partners and local and national authorities recognize and know how to respond to the specific needs of persons with disabilities.
- ⇒ Ensure persons with disabilities can participate in protecting their families and communities.
- ⇒ In non-camp settings, take steps to identify potential partners and establish an outreach programme, to ensure that persons with disabilities are identified and receive information they need.

Key steps

Identification and assessment procedures

- ⇒ Assign community workers, UNHCR protection staff or community-based protection staff to (pre-)registration points or places of arrivals, to identify and register persons with disabilities.
- ⇒ Integrate the Washington Group short set of disability questions or other relevant tools in data collection mechanisms to identify persons with disabilities.
- ⇒ Appoint community workers or partners' staff to identify and register persons with disabilities who may not have been present at (pre-)registration. (This is often due to barriers at access registration points.) Persons with disabilities and their representative organisations may be useful sources of information.
- ⇒ During rapid and participatory assessments, include specific questions about the experience of persons with disabilities. Do so to identify specific protection risks, specific needs, and barriers that prevent people from obtaining assistance.
- ⇒ Consult persons with disabilities to determine which referral mechanisms and which forms of assistance they find most appropriate and accessible.
- ⇒ Train registration staff and provide guidance on how they should identify and record persons with disabilities who have not yet been registered in ProGres.
- ⇒ Enter in ProGres the specific needs of persons with disabilities.

Access to services

- ⇒ Identify families that include persons who have difficulty moving; in consultation with the families, locate them close to facilities and services when assigning plots and shelters.
- ⇒ Train partners and local service providers in disability inclusion and build their capacity to implement it.
- ⇒ In consultation with persons with disabilities, adapt medical centres, distribution sites, water sources, latrines, schools, shelters, and other infrastructure, to make them safe, accessible and appropriate for persons with disabilities. (Avoid barriers or tripping hazards, include ramp access, large doorways, handrails on stairs, space to turn a wheelchair, non-slippery floors, etc.).
- ⇒ Ensure food and other distributions are accessible to persons with disabilities by establishing a distribution monitoring system. Where appropriate, consider separate queues, transport support, smaller parcels, or home delivery systems. Work with health and nutrition partners to identify specific dietary needs of persons with disabilities and people with chronic health issues.
- ⇒ Consult persons with disabilities to identify what specific protection risks they face, and whether cash-based assistance programmes need to be adapted.

- ⇒ Consult persons with disabilities when designing new infrastructures and deciding what items distributions should include (for example, lighter jerry cans). Consult early to avoid expensive adjustments later.
- ⇒ Work with school authorities and communities to improve the inclusion of children with disabilities. Adapt education programmes where necessary. Include children and parents in consultation.
- ⇒ Consult persons with disabilities to identify barriers they face in accessing health services. (Include public health, sexual and reproductive health, maternal and child health, etc.)

Support services

- ⇒ Map service providers and potential partners (at community, local and national level, and camp level if applicable) who provide specialized services, such as rehabilitation and assistive devices. Check that their services can be accessed by refugees.
- ⇒ In consultation with persons with disabilities, identify service providers, agree on coordination mechanisms, and establish referral mechanisms for access to services.
- ⇒ Prioritize persons with disabilities in reunification efforts. Do not separate persons with disabilities from their family members or support persons, or from their assistive devices, adaptive aids, or medication (for example, during relocation or transport).
- ⇒ Consult persons with disabilities and the wider community to assess the community's capacity to support persons with disabilities who are alone and need support.
- ⇒ Identify persons with disabilities who are living in institutions, and ensure that protection staff and partners follow up.

Prevention of abuse and exploitation

- ⇒ Ensure that all programmes to prevent and respond to sexual exploitation and abuse (PSEA) and sexual and gender-based violence (SGBV) include persons with disabilities.
- ⇒ Through community workers and other partners, establish systems for monitoring and following up the situation of persons with disabilities who are at heightened risk of abuse or exploitation. Implement appropriate referral mechanisms.
- ⇒ Train persons with disabilities, their families, SGBV prevention and response partners, and community workers, in how to recognize, prevent, and report instances of violence, exploitation and abuse.

