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# TELEPHONE BASED SURVEY REPORT

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URBAN RESEARCH INSTITUTE

*Prepared by:*

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## 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 gathered from previous events shows that people with disabilities are disproportionately affected and experience particularly high rates of mortality and morbidity<sup>1</sup>. While the term access and functional needs (AFN) applies to people with physical, sensory, mental health, cognitive, and/or intellectual and developmental disabilities (ID/D) that affect their ability to function without assistance, it also is used to describe people with temporary conditions, such as women in late stages of pregnancy or individuals with injuries, etc.

In the wake of a crisis or disaster, the notion of rights may appear to vanish behind the reality of the immediate needs of all survivors. However, it is the issue of rights that lies at the root of humanitarian efforts following disasters and emergencies, rights that should be equally available to all. The continued exclusion of persons with disabilities and older persons with reduced mobility from the exercise of fundamental human rights - both in the wake of disasters and more generally is a vital issue that needs to be addressed. Though disaster prevention is gaining increased importance in the Regulation of Greece-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.**

As part of its activities under the 4PLUS project, the Urban Research Institute (URI) conducted a **Telephone based Survey**, from September to December 2019, to assess the level of inclusion of PWDs on the civil protection and disaster risk reduction processes in the regions covered by the Program Interreg IPA CBC Greece-Albania 2014-2020; as well as to assess the level of awareness among PWD and within the society at large of the needs, actual risks, and types of exclusion faced by PWDs in periods of hazards, etc. As specified in the budget line of the activity, a total of over 1000 individuals were interviewed by phone for the purpose of this survey, of which 300 were PWDs and/or persons with reduced mobility.

Of the 1000 respondents, 126 are identified as a person with a disability responding on their own and 174 respondents identified as a family member or caregiver answering on behalf of a person with a disability; while 700 were among the general population living in the program covered area.

## General findings from the telephone based survey

Regarding the **employment status**, from group I the majority of the respondents in 56% of cases are not in the labor force. About 19% are employed as paid caregivers/family members and about 9% of them are registered in the Employment Offices of the respective Qarks as unemployed and 17% others are retired. From group II, 46% of the respondents are employed; about 12% are retired and a significant part of them 42% of them are unemployed.

Regarding the **living situation**, only 3% of the respondents from Group I (being persons with disability and/or reduced mobility) have stated that they are independent (in all cases the person was leaving alone) and don't need help and support on their everyday life. While, 88% have a family member that provides daily help. Around 9% of respondents have a social caregiver (paid staff) that provide technical support with the equipment, assessing services etc.

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<sup>1</sup>Immunization Service Delivery: Expanded program on immunization [website]. Geneva, World Health Organization, 2012 ([http://www.who.int/immunization\\_delivery/en/](http://www.who.int/immunization_delivery/en/), accessed 1 February 2013).

The majority part of PWD respondents expressed **needing help** with personal care, preparing meals, and transferring more than any other response choice (respectively 21%, 23% and 22%). These activities can be subsumed under a larger category of daily living activities and should be taken into consideration for emergency shelter personnel who may need to be trained in providing specialized assistance with activities of daily living for people with access and functional needs, especially those with disabilities and difficulties with communication.

Regarding **assistive supports** points out that a large part of the respondents, require the use of eyeglasses, hearing aids, and a wheelchair or scooter. While it is not possible to provide personal aides, these findings may be included in the emergency planning regarding provisions for specific assistive technology and durable medical equipment.

The majority of PWDs or their caregivers 59%, **reported leaving in the first floor of their residence/building**. However, there are a small percentage living in a higher floor, making the escape in emergency situation much more difficult (22% at second floor, 10% at 3<sup>rd</sup> floor and 9% at a 4<sup>th</sup> or higher floor.

Respondents from both groups I and II, have reported a **good understanding of emergency-related terms** (referring to shelter in place, evacuate, lockdown, emergency and disaster). However, the knowledge from both groups on the **existence of laws/policies and plans on the disaster management at country and local level**, remains low, as the majority of them are not aware on their existence or reply that there are no laws/policies and plans on the disaster management at country and local level.

The majority of the respondents indicate that they or the person they were answering for did not have a **personal/community emergency plan**, and only 11% and 4% of the respondents from group I and group II have stated that there is a personal/community plan for disaster management in place for them. Additionally, those who did report having a personal emergency plan did not include a medical information card, or a card describing any difficulties with communication as a component of their plan. The majority of those of having no emergency personal plan, around 44% from group I and 50% from group II, have responded that they don't have financial sources for developing a personal plan.

Most of the respondents from group I and II, 92% and 98%, have reported that they have not been **affected form a disaster/emergency situation** so far. From the respondents that have reported to have been affected by a disaster/emergency situation, about 60% from group I and 50% from group II have identified as the most common one the earthquake, while 28% and 29% of them have been affected by floods and 12% and 21% of the respondents have been affected by wildfire.

Regarding the **level of preparedness** in case that disaster occurs, majority of the respondents from both groups, 92% from group I and 96% from group II, have collected relevant information on how to react in these cases. About 6% from group I and 2% from group II have connected to the disaster management representative (usually a person from the department of emergencies in their municipality). A small part, 1% from group I and 2% from group II have taken special training (usually from national voluntary organizations) on how to react.

Regarding the existence of a **package for emergencies or disasters**, the majority of the respondents for both groups, responded as following:

- about 42% of the respondents don't have a minimum of 72 hours of water supply;
- 55% of respondents don't have a minimum of 72 hours of food supply;

- 71% of respondents don't have a way of communicating which does not depend on electricity;
- 84.7% of respondents don't have telephone batteries;
- 65% of respondents don't have flashlights or light sources;
- 89% of respondents don't have evacuation equipment;
- 89% of respondents don't have an alarm system for the family;
- 71% of respondents don't have the necessary hygienic-sanitary products;
- 87% of respondents don't have the necessary medication;
- 65% of respondents don't have money;
- 70% of respondents don't have supplies for children;
- 84% of respondents don't have supplies for the elderly, or for people with special needs.

Only 29% of the respondents from group I can manage to evacuate in a sudden disaster event, while 52% of them can evacuate with a lot of difficulty, while around 19% cannot evacuate at all. Among those that cannot evacuate, about 44% of them have someone that can assist them in this case, which in the majority of cases are their own familiars, 94%.

Regarding the **support received in cases of disaster events**, about 34% from group I and 27% from group II have indicated the local government as a supporter and only 7% and 5% from group I have stated national and government and national voluntary organizations. Among the type of support received, the respondents have stated food, housing/clothes and financial and psychological support in respectively 34%, 9%, 4% and 1%.

About 56% from group I have stated that **access to information** during emergencies or unexpected natural disasters is good. On the other hand, 80% of the respondents from group II have state that the information during emergencies is somehow accessible. Additionally, for most of the respondents, from both groups, respectively 74% group I and 85% group II prefer to receive information during emergencies / natural disasters through television.

## The current situation on disability assessment

Persons with disabilities are not yet fully integrated in the Albanian society. 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.

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 a number of 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.

### **Physical Accessibility**

Independent mobility on streets and pavements is impossible for people using wheelchairs or other walking and mobility devices. Very few pavements have been disability adapted; they are often narrow and the paving uneven. Public transport remains inaccessible. Even though the government has adopted the relevant standards, they are rarely applied in practice. There are no sound signalling devices at street or road crossings, or on public transport services and bus stops are not marked, making orientation difficult. Very few streets and public buildings have raised or tactile markings for the blind and there are no white canes, guide dogs or assistance dogs available yet.

The Ministry of Health has decided that all new hospitals/health care centres shall be accessible to persons with disabilities and funding is being allocated to improve accessibility to premises currently being refurbished. In addition, local government units, whose remit includes the adoption of plans for the building or renovation of school facilities and infrastructure, will only authorize works that comply with accessibility standards. In the past ten years, the targets set out in the previous Action Plan on Persons with Disabilities (e.g. the number of accessible schools, pre-school facilities and VET centres) were not achieved. Some government buildings are accessible. Many others are being renovated with the aim of ensuring full accessibility for persons with disabilities.

The number of disabled persons employed in central and local government institutions remains quite low. Key aspects of the right to adequate housing for persons with disabilities include physical accessibility to accommodation, housing with supportive services, provision of social housing and subsidies. Only a small number of disabled adapted apartments or housing units are available for persons with disabilities to rent or buy, where they will not need to spend extra money to make adjustments to improve accessibility, for things such as building ramps, widening doorways, adjusting the height of light switches and sockets, etc.

In 2008, the Council of Ministers issued a decision “On the adoption of the regulation on the use of spaces by people with disabilities”, which set out accessibility standards and norms to be applied by the construction industry (particularly in relation to access to buildings, streets and other indoor and outdoor premises and facilities). These standards have been taken into account and applied in the construction of social rented housing and low-cost housing (the latter are built by the National Housing Agency). However, standards are not consistently observed and their implementation is not monitored.

**Accessible, affordable and efficient transportation** is essential to enabling the inclusion of people with disabilities in society, facilitating mobility and promoting participation in employment, education, and other activities. The present legislation envisages the provision of assisted transportation for persons with disabilities in urban and rural areas, reduced ticket fares, and designated disabled seats. However, in practice no public transportation vehicles are accessible to persons with disabilities. Ensuring compliance with service accessibility standards by transportation companies falls within the remit of local government authorities, who also award transportation contracts. However, the monitoring is not effective and no penalties have been issued for noncompliance.

### **Access to information**

The Law “On the inclusion of and accessibility for persons with disabilities” provides for the right to independent living by instituting communication and information policies and accessible formats. These include prints in Braille or large font, use of simplified language and reader-accessible electronic formats.



However, textbooks for mainstream schools, for instance, do not exist in Braille or audio format. The Institute for Visually Impaired Students is unable to meet the demands for textbooks in Braille, due to limited funding and limited technical capacities.

Moreover, government websites and portals are not easily accessible by persons who need large font or higher contrast, or are hearing-impaired. Standards for government websites developed by the National Agency for Information Society (NAIS) must take into account accessibility aspects. Accessibility of news information programmes and the media in general would enable persons with disabilities to receive information and participate in political and public life. Programming in sign language is only available on the national TV broadcaster, and is limited to a 10-minute news programme daily. Hearing-impaired people do not have access to information because programmes and news casts on various TV stations are not subtitled. Government set up an inter-departmental working group whose remit was to make Sign Language official in the Republic of Albania. One year later, the Council of Minister adopted a decision “On the recognition of the Albanian Sign Language”, which aims to promote its use in the provision of public services and access to information. However, the hearing impaired still have no access to private or public services where sign language is used.

## Country Context on Civil Protection and Disaster Risk Reduction

The four main hazards affecting Albania are earthquakes, floods, forest fires, and landslides. Other hazards include snowstorms, drought, temperature extremes, epidemics, avalanche, technological hazards (e.g., dam bursts), and windstorms. The International Disaster Database (EM-DAT) shows that, during 1979-2019, floods accounted for the major share of disaster events (38%), followed by earthquakes (15%). According to the annual World Risk Report (2019), which calculates the Disaster Risk Index for 180 countries based on exposure, susceptibility, vulnerability and coping and adaptive capacities, Albania ranks first in Europe and 61<sup>st</sup> the world.

Earthquakes are one of the main hazards in the Balkan region and are causing the most economic loss. Hydro-meteorological hazards are also frequent in Albania; floods also caused a significant loss to the economy. Albania is at high risk of forest fires, particularly in the dry summer season. More than 95% of events are small (less than 100ha burned) and account for more than 40% of the total burned area, while big events are relatively rare (5% of the total burned area).

Albania is characterized by land instability caused by natural and anthropogenic factors, where 33.6% of its territory is relatively stable, and 9.8% is unstable. Country DRR System The detailed and comprehensive Albanian strategy on Civil Protection (CP) and Disaster Risk Reduction (DRR) is a draft document that has not yet been adopted. The core legal act on DRR in Albania is the Law 45/2019 ‘On Civil Protection,’ adopted in July 2019, which replaced the Law ‘On Civil Emergencies’ (2001). However, sub-laws, strategies, plans and activities at national, regional and municipal levels still need to be harmonised with the 2019 Law. The National Civil Emergencies Plan (2004) and the Disaster Risk Assessment in Albania (2003) are still in use. The Council of Ministers governs the National System of Civil Emergency Management.

The Law 45/2019 establishes that line ministries and other central institutions should have a separate budget line allocating 2-4% of their annual budget, while municipalities should budget no less than 4%.

Albanian Armed Forces (AAF), State Police, Fire Protection & Rescue Service (FP&R), and Emergency Medical Services (EMS) are the main operational structures in disaster response. The General Directorate of State Reserves (DPRMSH) provides goods and equipment in case of disasters.

The GoA has established mechanisms to seek assistance from the Emergency Response and Coordination Centre (ERCC), Euro-Atlantic Disaster Response Coordination Centre (EADRCC), and bi-lateral and other countries in the event of a major disaster. The Institute of Geosciences, Energy, Water and Environment (IGEWE) is the national monitoring and warning structure for natural hazards, earthquakes, floods and wildfires. Pursuant to the law 45/2019, developing disaster loss data has become obligatory at all levels. There are some public awareness activities and education on hazards is included in school curricula.

## Mainstreaming PWDs on the Disaster Risk Management in Albania

**Disaster preparedness and emergency response plans in Albania are typically designed for people without reduced mobility**, for whom escape or rescue involves walking, running, driving, seeing, hearing, and quickly responding to instructions. **Until today, the needs for information and support of these groups are not studied and nor addressed by today's local, regional and national civil protection plans, leaving such citizens completely exposed to multiple hazards.**

With respect to the general population, persons with disabilities and older persons may be less able to perceive hazards and risks, or less mobile, or dependent upon assistance in order to be able to react to crisis situations. **As showed from the recent dramatic earthquake experience in November in 2019 in Albania, persons with disabilities and older persons are the most at risk in case of disasters of any typology.**

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** 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

## Scope of work

The purpose of this survey is to assess the level of inclusion of PWDs on the civil protection and disaster risk reduction processes in the regions covered by the Program Interreg IPA CBC Greece-Albania 2014-2020. Furthermore, to assess the level of awareness among PWD and within the society at large of the needs, actual risks, and types of exclusion faced by PWDs in periods of hazards, etc. Additionally, the survey sought to find out:

- a) What are the target group needs and the existing barriers and what should be the priorities set for inclusive civil protection and disaster risk management/reduction?
- b) Do PWDs have effective coping mechanisms for disaster situations?
- c) Do PWDs wish to be included in the planning, decision-making and implementation of national and DRR/DRM programmes? In what ways?

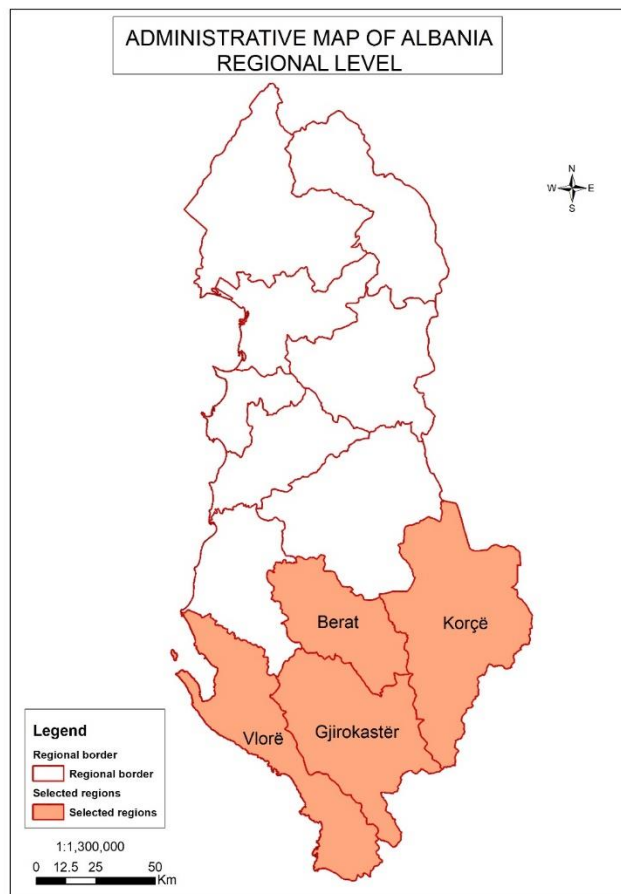
**The survey is addressed to persons living with disabilities/their caregivers as well as general public to express concerns, needs and recommendations that will contribute to the preparation of a “Joint Cross-Border Study” on the Inclusiveness of the Existing CB’s Risk Reduction and Emergency Preparedness Measures.** The purpose of this study is to provide a critical analysis and recommendations which will enable:

- a) to assess the need and potential added-value of an inclusive multi-hazard strategy on disaster prevention within the CB area;
- b) to identify the potential basic requirements of such a strategy; and;
- c) to localize persons with disabilities and reduced mobility living in the area autonomous or in institutions (special concentrations) and their real needs in relation to existing supporting facilities and rescue means;
- a) to localize available relevant infrastructure and define possible needs for accessibility's improvement as well as needs for accessible temporary accommodation and;
- b) to suggest possible policy options.

## Methodology

The data collected for the purpose of this study are directly related to PWD and general population living in the following four selected priority areas covered from the program Interreg IPA CBC Greece-Albania 2014-2020:

1. Qark of Vlora: Delvinë, Finiq, Himarë, Konispol, Sarandë, Selenicë, Vlorë
2. Qark of Berat: Berat, Kuçovë, Poliçan, Skrapar, Ura Vajgurore
3. Qark of Korça: Devoll, Kolonjë, Korçë, Maliq, Pogradec, Pustec
4. Qark of Gjirokastra: Dropull, Gjirokastër, Këlcyrë, Libohovë, Memaliaj, Përmet, Tepelenë



Map 1: Regional boarder of the areas covered from the program Interreg IPA CBC Greece-Albania 2014-2020

A questionnaire has been prepared by URI in close collaboration with NCDP, for the collection of data and information from two groups (Group I and Group II) in the above areas.

***Group I is composed of people with disabilities / chronic illnesses and their relatives and Group II is composed of general population leaving in the mentioned areas.***

In order to simplify the comparative analyses, respondents who answered either “family member or caregiver of a person with a disability”, “support person or advocate”, or “other” were combined into a single group of 300 respondents.

Each questionnaire was designed into three sections: Demographics; needs and challenges faced by PWD and/or reduced mobility, and level of preparedness (emergency knowledge and emergency plan and information and communication).

### Sample size and stratification

For the telephone based survey, 1000 people are interviewed. In this survey, there are two ‘populations’, and respectively two ‘samples’. Each sample size has been stratified on a proportional allocation across the four areas of the Project taking into consideration the type of disability per total of disables in each area, as attached in Annex I.

The **first population** refers to the total number of PWDs and/or reduced mobility living in the area benefiting from the program. For the purpose of the ‘population’, the statistical data for each Qark reported from INSTAT have been used. While the ‘sample’ for this one refers to the group of 300 surveyed PWDs as specified in the project SoB.

The sample size has been stratified on a proportional allocation across the four areas of the Project taking into consideration the type of disability per total of disables in each area. The PWDs and/or reduced modality are categorised based on the following six types of disability:

- (i) Seeing
- (ii) Hearing
- (iii) Mobility
- (iv) Cognition
- (v) Self-care
- (vi) Communication

Per each Qark it is calculated the percentage (%) of PWDs based on the above categorisation to the respective total. Following this, having an already determined sample of the PWDs to be surveyed, based on the SoB of the 4PLUS project, being 300 PWDs, it is calculated the number of PWD per type of disability for each of the four Qarks, as presented in Annex I.

The **second population** refers to the total population leaving in the above mentioned areas benefiting from the program. For the purpose of the ‘population’, the statistical data for each Qark reported from INSTAT have been used. While the ‘sample’ for this are 700 persons from Group II as specified in the project SoB.

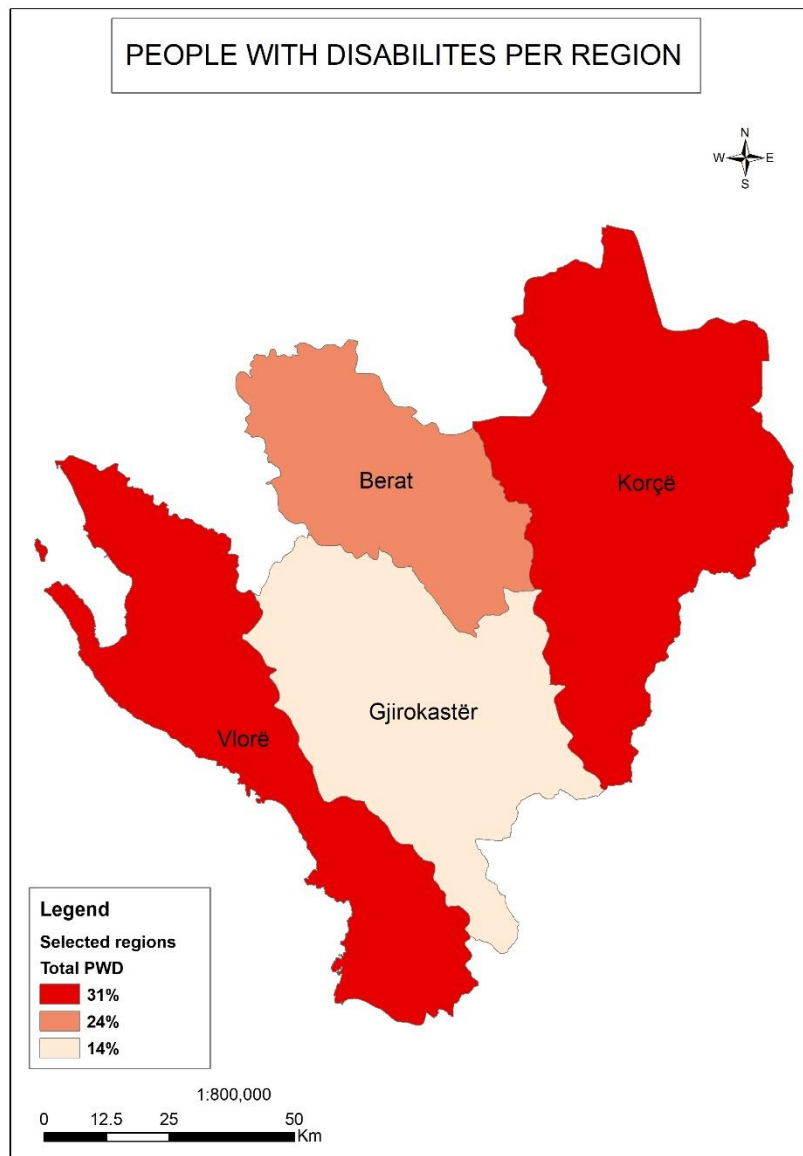
### Random selection

After the stratification, URI in close collaboration with municipalities compounding the four Qarks has gathered data on the contacts of PWDs. In this ground, the surveyed PWDs and/or reduced modality have

been selected from the nominal list (containing the PWDs contact numbers) provided from the social departments/sector of the municipalities compounding the four Qarks. The selection has been conducted randomly following the stratification step determined by the proportion of the sample and the total number of PWDs in each area. While, the contacts of the general population living in the four Qarks have been selected randomly from the official Albania phonebook.

**PWD selection**

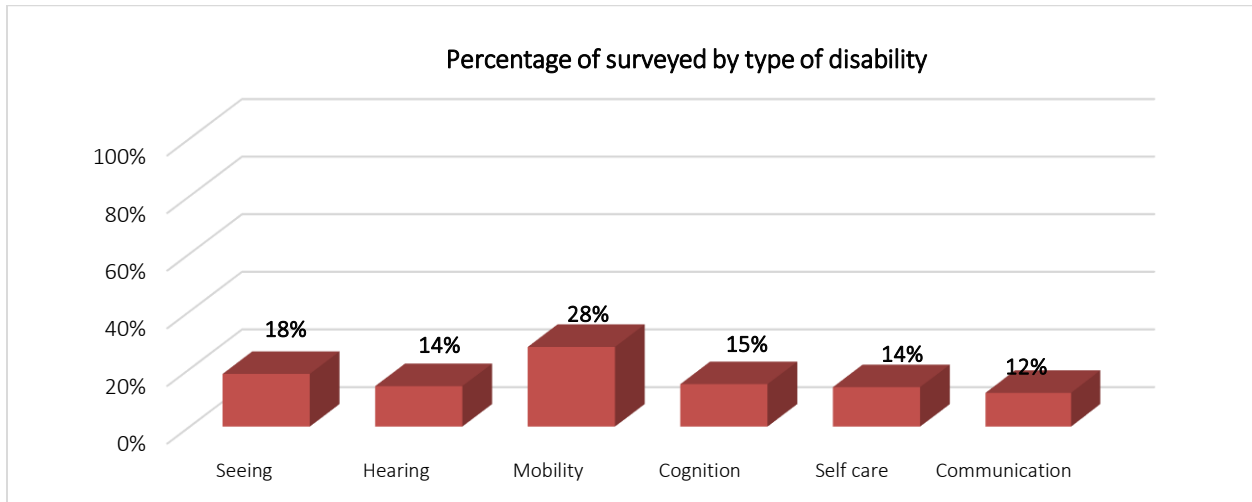
The analytical work on profiling people with disability is performed using the 2011 Census and the Washington Group (WG) general measure on disability. According to these data, the percentages (%) of PWDs per each of the pre-selected Qarks are presented in the following map.



Map 2: Percentages of the PWDs per Qark

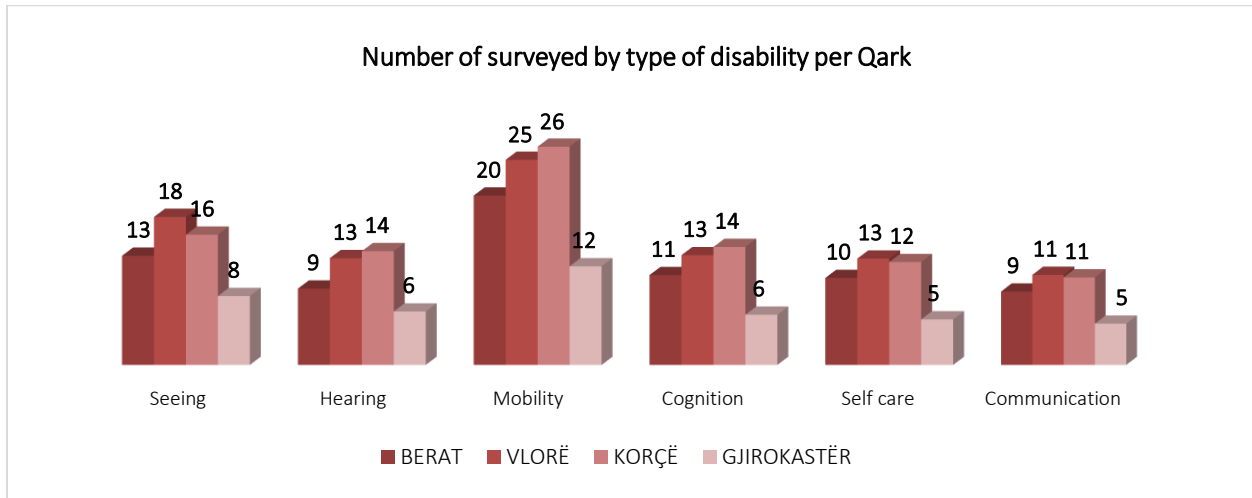
From the total sample of 300 PWDs, Vlorë and Korçë displays the highest incidence of disability, with 31% accordingly. While Berat and Gjirokastra Qarks have 24% and 14% respectively.

While, the stratification PWDs per type of disability is presented in the following graph. The figure refers to people who identify themselves as having severe or extreme difficulty in at least one of the following: seeing, hearing, mobility, cognition, self-care and communication. The most commonly encountered type of disability are mobility restrictions and seeing (28% and 18% respectively), and the least common one is communication (12%), while cognition, hearing, and self-care fall somewhere in between.



Graph 1: Percentage of surveyed by type of disability

According to the stratification method, in the following graph are presented the 300 PWDs based on their type of disability, per each Qark.

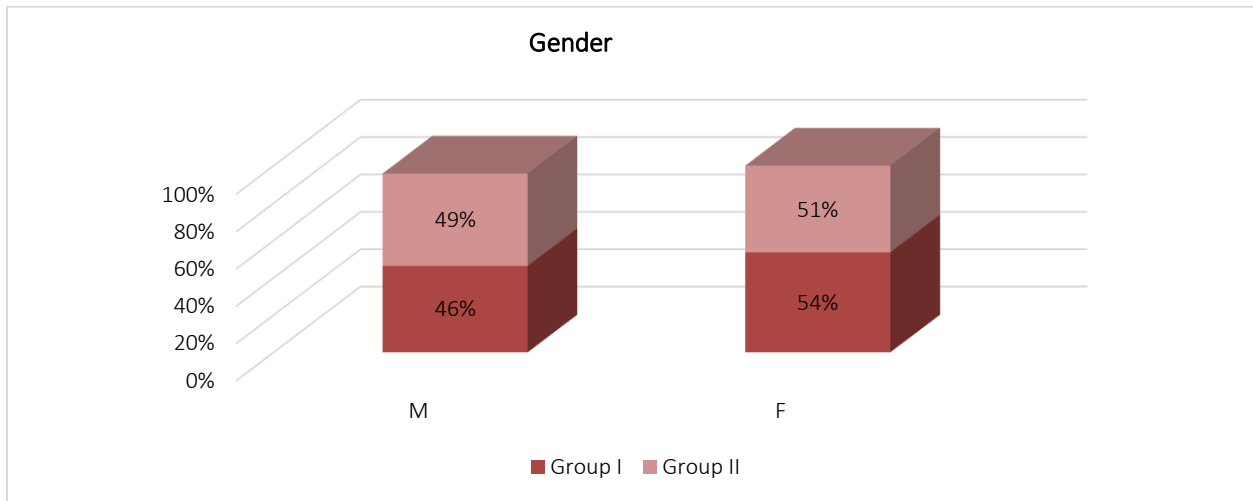


Graph 2: Number of surveyed by type of disability per Qark

A detailed presentation of the stratification of the number per each disability is presented in the maps attached to Annex II.