Inclusion and information sharing

- ⇒ Prepare all key messages to displaced populations in a variety of formats (radio, word of mouth, information booklets in 'easy to read' format, texts with symbols and images, etc.).
- ⇒ Make sure your methodologies for consultation include persons with disabilities and their households. Involve them in decision-making and programming, including the design, assessment, monitoring and evaluation of activities.

Awareness-raising and advocacy

- ⇒ Inform staff and partners of the rights of persons with disabilities. Emphasize that responses need to be designed in consultation with persons with disabilities to ensure they are inclusive and accessible.
- ⇒ Train UNHCR and partner staff on practical steps they can take to improve accessibility and inclusion. Local organizations of persons with disabilities can be an important training resource. Encourage the authorities to include persons of concern with disabilities in national policies and programmes, including national social protection programmes.

Participation

- ⇒ Include persons with disabilities in education and livelihood activities. Identify opportunities and training for them, corresponding to their experience and abilities.
- ⇒ Include persons with disabilities in community-based governance mechanisms, such as refugee committees. Ideally, persons with disabilities should have their own structures and be represented in all community-based structures as well.
- ⇒ Engage persons with disabilities in leadership roles in the community, as community volunteers, facilitators, etc. To achieve this, you may need to adapt selection criteria and tasks, or provide support.

Climate Change and Civil Protection

The action of the European Union

Climate change is transforming the world. The last two decades have seen 18 of the warmest years since records and extreme weather events, such as forest fires, heat waves and floods, became more frequent in Europe and elsewhere. Scientists warn that without urgent action, the planet's temperature is likely to rise above 2 ° C from pre-industrial levels by 2060 and the increase could even reach 5 ° C by the end of the century.

Such an increase in global temperature will have a devastating impact on nature, bringing about irreversible changes in many ecosystems and consequent loss of biodiversity. Higher temperatures and intensifying weather will also lead to huge costs for the EU economy and undermine countries' ability to produce food. Climate change is a global problem that must be tackled globally. The EU is determined to contribute to more ambitious global goals and sets the example.

The EU is one of the parties to the Paris Agreement, which aims to reduce global warming significantly below 2 ° C and to work to reduce it to 1.5 ° C. EU countries have approved the goal of achieving climate neutrality by 2050, in line with the Paris Agreement.

The EU has taken ambitious measures and set ambitious targets to reduce greenhouse gas emissions. This was done by setting emission targets for key sectors of its economy.

Climate Change & Challenges for Civil Protection

The phenomenon of climate change is expected to cause natural disasters, which will endanger the lives, health and property of citizens and will create an increasingly inhospitable environment for humans and especially for people with disabilities. This fact concerns the world community, and it is becoming more and more obvious that the margins are narrowing and taking measures at all levels and in the various phases of management, is more than necessary.

Climate change creates a complex situation that needs to be addressed in a way that includes a universal planning logic. Managing this phenomenon and its effects requires willpower, cooperation, and coordination at international, national and local levels. Civil

protection as a public policy of the state should operate more horizontally, co-formed by individual policies, such as environmental and development with a view to overall risk management and with particular concern for people with disabilities.

The main direction of the initiatives should be the preventive action and the main motto should be the collective work with the mobilization of all social partners (private sector, NGOs, educational institutions, etc.), always aiming at a sustainable and safer environment in the future. As all the above become easier to do at the local level, the Municipalities should play a leading role in the future.

Climate Change & Rights of Persons with Disabilities

People with disabilities are at increased risk of the adverse impacts of climate change – including threats to their health, food security, water, sanitation, and livelihoods – the United Nations High Commissioner for Human Rights said in a recent report. The report, the result of a historic resolution adopted by the Human Rights Council last July, examines the impacts of climate change on the rights of people with disabilities and makes recommendations about states’ human rights obligations in the context of climate action.

People with disabilities make up an estimated 15 percent of the global population. Due to discrimination, marginalization, and certain social and economic factors, people with disabilities may experience the effects of climate change differently and more intensely than others.

Take, for example, climate displacement. Climate change exacerbates extreme weather events, which is one of the factors driving increased migration in recent years. Because the ability to migrate often depends on resources and mobility, marginalized populations – such as people with disabilities – might be unable to travel and so forced to remain in degraded environments without housing, employment, support networks, or health care services.

People with disabilities also experience poverty at more than twice the rate of people without disabilities. This puts people with disabilities at heightened risk, as the world’s poorest people continue to experience the most severe impacts of climate change through lost income, displacement, hunger, and adverse on health.