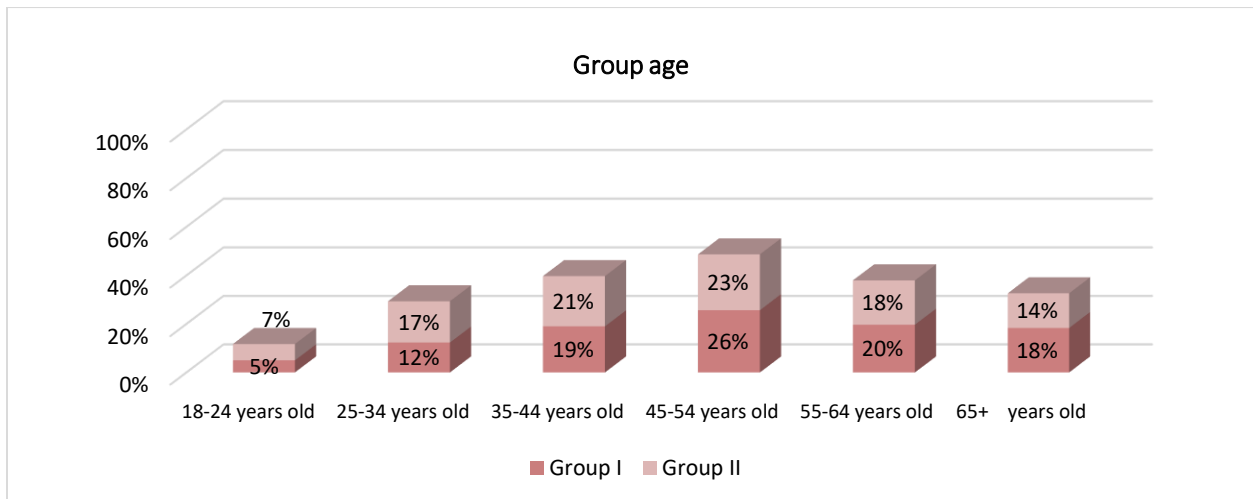
## Demographic characteristics

From group I and group II, the majority of respondents are females, respectively 54% and 51%. While males constitute 46% and 49% per each group.



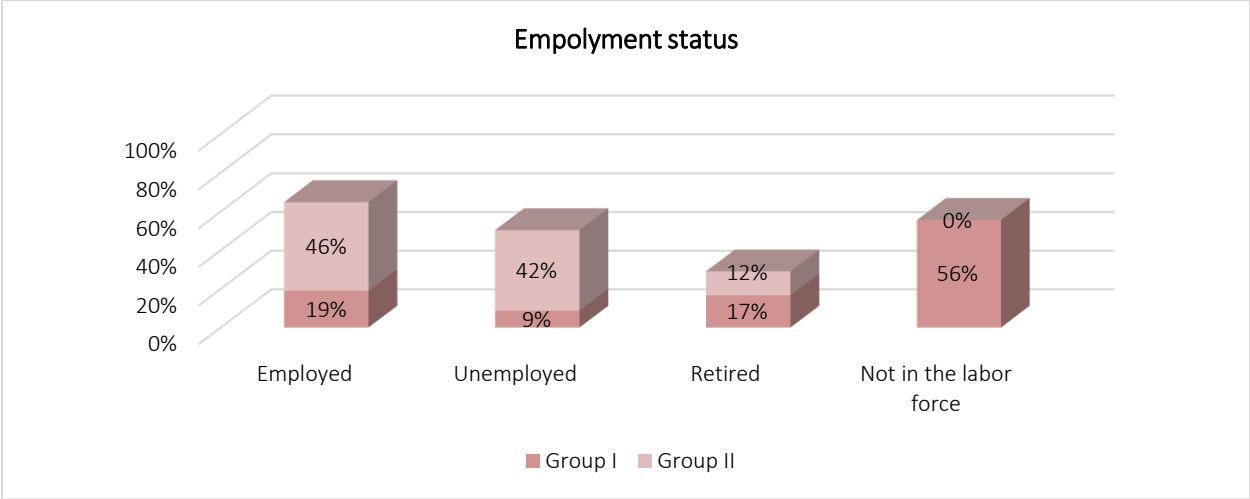
Graph 3: Gender

The information obtained from the questionnaire of group I shows that the respondents in 26% of cases belong to the group age 45-54 years. While 20% of them belong to the group age 55-64 years and 19% of respondents belong to the group age 35-44 years old. About 18% of them belong to the group age 65+ years old. A smaller percentage belongs the group age 25-34 years old and 18-24 years old, respectively 12% and 5%. The majority of the respondents from group II in 23% of cases belong to the group age 45-54 years old; while a smaller percentage belongs to the group age 18-24 years old, only 7%.



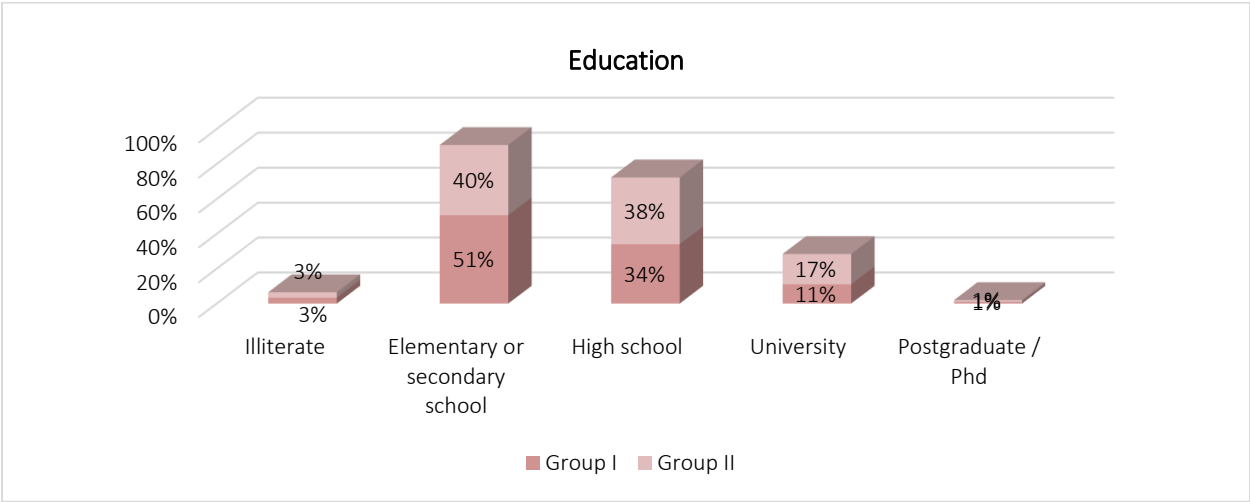
Graph 4: Group age I and II

Regarding the composition of the sample in relation to employment status, for group I the majority of the respondents in 56% of cases are not in the labor force. 19% that have stated to be employed are all paid caregivers/family members. About 9% of them are registered in the Employment Offices of the respective Qarks as unemployed and 17% others are retired. From group II, as it can be noted from the graph the majority of respondents, in 46% of cases are employed; about 12% are retired and a significant part of them 42% of them are unemployed.



Graph 5: Employment status

In relation to education for the group I, 51% of the respondents have stated that they have completed elementary or secondary school, while a significant part of the respondents, 34%, have completed high – school education. Around 11% of them have stated they have a university degree and only 3.3% are illiterate. From group II, 40% have stated that they have completed elementary or secondary education. Around 38% of the have completed high-school education; 17% have a university degree; while 1% of them have stated that they have a post-university education (Master / PHD). About 3.1% are illiterate.



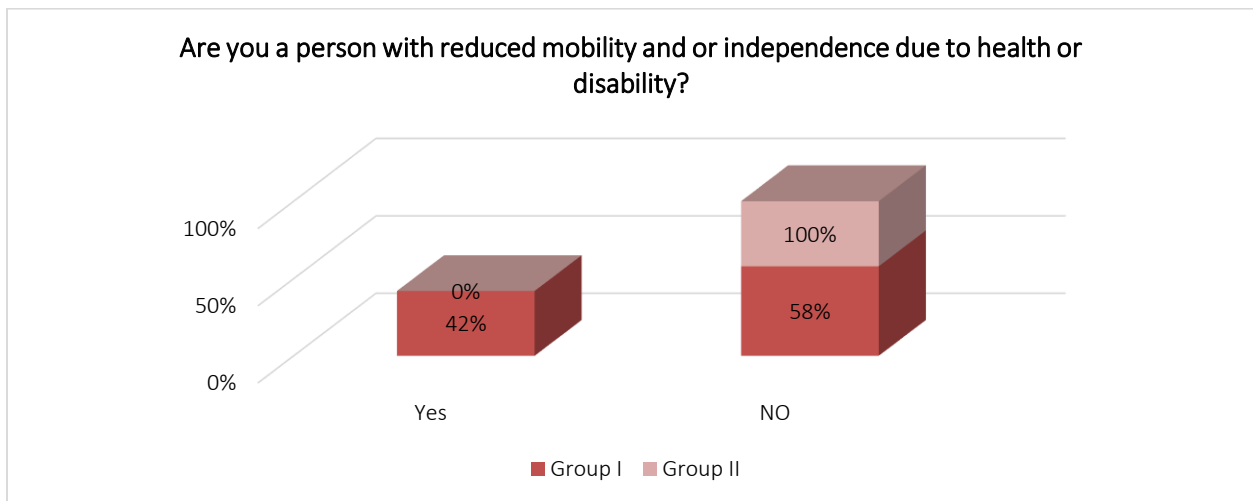
Graph 6: Education



## Needs and challenges

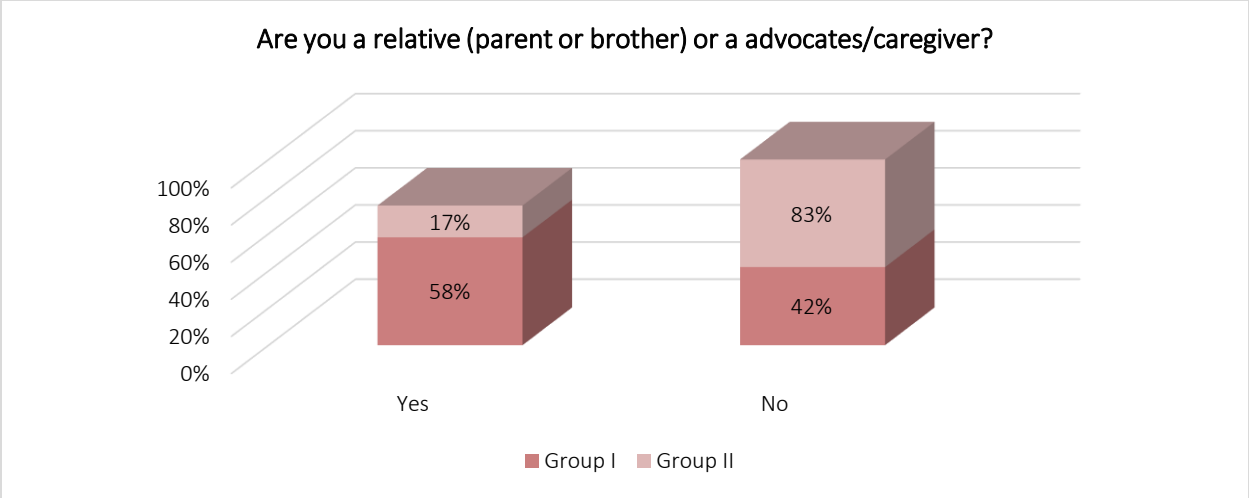
The survey asked respondents from both groups whether they (or the person on whose behalf they were answering) identified as a person with a disability and/or reduced mobility. The survey included this question in order to understand respondents' rate of disability identification. The graph shows the percentages of people with PWDs and/or reduced mobility, advocates/caregivers and the general population who indicated either "yes" or "no."

From group I, 58% of cases the respondents have stated that they don't have any issue with the mobility or independence due to the health disability, as they were in the position of the advocates/caregivers and were answering on behalf of their relatives with the following disabilities or access and functional needs: visual impairment, hearing impairment, difficulty walking, difficulty manipulating objects, difficulty speaking, special dietary needs, chronic medical conditions, temporary conditions, and difficulty understanding or remembering, while 42% of them were responding on their own. On the other hand, from group II all respondents have stated that they don't have any issue with the mobility or independence due to the health disability.



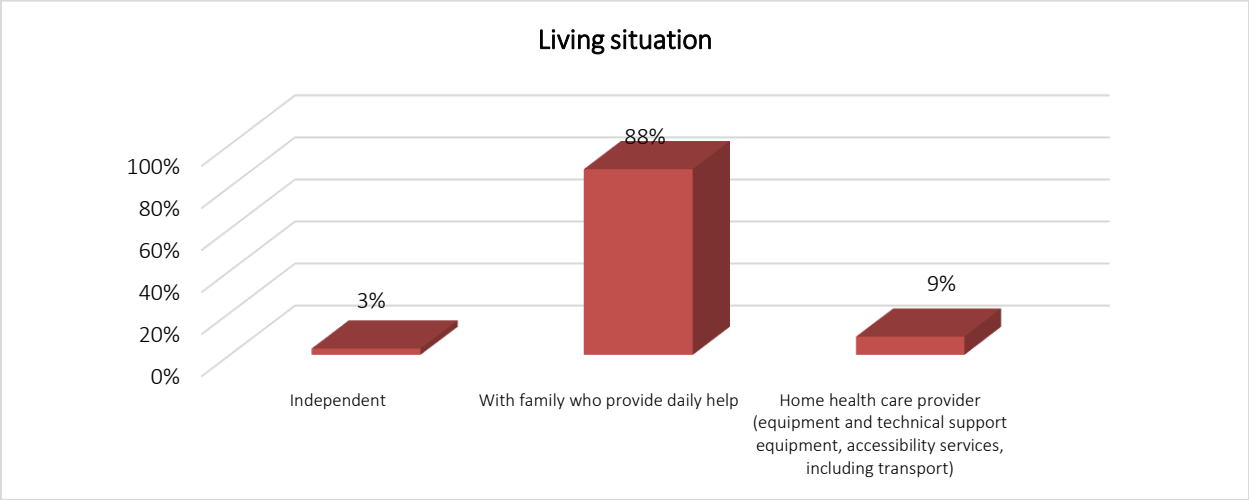
Graph 7: Status of disability

From the data analysis, it is noticed that the majority of respondents in group I, 58% of the respondents are relatives or advocates/caregiver. From group II, only 17% of the respondents have stated they are relatives/caregivers for PWDs and/or people with reduced mobility (elderly, pregnant women, etc.).



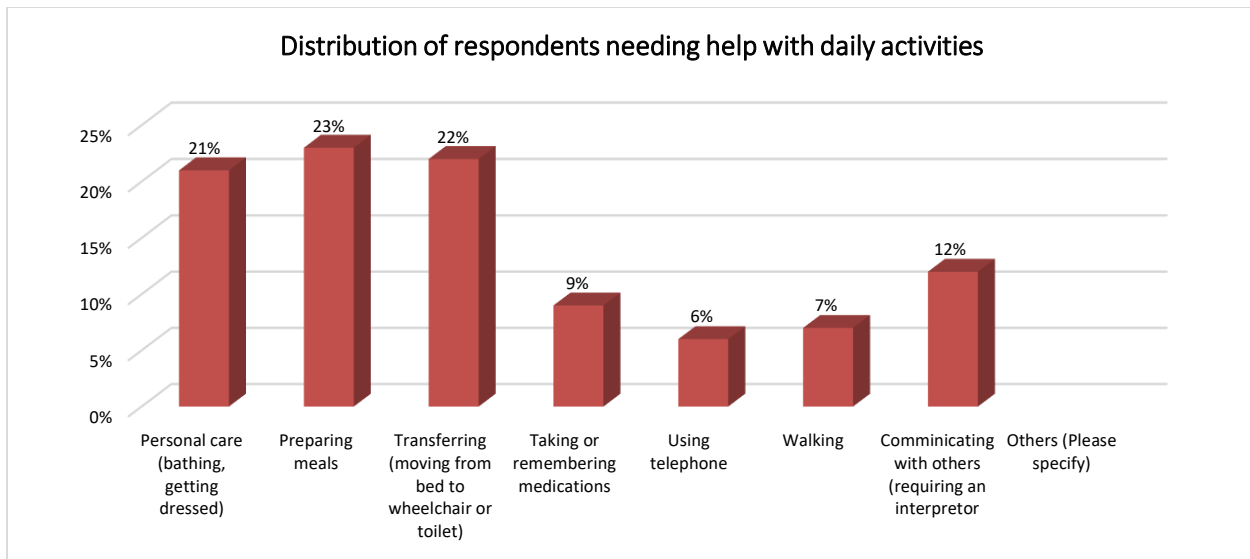
Graph 8: Relation to PWD and/or people with reduced mobility

When asked about their living situation, only 3% of the respondents from Group I (being persons with disability and/or reduced mobility) have stated that they are independent (in all cases the person was leaving alone) and don't need help and support on their everyday life. While, 88% have a family member that provides daily help. Around 9% of respondents have a social caregiver (paid staff) that provide technical support with the equipment, assessing services etc.