Because the effects of climate change exacerbate inequality and risk for people with disabilities, it is critical this group be included in climate action. The new report calls on states to uphold the rights of people with disabilities when developing climate policies and to secure their meaningful, informed, and effective participation during the process.

One important step is to ensure that information about climate risks, plans, and policies are made accessible to everyone – see how the Office of the High Commissioner for Human Rights (OHCHR) led by example by publishing its new report in an easy-to-read format.

As the US makes progress in recognizing the critical role of people with disabilities in the climate fight, states should follow suit by including the experiences and perspectives of people with different types of disabilities when taking action to address climate changes.

COVID-19 & Persons with Disabilities

According to Centers for Disease Control and Prevention (CDC), COVID-19 is a new disease and we are still learning how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

Disability alone may not be related to higher risk for getting COVID-19 or having severe illness. Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. However, some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions. All people seem to be at higher risk of severe illness from COVID-19 if they have serious underlying chronic medical conditions like chronic lung disease, a serious heart condition, or a weakened immune system. Adults with disabilities are three times more likely than adults without disabilities to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

In particular, the disability types listed below, might be at increased risk of becoming infected or having unrecognized illness.

- ⇒ People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
- ⇒ People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
- ⇒ People who may not be able to communicate symptoms of illness

There are some additional things people with disabilities can do to prepare during the COVID-19 outbreak:

- ⇒ Plan what you will do if you or your direct support provider gets sick. Create a contact list of family, friends, neighbors and local service agencies that can provide support in case you or your direct support provides becomes ill or unavailable.
- ⇒ Plan at least two ways of communicating from home and work that can be used rapidly in an emergency (e.g., landline phone, cell phone, text-messaging, email). Write down this information and keep it with you.
- ⇒ Have enough household items and groceries so that you will be comfortable staying home for a few weeks, at least a 30-day supply of over the counter and prescription medicines and any medical equipment or supplies that you might need. Some health plans allow for a 90-day refill on prescription medications.

Consider discussing this option with your healthcare provider. Make a photocopy of prescriptions, as this may help in obtaining medications in an emergency.

Why a Roadmap towards inclusive civil protection matters?

People with disabilities are more vulnerable

Across the world, people with disabilities face widespread barriers to accessing services such as health, education, employment, and transport. These barriers include inadequate policies and standards, lack of provision, lack of accessibility, negative attitudes, inadequate information and communication, inadequate funding, and lack of participation in decisions that directly affect their lives. As a result, people with disabilities have worse health and socioeconomic outcomes than people without disabilities, including poorer health, lower education achievements, less economic and social participation, and higher rates of poverty.

In some contexts, women with disabilities, children, older people and people with mental health conditions and intellectual impairments experience more discrimination and exclusion than other people with disabilities. Emergencies can increase the vulnerability of people experiencing disability. People with visual, hearing and intellectual impairments and severe mental health conditions and those who are socially excluded or living in institutions may be unprepared for events that lead to emergencies and may not know or understand what is happening.

Inappropriate modes of communication for those who may have difficulties in hearing, seeing, or understanding can exclude them from receiving critical information about emergencies. In emergency situations, people with disabilities may be less able to escape from hazards, may lose essential assistive devices such as spectacles, hearing and mobility aids and/or medications, or may be left behind when a community is forced to evacuate. They may also have greater difficulty accessing basic needs, including food, water, shelter, latrines, and health-care services.

Emergencies can increase the number of people who experience disability

Emergencies also create a new generation of people who experience disability due to injuries, poor basic surgical and medical care, emergency-induced mental health and psychological problems, abandonment, and breakdown in support structures and preventive health care. Untreated or inadequately treated injuries can lead to unnecessary deaths and severe and long-lasting impairments. Estimates from some countries suggest that up to one quarter of disabilities may be associated with injuries and violence. It is estimated that for every child killed because of violent conflict, three are injured and permanently impaired. Natural disasters can lead to injuries due to buildings and other structures collapsing, flooding, dust, broken glass, electrocution and flying

debris. Violence and conflict can lead to injuries from rape, torture and the use of weapons such as anti-personnel mines, and cluster munitions.