Graph 9: Living situation

The survey asked respondents to indicate those activities with which they or the person for whom they were answering usually required help and to indicate assistive technology devices and durable medical equipment they or the person for whom they were answering used (Table 1). The following graph displays the percentage of respondents who indicated needing help with various activities.



Graph 10: Distribution of respondents needing help with daily activities

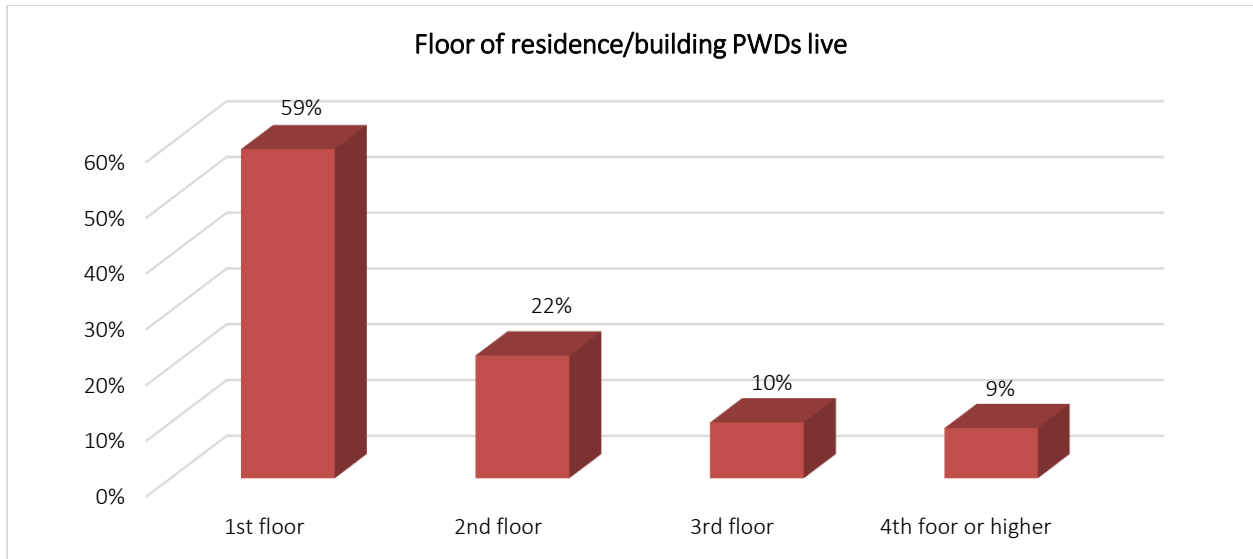
Results from this question indicate that PWD respondents expressed needing help with personal care, preparing meals, and transferring more so than any other response choice. These activities can be subsumed under a larger category of daily living activities and should be taken into consideration for emergency shelter personnel who may need to be trained in providing specialized assistance with activities of daily living for people with access and functional needs, especially those with disabilities and difficulties with communication.

Type of assistive technology or durable medical equipment	PWD (N = 300) Percentage
Ramp	22%
Walker, cane, or crutches	19%
Wheelchair, special wheelchair, or scooter	32%
Gait belt, transfer board, or patient lift	4%
Shower chair or handheld shower wand	22%
Adapted utensils, plates, dishes, bendable straws or cups	9%
Dressing tools (button pull, dressing stick)	3%
Captioned, amplified or large button telephone	11%
Hearing aids	27%
Eyeglasses	29%
"High tech" communication device (iPad, tablet or other specialized speech generating device)	11%
Picture or letter communication board	2%
Handheld reminder or digital recorder	2%
None	1%
Other (Please specify)	0%

Table 1: Usage of assistive technology and durable medical equipment (multiply choices)

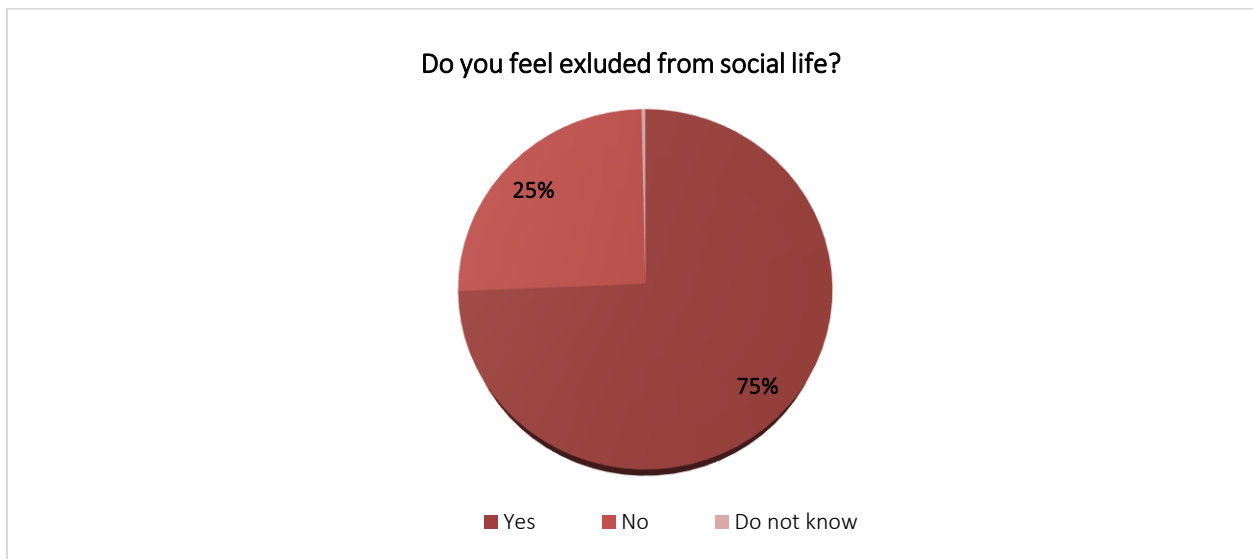
Results from the question asking about assistive supports points out that a large part of the respondents, require the use of eyeglasses, hearing aids, and a wheelchair or scooter. While it is not possible to provide personal aides, these findings may be included as recommendations in the emergency plans regarding provisions for specific assistive technology and durable medical equipment.

In order to better understand where people with disabilities or other access and functional needs spent their time the next question on the survey asked respondents to indicate on which floor of the residence/building they live (primarily spending their waking and sleeping hours). The results are displayed in the following graph. The majority of PWDs or their caregivers 59%, reported leaving in the first floor of their residence/building. However, there are a small percentage living in a higher floor, making the escape in emergency situation much more difficult.



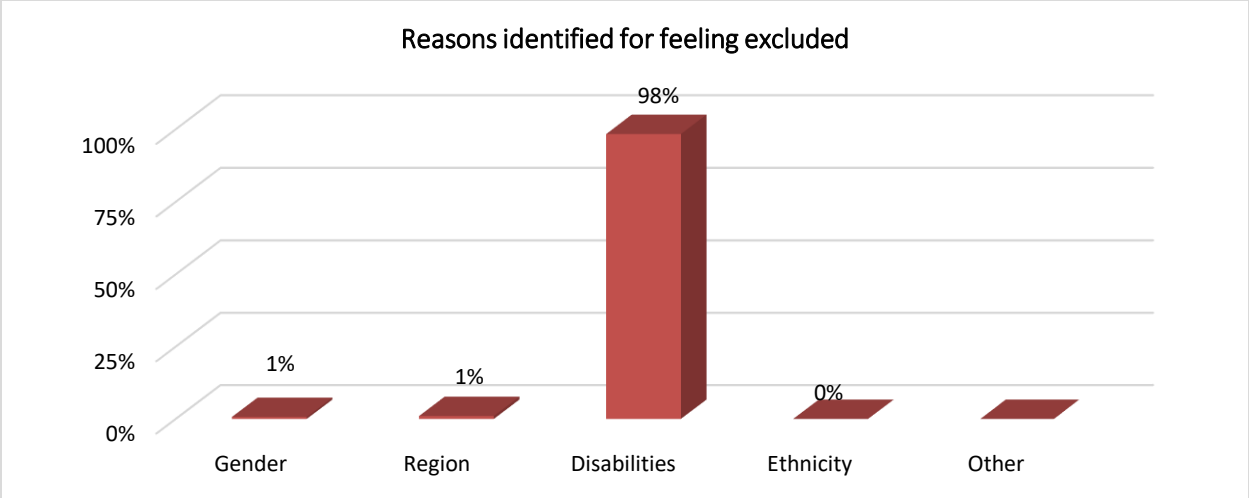
Graph 11: Floor of residence/building PWDs live

Most of the PWDs and or/reduced mobility, 75% of them, have stated that they feel excluded from the social life (facing challenges in having friends, having the opportunity to participate in social events or to interact with numerous individuals, developing different kinds of relationships).



Graph 12: Social life of PWD and/or reduced mobility

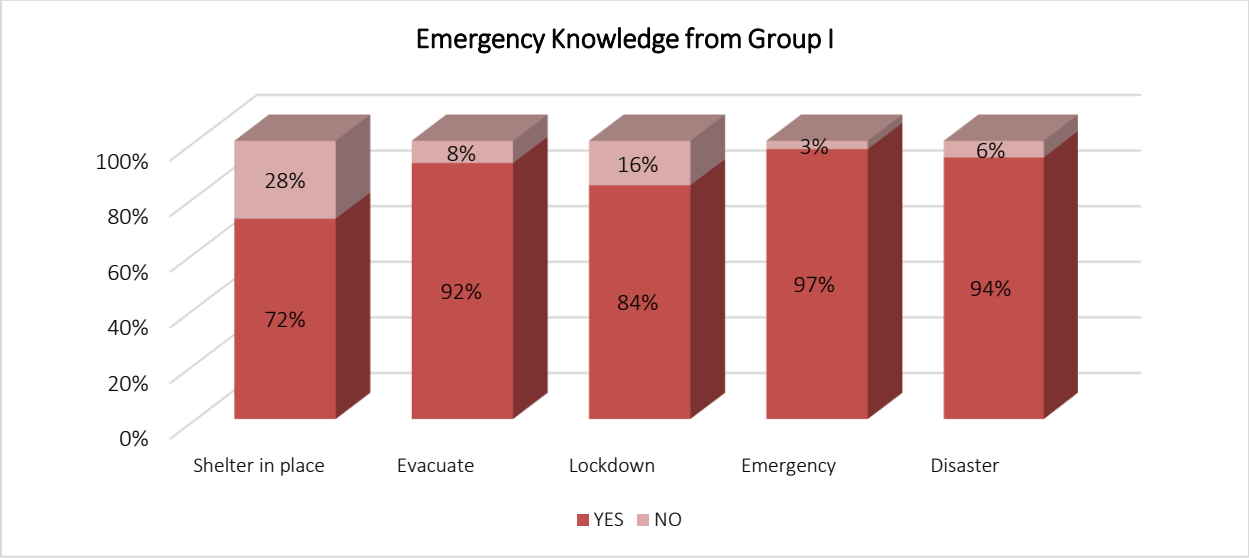
Data analysis shows that 98% of respondents feel excluded from social life due to their disabilities.



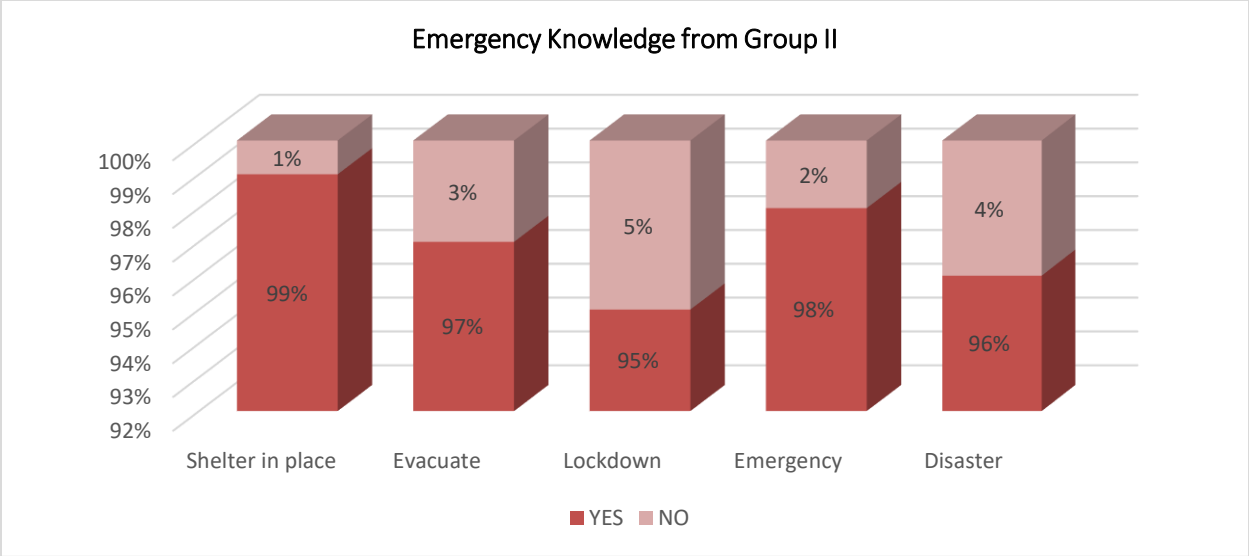
Graph 13: Reasons for feeling excluded

### Level of Preparedness

The survey asked a series of questions designed to assess from both groups the respondents’ knowledge on the terminology commonly used in referencing emergencies, on existing laws/plans/strategies at local and national level and their knowledge of what to do in the event of emergency or disaster. The question this section asked respondents whether they or the person for whom they were answering understood what the terms, “shelter in place,” “evacuate,” “lockdown,” “emergency,” and “disaster” meant. These terms were chosen because of their high frequency of use in public information instructions via TV, radio, and social media announcements in the event of emergency or disaster. Results are presented below.



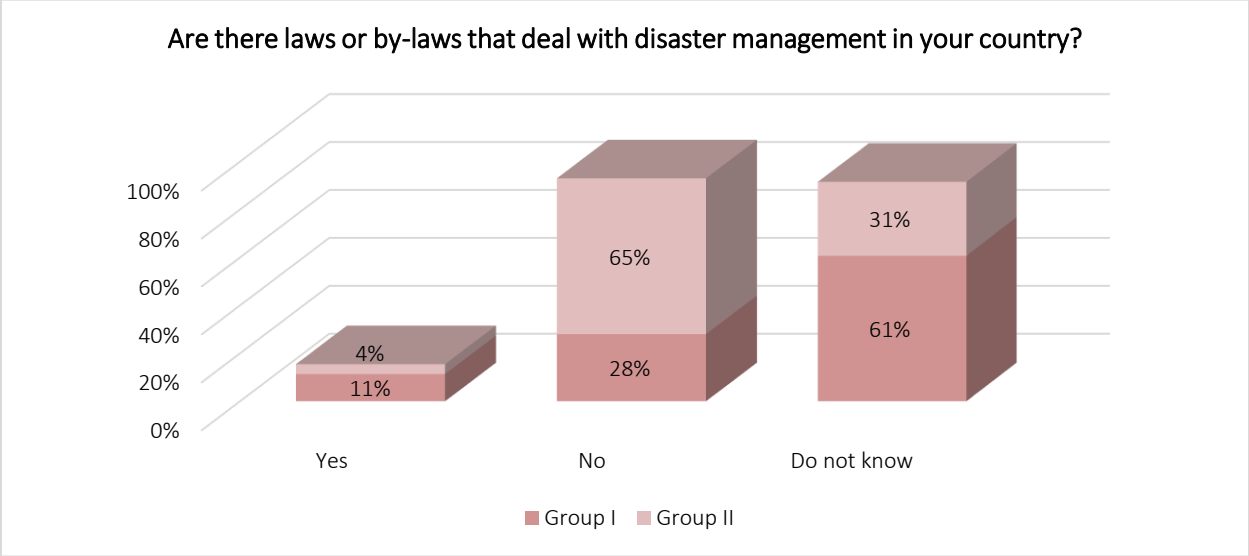
Graph 14: Emergency Knowledge from Group I



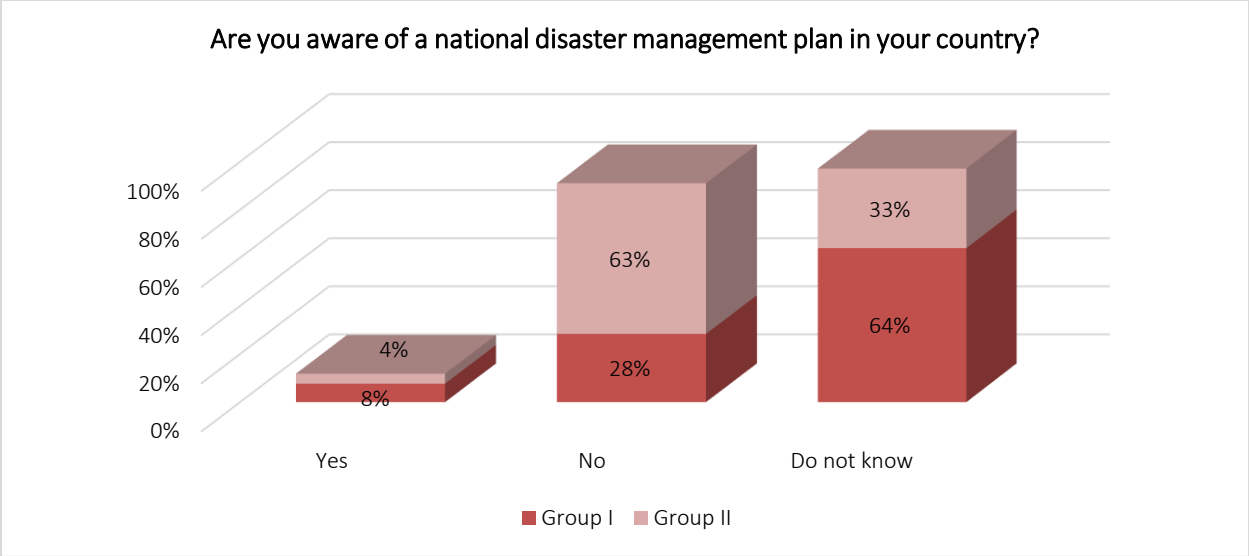
Graph 15: Emergency Knowledge from Group II

Respondents from both groups have reported a good understanding of emergency-related terms (knowing what all of the terms meant).

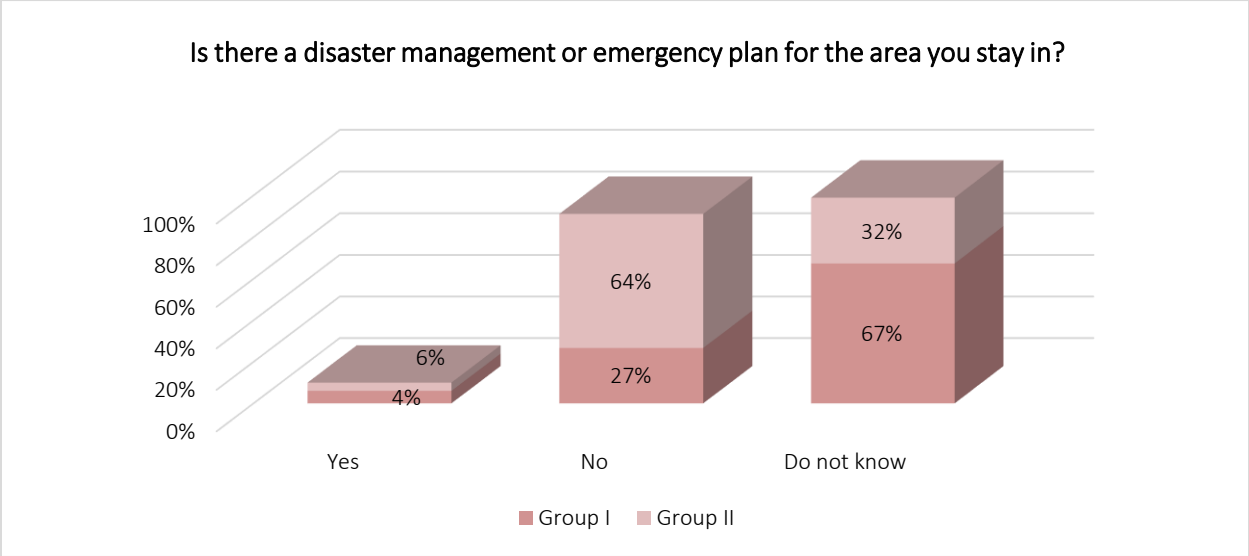
The following three graphs shows the knowledge from both groups on the existence of laws/policies and plans on the disaster management at country and local level, as it can be easily noticed the majority of respondents (from group I and II) are not aware on their existence or reply that there are no laws/policies and plans on the disaster management at country and local level.



Graph 16: Knowledge on laws on disaster management at country level

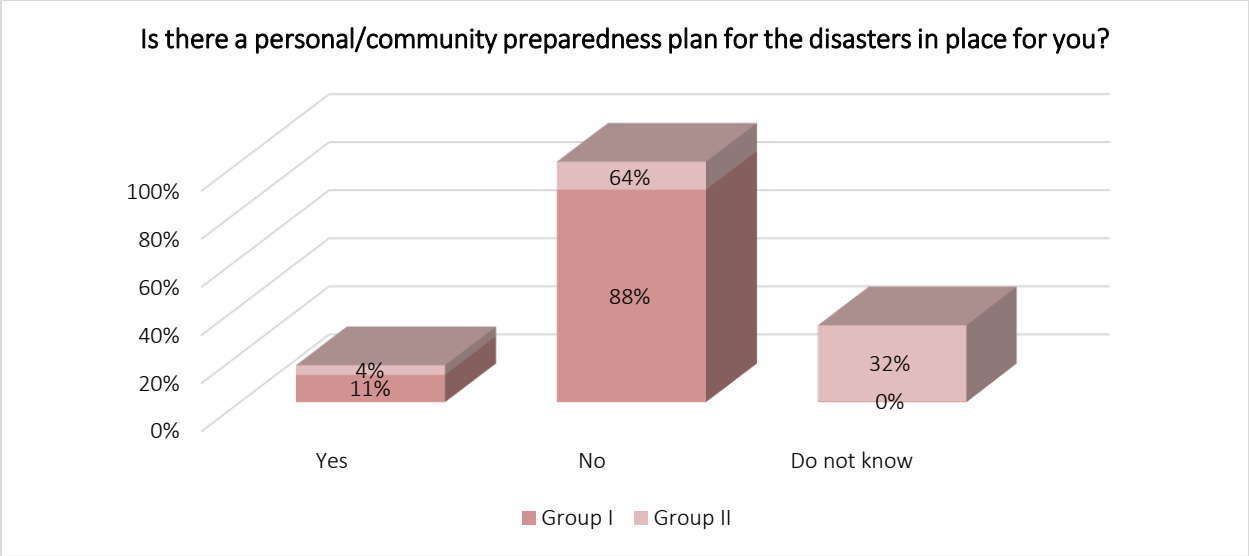


Graph 17: Knowledge on a national disaster management at country level



Graph 18: Knowledge on plans on disaster management at local/community level

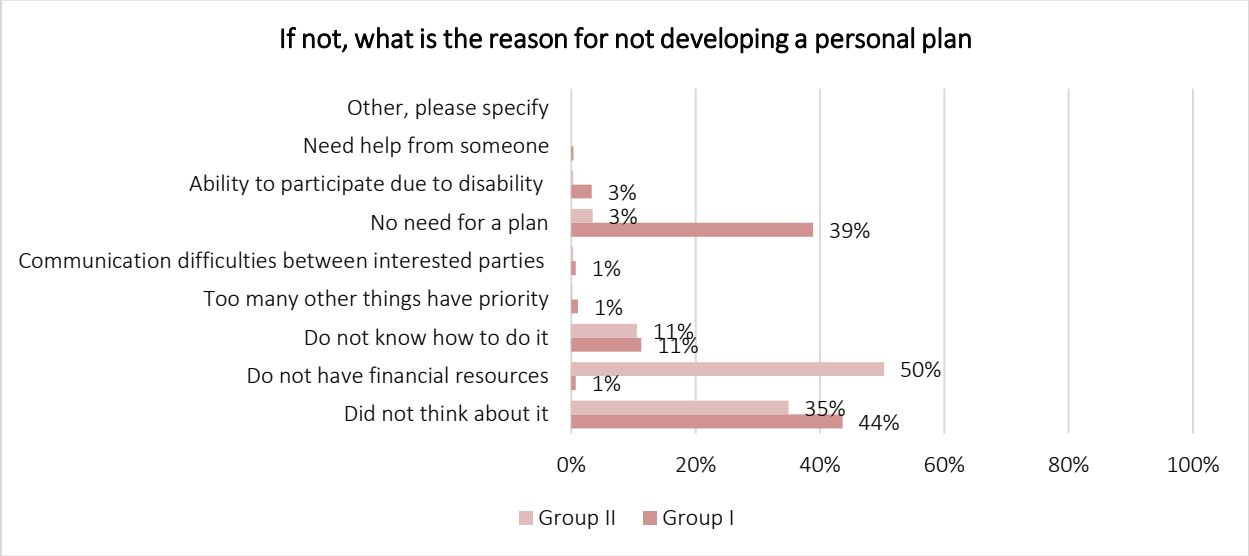
As it can be noticed in the following graph, only 11% and 4% of the respondents from group I and group II have stated that there is a personal/community plan for disaster management in place for them. While majority of the respondents indicate that they or the person they were answering for did not have a personal emergency plan.



Graph 19: Personal/community preparedness plan for the disaster

Additionally, those who did report having a personal emergency plan did not include a medical information card, or a card describing any difficulties with communication as a component of their plan.

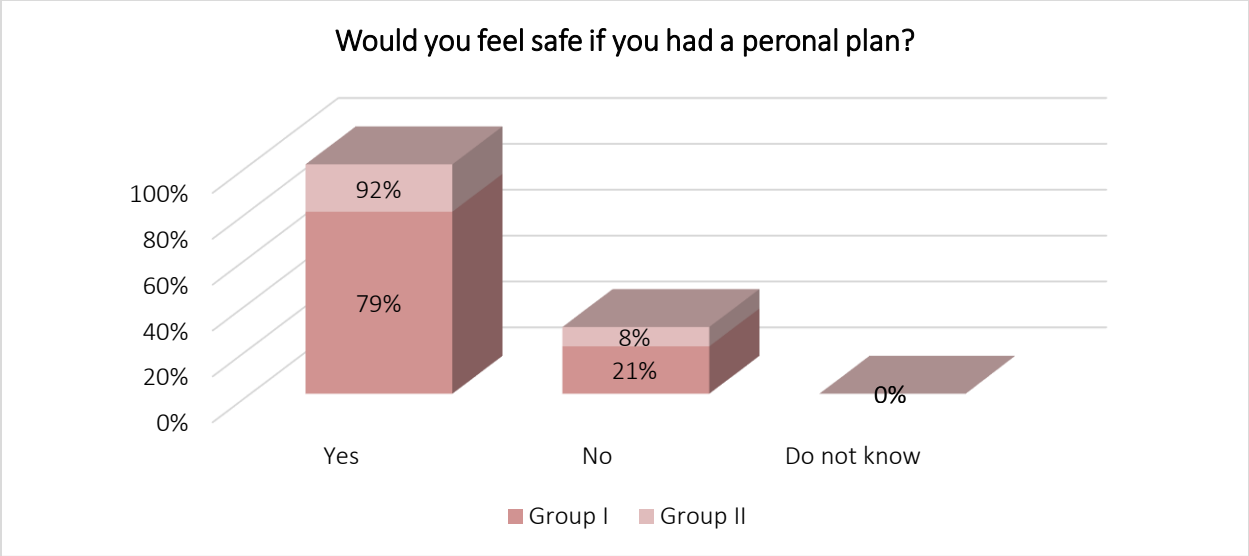
Around 44% of respondents from group I, stated that they didn't think about having a personal plan, while 39% of them responded that there is no need for a plan. On the other hand, from the group II, 50% responded that they don't have financial sources for developing a personal plan, while 35% of them didn't think about developing a personal plan so far.



Graph 20: Reasons for not developing a personal plan

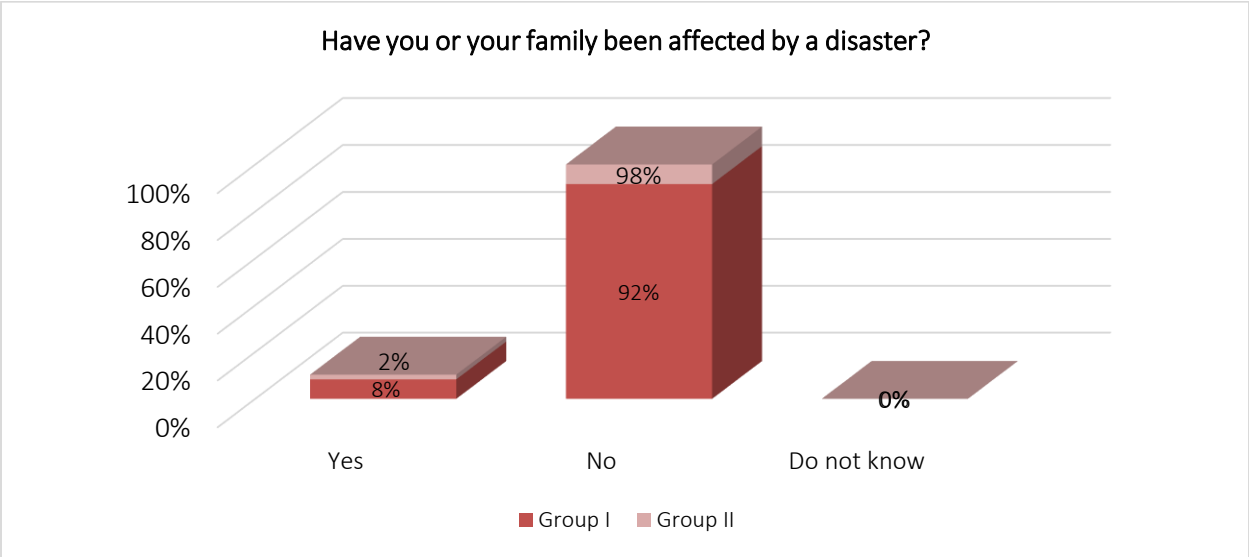
About 79% of the respondents from group I stated that they would feel safe if they had a personal plan while for 21% would not make a difference. On the other hand, for the second group, 92% stated that they would feel safer if they had a personal plan.