Injuries resulting from natural disasters and conflict include single, multiple or complex fractures; burns; wounds; spinal cord injuries; amputations; and traumatic brain injuries. These can result in physical and/or cognitive limitations due to neurotrauma; sensory impairments such as blindness and deafness; and mental and psychological problems such as depression, anxiety, and post-traumatic stress disorders.

The impact of an increased number of people experiencing disability in the community can be long term and far reaching, creating overwhelming pressure on health and social sectors. Timely and appropriate health care can significantly reduce future disability. However, health care systems are often disrupted in an emergency and have a reduced capacity to provide continuity of care or treat people with both pre-existing chronic health conditions and acute health conditions that arise as a result of an emergency. Inadequate management of victims of emergencies can result in long-term detrimental physical, psychological, economic and social outcomes for individuals and their families.

Risk Management of emergencies for people with disabilities

Identification

People with disabilities are often not identified before, during and after an emergency. Lack of disaggregated data and systematic identification of people with disabilities results in their 'invisibility' during risk and needs assessments, including those carried out during the recovery phase. This may be even more challenging for people with disabilities among evacuated or displaced communities. As a result, they may not have the opportunity to participate in and benefit from vulnerability reduction and preparedness measures. If unidentified and unregistered, people with disabilities also fail to receive a range of services, including their basic entitlements to food, water, shelter, and clothing.

Consultation or representation

People with disabilities are often not consulted or represented in emergency risk management and are often excluded from community management and leadership structures. As a result, they are often not consulted or represented in the design of emergency programmes, hence their needs are overlooked. In longer-term recovery

and risk-reduction projects, people with disabilities are often excluded from mainstream rebuilding, livelihood, and education programmes. Furthermore, coordination mechanisms lack disability representation and leadership, which also affects the sharing of information.

Specific supports

The needs of people with disabilities may not be met without consideration of specific support categories. In most instances people with disabilities have needs that are not necessarily related to their impairments and therefore require equitable access to the same services that are available to the general population, i.e. general health care services. However, in emergency contexts some people with disabilities may require specific types of support such as additional clothing or blankets for those who are vulnerable to the cold or unable to move, medical devices such as catheters for people with spinal cord injuries, and medicines to manage or treat health conditions such as epilepsy. Without appropriate allocation and provision of infrastructure, human resources and funding, the total needs

of people with disabilities are unlikely to be met.

Knowledge and skills

Staff and volunteers are often uncertain about how to engage with people with disabilities. In addition, carers of people with disabilities may lack knowledge and information about the appropriate and effective actions they could take in emergency contexts to support people with disabilities, particularly in resource-poor settings. Field surveys have identified a lack of confidence and competence among emergency staff about how to appropriately identify, register, treat and engage people with different types of impairments, as well as communication difficulties between medical staff and people with disabilities. Negative attitudes toward people with disabilities may also significantly affect decisions about who is prioritized during emergencies when resources and time are scarce.

Engagement

Actively engaging people with disabilities in emergency risk management can significantly reduce their vulnerability and enhance the effectiveness of policies and practices. Opportunities exist to build on available disability-related resources, involve disabled people's organizations (DPOs), promote self-help, and raise disability awareness, understanding, skills and confidence among all health actors.

Towards an integrated strategy

Policies, legislation and strategies

Good governance is required before, during and after emergencies to ensure integrated action on disability and emergency risk management. Disability equality can be achieved by developing and strengthening national-level governance, accountability, and oversight of disability in all relevant health and multisectoral policies, strategies, legal frameworks, capacity development plans, standards and services. Health actors can work with people with disabilities and DPOs to advocate for and contribute to the development and implementation of policies, laws, standards and programmes to prevent discrimination and promote disability equality across all sectors and in all aspects of emergency risk management for health.

Core principles to guide disability-inclusive emergency risk management

Equality and non-discrimination

Emergency risk management should be inclusive of all those in need, particularly those who are most vulnerable, such as people with disabilities. Discrimination on the basis of disability “means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms. It includes all forms of discrimination, including denial of reasonable accommodation” .

Accessibility

People with disabilities should have “access, on an equal basis as others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and rural areas” .

Participation and dignity

People with disabilities have the right to participate in the assessment, design, implementation and monitoring of emergency programmes; make their own choices; and be recognized and respected as equal citizens and human beings with a contribution to make before, during and after an emergency.

Resourcefulness and capacity

Many people with disabilities have existing resources and capacities to make meaningful contributions to emergency risk management. They also have the right to receive support and assistance to develop the skills, knowledge and

capacities required to prepare and protect themselves from hazards, and to maximize their ability for survival and recovery following an emergency.

Financial resources

Sustainable funding is required to maintain and increase access to health services for people with disabilities at the local level, and to support the development of disability-related policies and strategic frameworks at the national level. Specific or additional measures for people with disability may be neglected unless dedicated funding is available for all aspects of emergency risk management. Planning based on disability-inclusive assessments before, during and after an emergency is required to ensure that funds are allocated for disability-related activities within budgets and emergency funding appeals. Financing will be needed in all aspects of emergency risk management to provide:

- ⇒ additional resources for risk assessments and needs assessments, including collecting disaggregated data on disabilities in the population-based assessments.
- ⇒ specific medication, assistive devices, and non-food items for people with disabilities.
- ⇒ transport for people with disabilities to health facilities.
- ⇒ referral services to specialist clinics and professionals.
- ⇒ outreach activities in communities, shelters and camps.
- ⇒ referral and hospital discharge planning, assistance and follow-up.
- ⇒ community-based rehabilitation (CBR) services which should be planned and financed at an early stage.
- ⇒ training and sensitization of staff, volunteers, community workers and DPOs.
- ⇒ construction and reconstruction of structures that are accessible to people with disabilities before, during and after emergencies.
- ⇒ innovation and research in the design of shelters, health facilities and other structures and services that are accessible to people with disabilities before, during and after emergencies.

Human resources

Lack of awareness about disability and uncertainty about effective actions are common among staff and volunteers from all sectors. People working in the area of disability may lack experience in emergency risk management, while emergency teams may lack knowledge about the rights of persons with disabilities, have limited staff who have the expertise to provide appropriate services

for people with disabilities, or be unaware of local specialist disability services and therefore fail to make referrals. Increasing the disability knowledge and awareness of staff and volunteers across different sectors/clusters is best implemented during routine hazard and vulnerability reduction, emergency preparedness and early recovery programmes. However, even in the acute emergency phase, staff and volunteers can be briefly oriented and sensitized to priority disability issues and needs.

Before and after an emergency

(in emergency risk management and ongoing health and disability programmes) it will be important to:

- ⇒ create a development plan to increase disability knowledge, expertise and skills among staff, community workers and volunteers, e.g. training of mainstream staff and recruitment of specialist staff.
- ⇒ ensure that the need to demonstrate disability-related experience is included in job descriptions and in performance evaluations.
- ⇒ provide training for health staff and volunteers in core competencies for disability and emergency risk management competencies.

Training curricula – new and existing – can be developed wherever possible, supported by people with disabilities. Training could involve, for example, a half-day orientation on core disability competencies and seminars for health personnel on protocols for specific disabling conditions that may result from or be exacerbated by emergencies.

During an emergency

it will be important to:

- ⇒ include rehabilitation professionals in emergency teams as soon as possible to ensure that rehabilitation needs are identified and addressed as early as possible.
- ⇒ recruit additional staff with expertise in disability to provide technical support on how to assist people with disabilities and adjust existing or new health services so that they are accessible to people with disabilities.
- ⇒ provide a short orientation to all staff on disability, giving practical examples of how to support people with disabilities

Training courses are unlikely to be possible during the acute phase of an emergency. However, even a short briefing can raise the awareness of staff and reduce risks to people with disabilities and may improve the quality of services provided. Briefings could include, for example, an outline of:

- ⇒ access issues, e.g. physical access to facilities and accessible modes of communication.
- ⇒ needs that may be specifically related to people with disabilities, e.g. the need for assistive devices, medication, appropriate positioning and bedding, and protection from violence such as sexual violence.

As soon as the situation has stabilized, further training as described above can begin.

Core competencies for staff and volunteers regarding disabilities

Demonstrate knowledge of the key risks and consequences of potential hazards and emergency situations faced by people with disabilities.