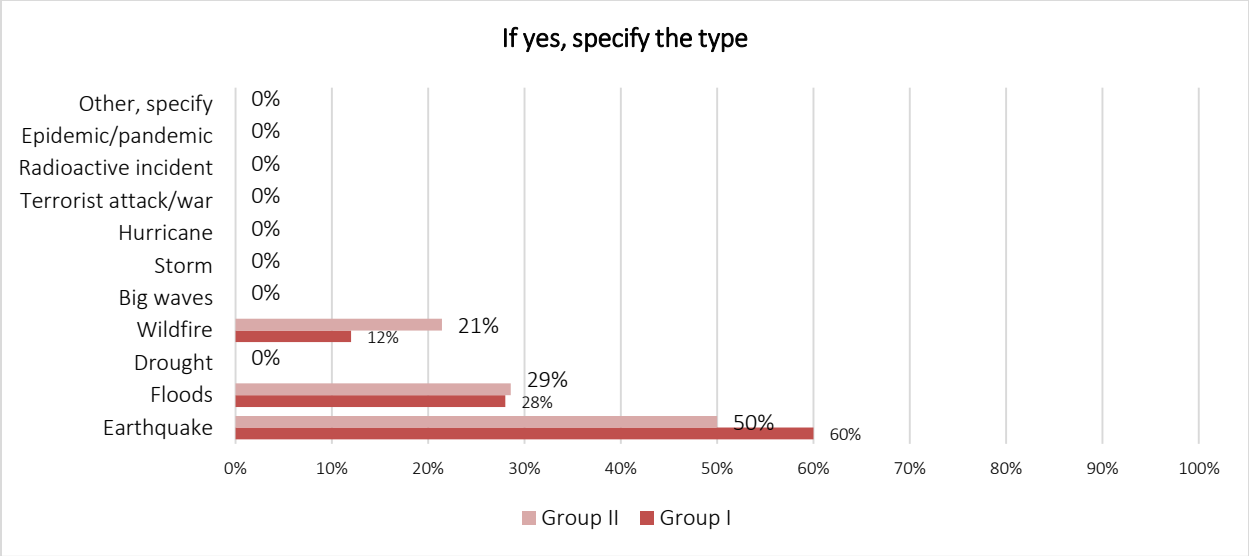
Graph 21: Safe from the personal preparedness plan

Most of the respondents from group I and II have reported that they have not been affected from a disaster/emergency situation.



Graph 22: Experience of a disaster or emergency

From the respondents that have reported to have been affected by a disaster/emergency situation, about 60% from group I and 50% from group II have identified as the most common one the earthquake, while 28% and 29% of them have been affected by floods and 12% and 21% of the respondents have been affected by wildfire.



Graph 23: Type of the disaster experienced

In relation to the level of knowledge in dealing with natural disasters, it is observed that the respondents 45% have sufficient knowledge on the earthquake, while 34% of them answered that they have sufficient knowledge about fires. Also 21% of respondents have sufficient knowledge about floods, while 18% of respondents have sufficient knowledge about drought. The rest of the respondents, 19% have good knowledge about epidemic / pandemic.



Graph 24: Level of knowledge do you have about disaster management

Regarding the **level of preparedness** in case that disaster occurs, majority of the respondents from both groups, 92% from group I and 96% from group II, have collected relevant information on how to react in these cases. About 6% from group I and 2% from group II have connected to the disaster management representative (usually a person from the department of emergencies in their municipality). A small part, 1% from group I and 2% from group II have taken special training (usually from national voluntary organizations) on how to react.

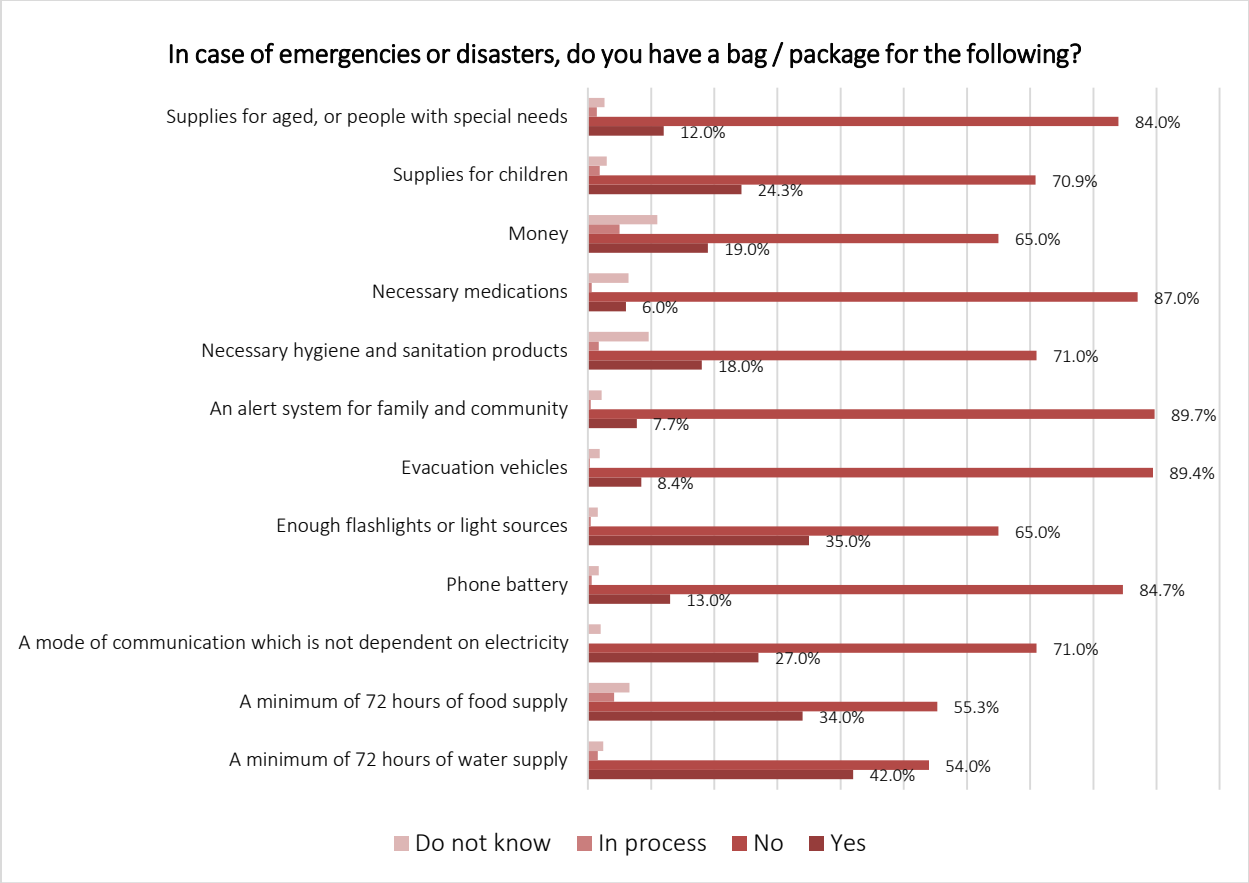


Graph 25: Level of self-preparedness

Regarding the existence of a **package for emergencies or disasters**, the majority of the respondents for both groups, responded as following:

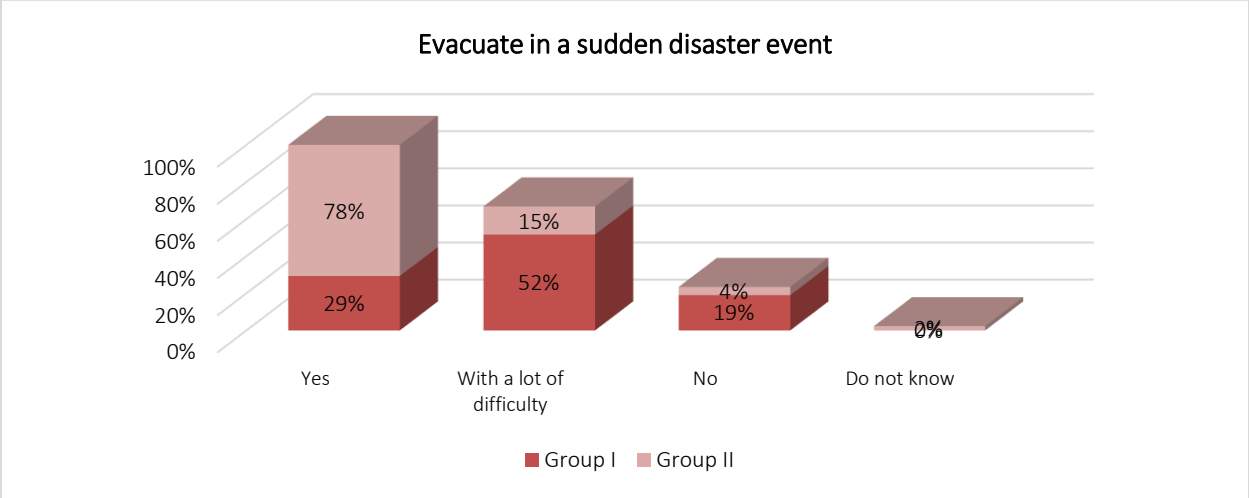
- about 42% of the respondents don't have a minimum of 72 hours of water supply;
- 55% of respondents don't have a minimum of 72 hours of food supply;
- 71% of respondents don't have a way of communicating which does not depend on electricity;
- 84.7% of respondents don't have telephone batteries;
- 65% of respondents don't have flashlights or light sources;
- 89% of respondents don't have evacuation equipment;
- 89% of respondents don't have an alarm system for the family;
- 71% of respondents don't have the necessary hygienic-sanitary products;
- 87% of respondents don't have the necessary medication;
- 65% of respondents don't have money;
- 70% of respondents don't have supplies for children;
- 84% of respondents don't have supplies for the elderly, or for people with special needs.

As it can be noted from the following graph, a small part of them are in the process of preparing such a package.



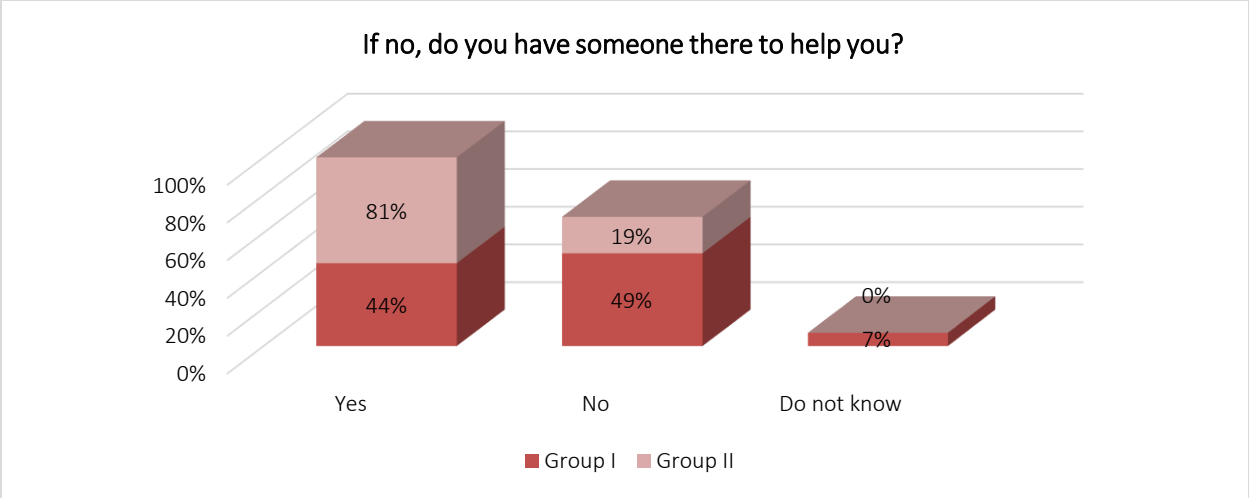
Graph 26: Safety bag/package

Among group I, only 29% of the respondents can manage to evacuate in a sudden disaster event, while 52% of them can evacuate with a lot of difficulty, while around 19% cannot evacuate at all.

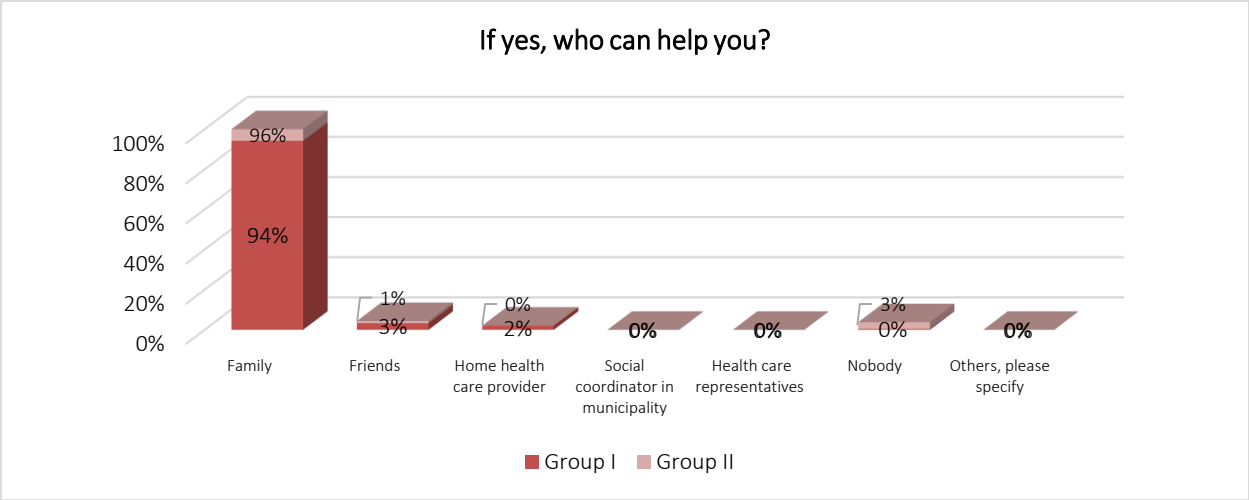


Graph 27: Evacuate in a sudden disaster event

Among those that cannot evacuate, about 44% of them have someone that can assist them in this case, which I the majority of cases are their own familiars, 94%.