- ⇒ Use accessible communication formats to disseminate information to people with disabilities.
- ⇒ Demonstrate non-discriminatory attitudes and practices towards people with disabilities.
- ⇒ Demonstrate an understanding of both the general and specific needs of people with disabilities.
- ⇒ Deliver services using appropriate reasonable accommodations where required for people with disabilities.
- ⇒ Demonstrate awareness of the resources available for people with disabilities, e.g. specialist clinics, and the referral systems in place to access these resources.
- ⇒ Demonstrate knowledge and awareness of the rights of people with disabilities, e.g. in health care settings ensure privacy (especially for women), patient confidentiality, and informed consent by the patient or their guardian (in the case of children).

Planning and coordination

The multisectoral and multidisciplinary nature of emergency risk management, disability and health requires leadership and coordination within and across sectors and government ministries at all levels – community, sub-national, national, and international. The type of coordination mechanism will depend on the country context. The responsibility for disability in some countries may rest with the ministry of health, in others with the ministry of social welfare. Intersectoral emergency or disaster risk management committees and a disaster risk management agency are present at

national, sub-national and local levels in most countries. Health sector coordination mechanisms and units are also required to coordinate health emergency risk management policies, assessment, planning and implementation and to facilitate interaction with other sectors. International coordination mechanisms typically address disability as a cross-cutting issue across the clusters and within funding mechanisms such as Consolidated Appeal Processes, including 'flash appeals'.

Coordination mechanisms must be in place to enable actors from different sectors to meet and coordinate disability-related plans and actions. In large-scale emergencies where several actors may have specific responsibility for disability, a single, intersectoral disability coordination group should be established with clear terms of reference. The leadership and membership of the coordination group should reflect the local organization of the disability sector. The lead agency should be knowledgeable about disability and skilled in inclusive coordination approaches to avoid dominance by a particular approach or sector. Intersectoral disability coordination group meetings would

ideally be co-chaired by stakeholders from both health and social welfare/protection sectors and led by the relevant government ministry, or from community-level services with United Nations High Commissioner for Refugees in refugee situations.

In emergencies that are smaller scale, disability is usually an integrated component in various sectoral and individual agencies' responsibilities and therefore disability focal points should be established in each sector/cluster. Members of focal points can meet regularly and promote inclusion of disability issues within their given sectoral coordination

mechanisms, and through processes to facilitate communication and referral across sectors.

Health information management

Information management is a major challenge for both disability and emergency risk management. Therefore, established health information systems (HIS) at national, sub-national and community levels, which have public health data on disability, can be advantageous to inform assessments and the design and delivery of programmes before and after emergencies, and to provide a foundation for information management during

an emergency.

A disability inclusive HIS should include, where feasible:

- ⇒ protocols and procedures for the collection, analysis, interpretation and use of disability-related public health data.
- ⇒ data on people with disabilities, disaggregated by age, sex and nature of disability (where possible, associated health conditions identified) and details of their location.

- ⇒ an injury surveillance system based on relevant WHO injury classifications that include data markers to enable people with disabilities to be readily identified.
- ⇒ mechanisms for sharing non-confidential public health data about disabilities in an accessible format with relevant government authorities, coordination groups and sectors.

Other important information to assist the planning and delivery of disability-inclusive health services in preparation for emergency situations might include data on the type and quantity of treatment, equipment (including assistive devices) and support that has been or is currently provided to people with disabilities. Information regarding issues that have arisen in previous emergency situations such as misdiagnosis and mistreatment of people with disabilities, unwarranted medical interventions such as amputations, and poor fracture care and wound management resulting in permanent impairments could also be used to improve the quality of care.

Assessments

Assessments across all phases of emergency risk management should consider disability issues. Despite progress in risk and needs assessments, there remains a serious deficit in data collection and analysis for both the health emergency risk management and the disability fields. Therefore, it is more realistic to assume that the guidance presented here is adapted to local circumstances than to expect that comprehensive disability-inclusive assessments can be implemented.

Coordination of assessments on disability is needed to:

- ⇒ determine first what assessments have already been done on health and disability, compile information from existing assessments and carry out further field assessments on disability to fill key information gaps.
- ⇒ plan what kind of information on disability should be collected, when, where, how and by whom.
- ⇒ provide a common understanding of disability to make data comparable.
- ⇒ compile data on different aspects of disability, which is typically collected by different organizations in a range of geographical areas.
- ⇒ share analyses and outputs to provide a common basis for planning of actions by all organizations.

People with disabilities, their family members/caregivers and/or their representative organizations should be engaged in assessment processes at the earliest opportunity.

The first-hand experience of people with disabilities can help to identify issues that are particularly relevant to them, reduce any negative impact the assessment/survey itself may have, and provide valuable advice on how to make data collection and related reports accessible to people with different types of impairments. These strategies can help to overcome the exclusion of people with disabilities in some communities that either do not include them or deny their existence.

Those who are responsible for coordination of assessments for disability should ensure as far as possible that the information outlined in Annex 2 is available for the areas at risk or affected by an emergency.

Before an emergency

National, sub-national and community emergency risk assessments are usually conducted as a multisectoral activity under the auspices of the entity responsible for coordination of emergency management in a particular jurisdiction, for example the national or local disaster management agency. The health sector usually participates in these assessments and may also conduct health emergency risk assessments. Risk assessment should be used as a basis to inform all actions in emergency risk management. Information on disability from routine health surveys and disability risk assessments (including people with disabilities and older people living in institutions), resource mapping and baseline studies should be utilized for emergency risk assessments. The use of participatory,

community-based approaches is strongly encouraged: it is important to ensure that people with disabilities, their support persons, and/or representative organizations are included in national and sub-national disaster policy and decision-making processes, including risk assessments.

Pre-disaster multisectoral and health emergency risk assessments should include disability because they help to:

- ⇒ identify people with disabilities in a community.
- ⇒ identify pre-existing vulnerabilities, relevant resources and infrastructure in each area and gaps in services for people with disabilities, as well as opportunities for strengthening capacities.
- ⇒ identify the geographic areas, sub-populations, and groups in which the risks to people with disabilities are the greatest.
- ⇒ identify in advance the physical, social, economic and other barriers that increase risks for people with disabilities or affect their access to services in emergency contexts, and ways to minimize or overcome these.

- ⇒ support and promote the knowledge and resources that people with disabilities have to reduce their vulnerabilities and risks and increase their safety at an individual and community level.
- ⇒ identify and facilitate the inclusion of people with disabilities in early warning mechanisms and response planning, increasing the appropriateness, inclusiveness, and effectiveness of the plans.
- ⇒ provide more detailed, disaggregated baseline data to inform assessments during an emergency when information is more difficult to obtain (where applicable, assessment should be integrated with health information systems);
- ⇒ raise awareness and knowledge regarding disability among mainstream emergency and health actors and generate a shared commitment to inclusive practice.

Risk assessments should ensure that the risks for people with disabilities in migrant, mobile and hard-to-reach populations are also identified. Assessments will be aided by identifying those people with disabilities in registration systems for evacuees or displaced people at the source, in transit or at destination locations.

During an emergency

Emergency assessment guidance and tools have generally contained very little reference to disability; however, existing tools can be adapted to include disability-relevant information. The development of any new tools should be inclusive of disability.

Assessments during the initial phase of an emergency must be as short as possible. They will rely on qualitative rather than quantitative data, and may have limitations in terms of:

- ⇒ logistical constraints.
- ⇒ time constraints.
- ⇒ limited accessibility to affected areas.
- ⇒ sampling method, which is usually purposive, hence preventing generalization of quantitative data.

Given the challenges with making rapid assessments, detailed information on disability may not always be collected and available to substantially influence programmes early in an emergency. In fact, most assessments that focus on disability are conducted several weeks or even months after a major sudden-onset emergency.

Where possible, key disability-related questions should be integrated into national and global multisectoral emergency rapid-assessment tools.

After an emergency

Multisectoral and sectoral in-depth surveys may be carried out once essential high-priority responses have been implemented to adapt and improve an ongoing health response and to inform the design of early recovery and CBR programmes. A detailed, participatory understanding of the needs and capacities of people with disabilities can lead to, for example, health services and facilities designed for equal access, health information in accessible communication formats, inclusive policies, training and sensitization of doctors and health staff, public awareness and reduced discrimination.

Post-disaster and post-conflict need assessments are required for longer-term recovery planning. They should also be inclusive of the needs of people with disabilities to maximize opportunities to strengthen systems and services for people with disabilities as well as measures to reduce their personal risks associated with future events.

Communication

The availability, accessibility and continuity of communication must remain a priority during all emergency risk management activities across all sectors and disciplines. All forms of communication, including risk communication, early warning, evacuation procedures and response plans, must be accessible to people with disabilities.