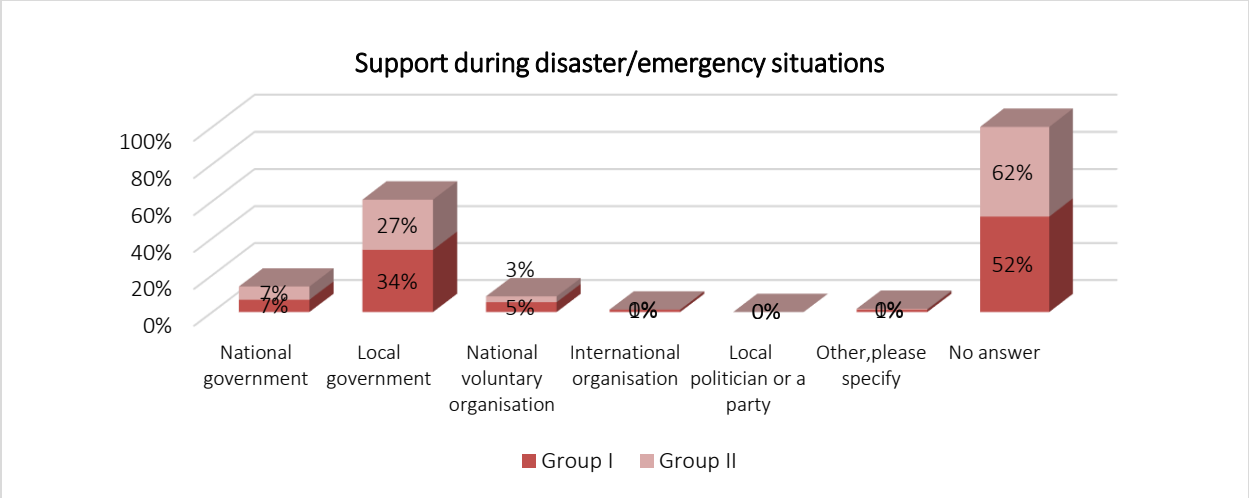
Graph 28: If no, do you have someone there to help you?



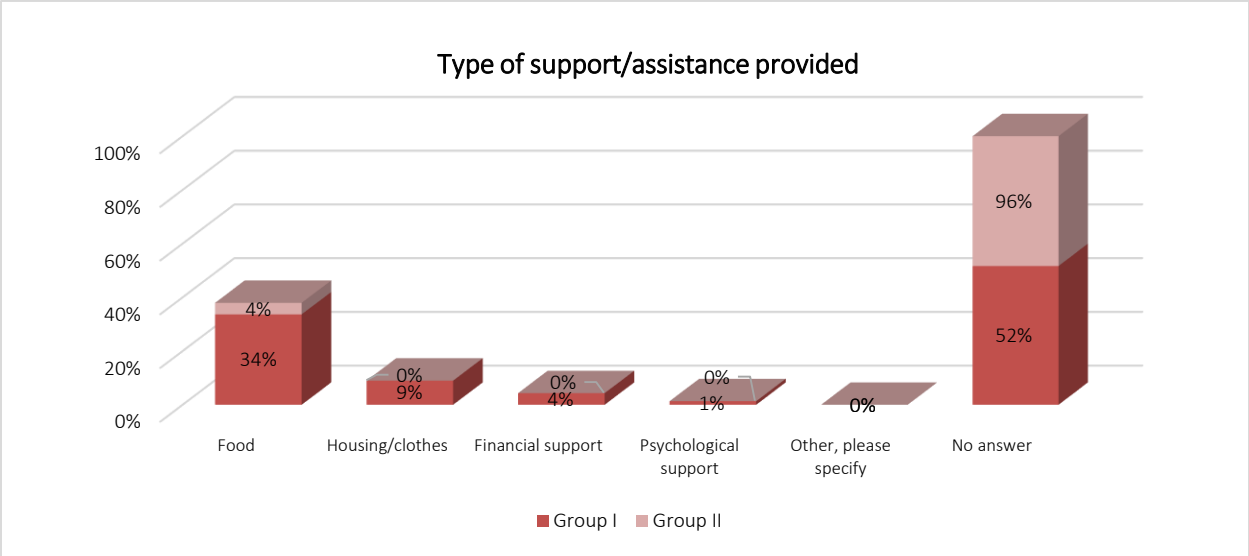
Graph 29: If yes, who can help you?

Regarding the support received in cases of disaster events, about 34% from group I and 27% from group II have indicated the local government as a supporter and only 7% and 5% from group I have stated national and government and national voluntary organizations.

Among the type of support received, the respondents have stated food, housing/clothes and financial and psychological support in respectively 34%, 9%, 4% and 1%.

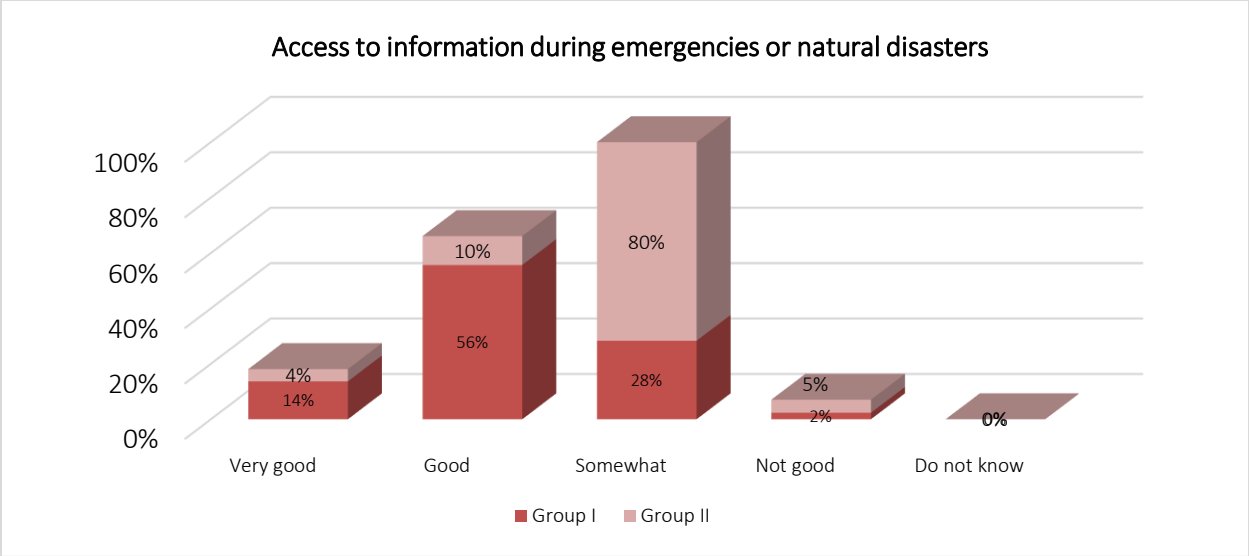


Graph 30: Support during disaster/emergency situations



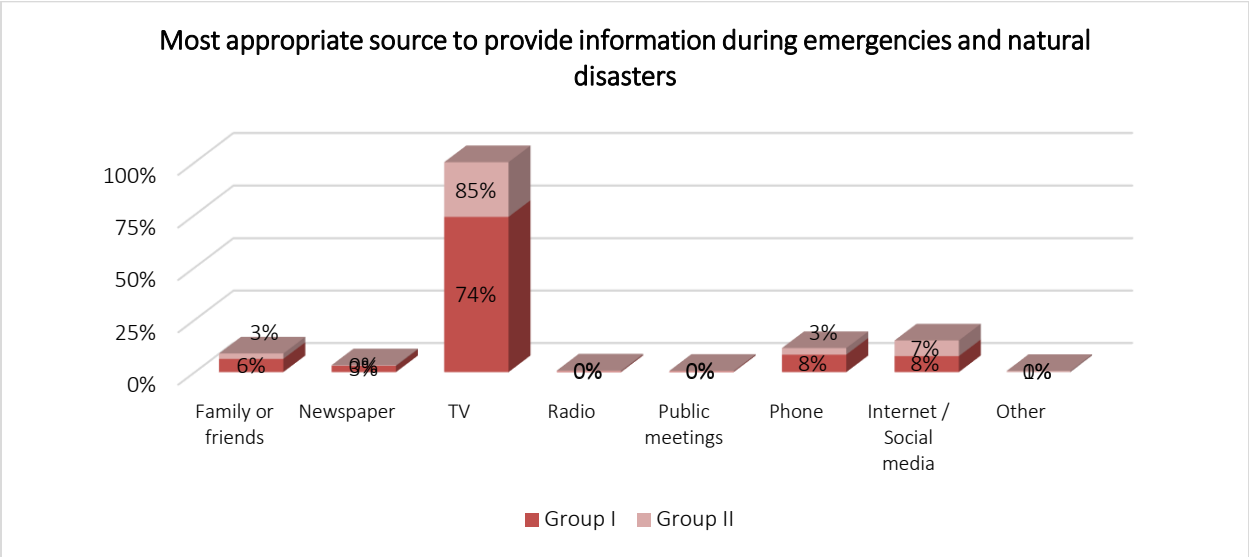
Graph 31: Type of support/assistance provided

About 56% from group I have stated that access to information during emergencies or unexpected natural disasters is good. On the other hand, 80% of the respondents from group II have state that the information during emergencies is somehow accessible.



Graph 32: Access to information during emergencies or natural disasters

For most of the respondents, from both groups, respectively 74% group I and 85% group II prefer to receive information during emergencies / natural disasters through television.



Graph 33: Most appropriate source to provide information during emergencies and natural disasters

## Annex I - Calculations for the sample

The data collected for the purpose of this study are directly related to PWD and general population living in the following four selected priority areas covered from the program Interreg IPA CBC Greece-Albania 2014-2020:

1. Qark of Vlora: Delvinë, Finiq, Himarë, Konispol, Sarandë, Selenicë, Vlorë
2. Qark of Berat: Berat, Kuçovë, Poliçan, Skrapar, Ura Vajgurore
3. Qark of Korça: Devoll, Kolonjë, Korçë, Maliq, Pogradec, Pustec
4. Qark of Gjirokastra: Dropull, Gjirokastër, Këlcyrë, Libohovë, Memaliaj, Përmet, Tepelenë

For the telephone based survey, 1000 people are interviewed. In this survey, there are two ‘populations’, and respectively two ‘samples’.

The **first population** refers to the total number of PWDs and/or reduced mobility living in the area benefiting from the program. For the purpose of the ‘population’, the statistical data for each Qark reported from INSTAT have been used. While the ‘sample’ for this one refers to the group of 300 surveyed PWDs as specified in the project SoB.

The sample size has been stratified on a proportional allocation across the four areas of the Project taking into consideration the type of disability per total of disables in each area. The PWDs and/or reduced modality are categorised based on the following six types of disability:

- (i) Seeing
- (ii) Hearing
- (iii) Mobility
- (iv) Cognition
- (v) Self-care
- (vi) Communication

Per each Qark it is calculated the percentage (%) of PWDs based on the above categorisation to the respective total. Following this, having an already determined sample of the PWDs to be surveyed, based on the SoB of the 4PLUS project, being 300 PWDs, it is calculated the number of PWD per type of disability for each of the four Qarks, as presented in the following table.

The **second population** refers to the total population leaving in the above mentioned areas benefiting from the program. For the purpose of the ‘population’, the statistical data for each Qark reported from INSTAT have been used. While the ‘sample’ for this are 700 persons from Group II as specified in the project SoB. The sample size has been stratified on a proportional allocation of population across the four areas of the Project taken into consideration, as presented in the following table.



REGIONS	BERAT			VLORE			GIROKASTËR			KORÇË			TOTAL		Number of surveyed by type of disability	
	No. PWDs <sup>2</sup>	% / Total	No. PWDs surveyed <sup>3</sup>	No. PWDs	% / Total	No. PWDs surveyed	No. PWDs	% / Total	No. PWDs surveyed	No. PWDs	% / Total	No. PWDs surveyed	Total No. according to data reported	% / Total		
Type of disability	Seeing	3,111	24%	13	4,213	32%	18	1,962	15%	8	3,711	29%	16	12,997	18%	55
	Hearing	2,174	22%	9	3,042	30%	13	1,522	15%	6	3,241	32%	14	9,979	14%	42
	Mobility	4,818	25%	20	5,828	30%	25	2,810	14%	12	6,200	32%	26	19,656	28%	83
	Cognition	2,559	24%	11	3,126	30%	13	1,430	14%	6	3,362	32%	14	10,477	15%	44
	Self-care	2,479	25%	10	3,030	31%	13	1,297	13%	5	2,931	30%	12	9,737	14%	41
	Communication	2,090	25%	9	2,566	31%	11	1,176	14%	5	2,494	30%	11	8,326	12%	35
Total PWDs (Group I)	17,231	24%	73	21,805	31%	92	10,197	14%	43	21,939	31%	92	71,172	100%	300	
Total population <sup>4</sup>	141,944			175,640			72,176			220,357			610,117			
Distribution of Group II	23.3%			28.8%			11.8%			36.1%			100%			

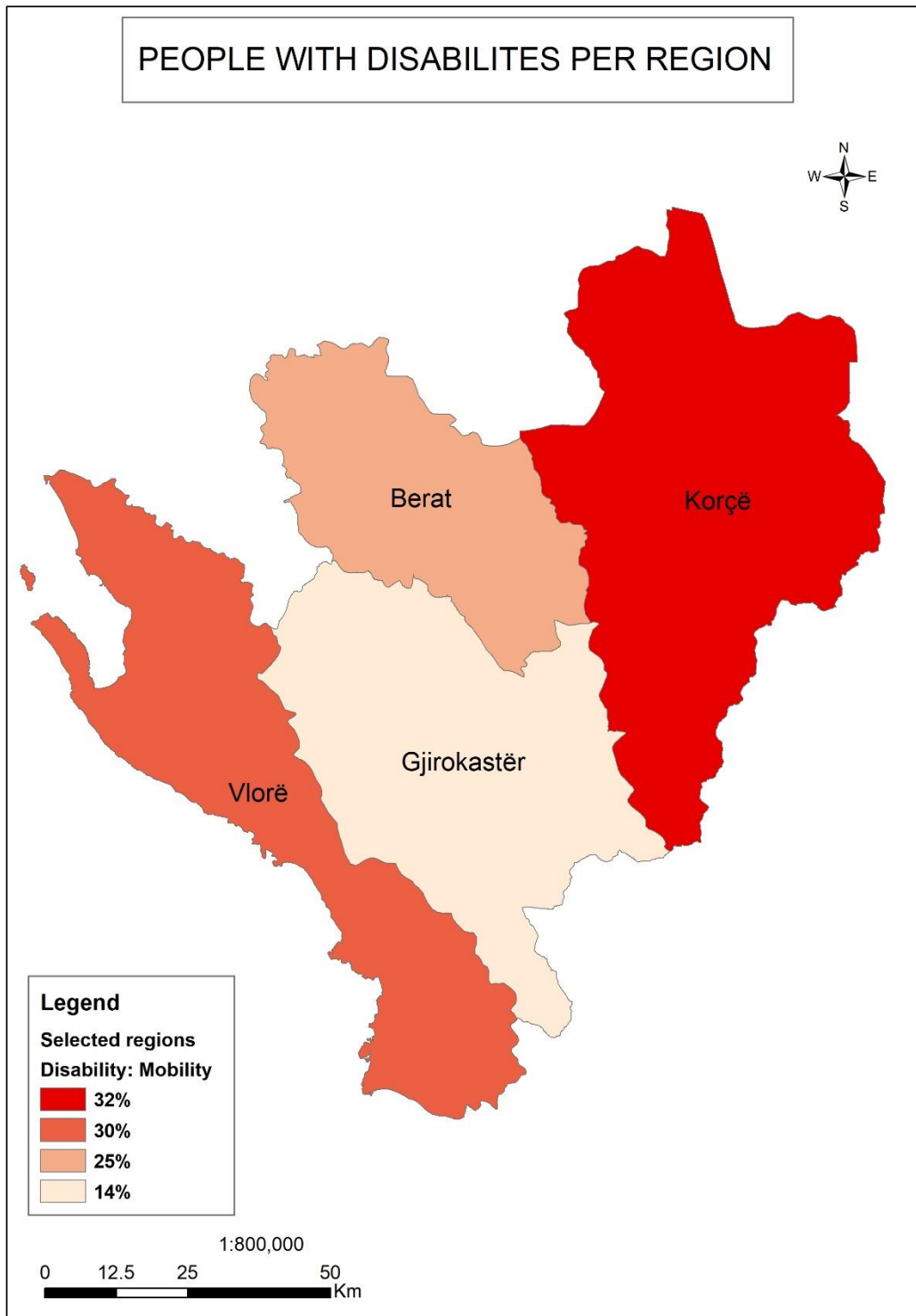
Table 2: Calculations for the stratification method