Communication mechanisms must be in place to provide information regarding the accessibility and availability of services before, during and after an emergency. The provision of these services prior to an emergency is critical, both as a place of support as well as an opportunity to raise awareness and facilitate organization and individual ownership in reduction of risks at community and individual levels.

All actors must ensure that communication formats are accessible and timely for people with a range of impairments, including visual, hearing, and intellectual. Accessible communication formats may include sign language, pictures, plain language, speaking slowly, demonstrating actions rather than describing them, audio, Braille, and large print.

Health facilities, shelters, and settlements

People with disabilities often experience barriers that inhibit their access to appropriate health care facilities and shelters before, during and long after an emergency. Appropriate planning, design and development is required to ensure that health facilities, shelters and settlements are accessible

to people with disabilities, and contribute to meeting their health, safety, security, and social participation needs.

Often access barriers that exist prior to an emergency are further exacerbated after an emergency. Therefore, where feasible, the design of new and modification of existing health facilities and shelters should be done prior to the onset of an emergency. When planning for health facilities and both permanent and temporary shelters, universal design features should be considered and incorporated to the maximum extent possible to facilitate access by all people experiencing disability, including elderly people.

The design, reconstruction, and replacement of health facilities after emergencies provides an opportunity to ensure that they are “built back better” to facilitate access for people with disabilities for both routine care and emergency situations.

Health supplies and logistics

Routine procedures for the provision of essential drugs and medical supplies can be adapted to ensure that items required by people with disabilities, including older people and people with chronic diseases, are included in essential medicine and equipment lists, emergency health kits and stockpiles. More specifically, the following actions can be taken:

- ⇒ Include supplies that may be required by people with disabilities in national and international lists and kits, such as standardized essential medicines and equipment lists, and emergency health kits. For example, relevant items for people with disabilities could be included in the WHO *Essential Emergency Equipment List*.^e
- ⇒ Identify requirements for health supplies in emergencies based on a needs assessment that includes the needs of people with disabilities.
- ⇒ Check that health supplies are available in sufficient quantities for both routine and surge requirements during an emergency. These should include, for example, medication for health conditions such as juvenile diabetes, hypertension, heart failure, epilepsy, psychosis and depression; non-food items such as bed sheets, cushions, mattresses, mirrors, hygiene kits and adapted cooking and eating utensils; and equipment such as assistive devices, bed pans and catheters.
- ⇒ Establish a safe interim/emergency supplies depot for essential medications, non-food items and equipment.

Service delivery

Not all the health needs of people with disabilities relate to their impairments. While they may have specific needs associated with their disability, like everyone else they also have general health needs for which they require access to the same services that are available to the general population. People with disabilities are also a heterogeneous group with a range of capacities and needs that may require different types and amounts of support to ensure their inclusion.

Services should reach people with disabilities where they reside – in evacuation shelters, camps, houses, institutions, and residential schools. A variety of approaches can be used within mainstream settings to overcome the barriers (e.g. physical, communication and information barriers) that people with disabilities may experience when trying to access these services.

Community capacities

Many actions described in this roadmap are implemented at the community level where people with disabilities at risk of emergencies reside and, hence, where building the capacities for managing risk should be focused. Within the health sector, emergency risk management should focus on mobilizing communities to ensure that health services are available and accessible to people with disabilities at all phases of an emergency.

Community mobilization requires multidisciplinary efforts, whereby actors communicate and collaborate with one another to strengthen community capacity and resilience. The health sector should carry out or contribute to risk assessments at the community level and ensure that these assessments consider the general principles; risk assessments carried out at the community level provide a good opportunity to collect more specific information on individuals or groups of people with disabilities and their personal circumstances. These assessments can inform the design and implementation of local programmes to ensure that the needs of people with disabilities in the community are addressed before, during and after emergencies.

The health sector should encourage and assist individuals with disabilities and their support networks to take responsibility for their health before, during and after emergencies through, for example, individual and household measures such as personal action plans for early warning, evacuation and emergency situations. The health sector should also ensure that risk awareness programmes are inclusive of people with disabilities, that adequate support services such as self-help groups are in place within communities, and that the role of DPOs is encouraged and strengthened.

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