<sup>2</sup> According to data reported by INSTAT Census 2011

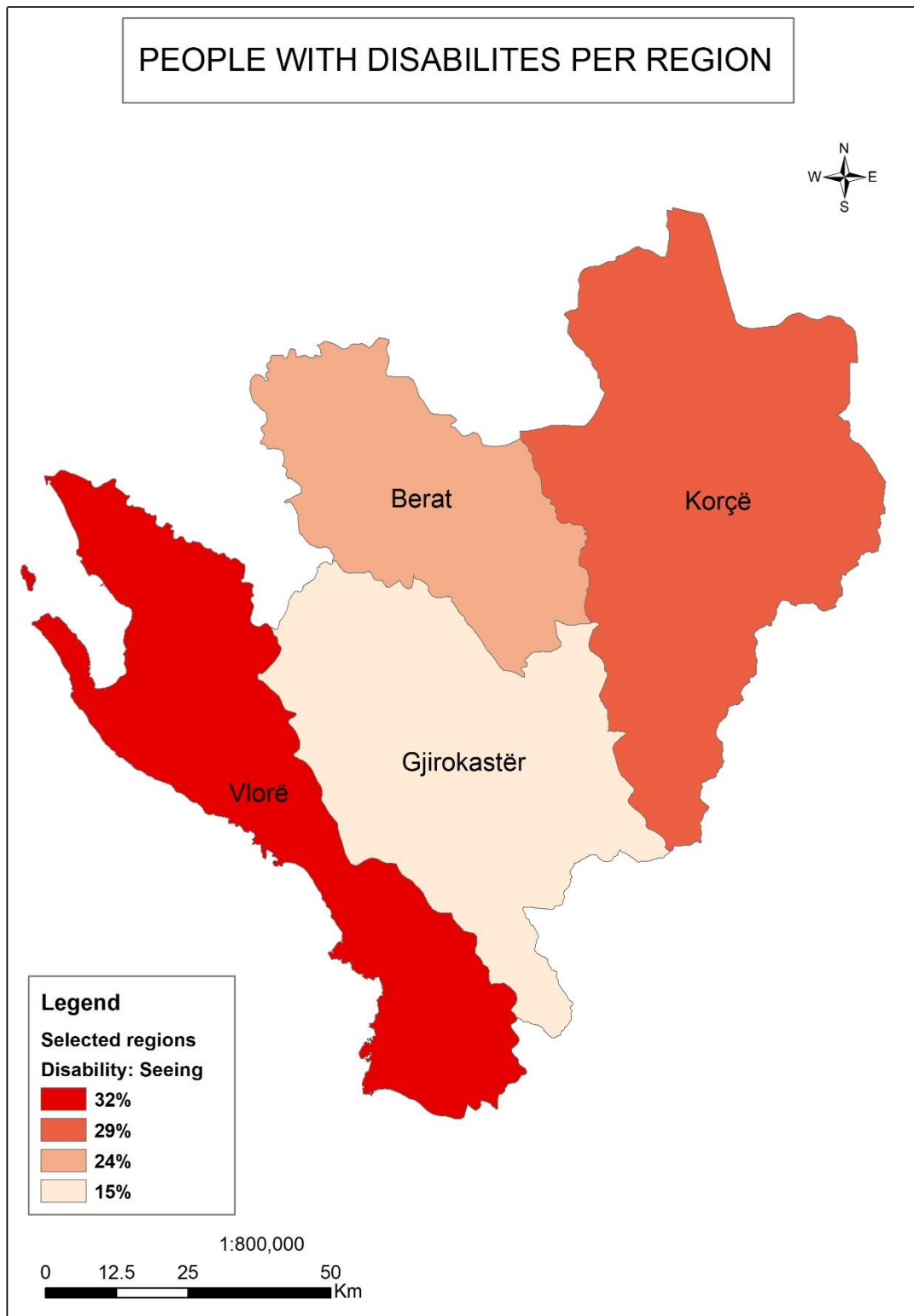
<sup>3</sup> Based on the sample of PWD for the purpose of this survey.

<sup>4</sup> INSTAT Census 2011

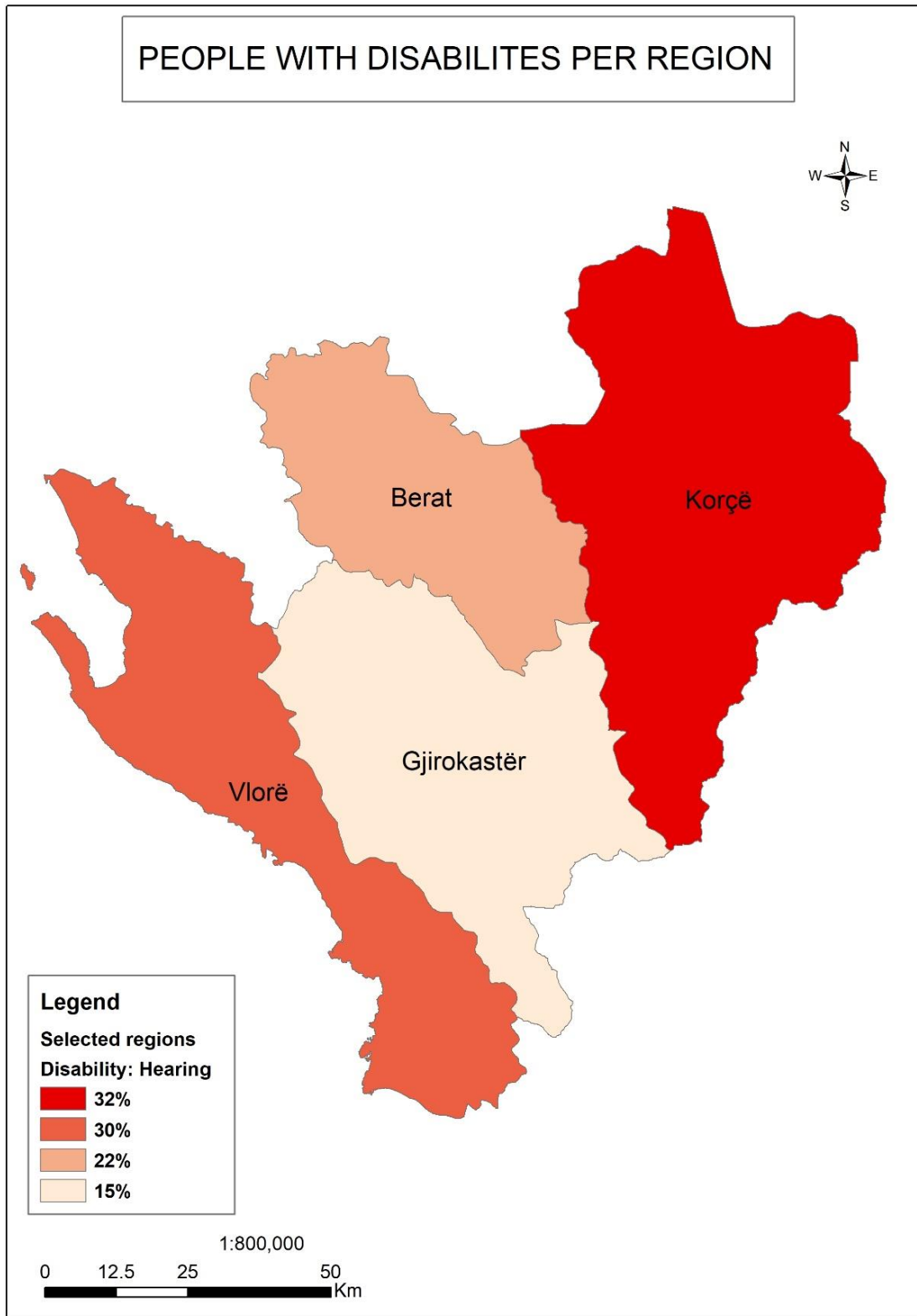
Annex II - Maps of the stratification at Qark level, based on the disability



Map 3: Disability - Mobility, distribution per Qark



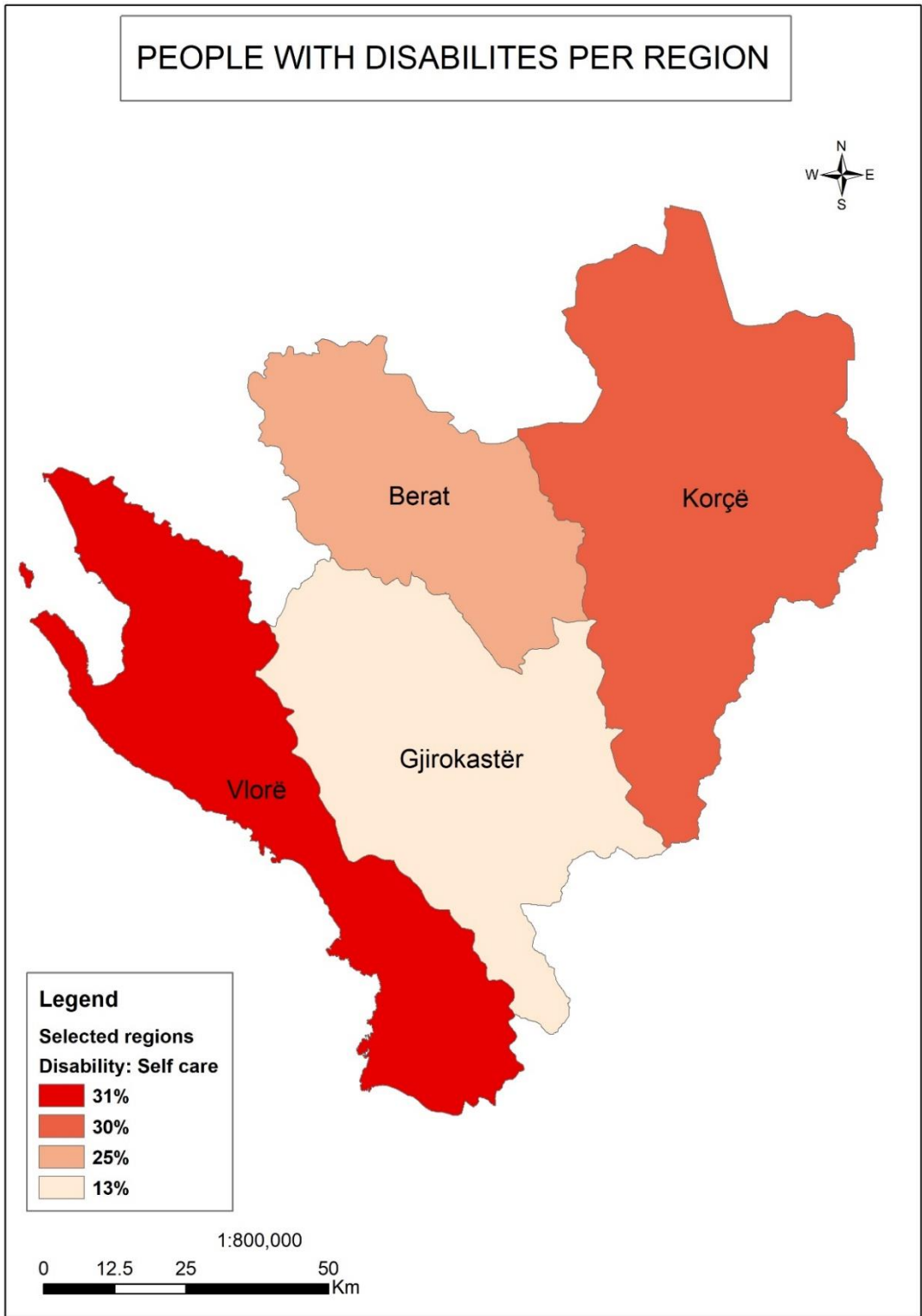
Map 4: Disability - Seeing, distribution per Qark



Map 5: Disability - Hearing, distribution per Qark



Map 6: Disability - Cognition, distribution per Qark



Map 7: Disability - Self-care, distribution per Qark



Map 8: Disability - Communication, distribution per Qark

**REFERENCE: PUBLIC AWARENESS, PREPAREDNESS, PARTICIPATION AND COORDINATION FOR CIVIL PROTECTION FOR ALL - 4PLUS / PROJECT NO.: A2 – 1.4 - 1**

**"TELEPHONE BASED SURVEY"**  
**Region of Vlora, Gjirokastra, Korça and Berat**

**The purpose of this survey is to begin a process of ascertaining the needs of PWDs in disaster scenarios. Primarily the survey sought to find out:**

- d) How excluded are PWDS from disaster risk reduction processes in their communities?
- e) Do PWDS have effective coping mechanisms for disaster situations?
- f) Do national and local disaster risk management/reduction (DRM/DRR) programmes address the needs of PWDs?
- g) Do PWDs wish to be included in the planning, decision-making and implementation of national and DRR/DRM programmes?

**The survey is addressed to persons living with disabilities/their caregivers as well as general public to express concerns, needs and recommendations that will contribute to the preparation of a “Joint Cross-Border Study” on the Inclusiveness of the Existing CB’s Risk Reduction and Emergency Preparedness Measures.**

The purpose of this study is to provide a critical analysis and recommendations which will enable:

- h) to assess the need and potential added-value of an inclusive multi-hazard strategy on disaster prevention within the CB area;
- i) to identify the potential basic requirements of such a strategy; and;
- j) to localize persons with disabilities and reduced mobility living in the area autonomous or in institutions (special concentrations) and their real needs in relation to existing supporting facilities and rescue means;
- k) to localize available relevant infrastructure and define possible needs for accessibility’s improvement as well as needs for accessible temporary accommodation and;
- l) to suggest possible policy options.



## DEMOGRAPHIC CHARACTERISTICS

### *General information for all questions (group I and group II)*

#### 1. REGIONAL UNIT

Vlora

Gjirokastra

Korça

Berat

#### 2.

##### Group age

18 - 24 years old

25 - 34 years old

35 - 44 years old

45 - 54 years old

55 - 64 years old

65+ years old

#### 3. Gender

Male  Female

#### 4. Employment status:

Employed

Unemployed

Retired

Not in the labor force

#### 5. Education:

Illiterate

Elementary or secondary school

High-school

University

Postgraduate / PhD

## NEEDS AND CHALLENGES

1. **Are you a person with reduced mobility and / or independence due to health or disability problems?**  
(note: it is sufficient to indicate a restriction on normal activity and does not have to be a person with a certified degree of disability)

Yes  No

2. **Are you a relative (parent or brother / sister or child) or advocates/ caregiver?**

Yes  No

### ***GROUP QUESTIONS (People with disabilities / chronic illnesses and their relatives / companions who answered YES to either Question 1 or Question 2 above)***

3. **Living situation**

- Independent
- With family who provide daily help
- Home health care provider (equipment and technical support, equipment, accessibility services, including transport)

4. **What type of support do you need for your daily activities?**

- Personal care (bathing, getting dressed)
- Preparing meals
- Transferring ( moving from bed to wheelchair or toilet)
- Taking or remembering medications
- Using telephone
- Communicating with others (requiring an interpreter)
- Other, please specify \_\_\_\_\_

5. **What type of assistive technology or durable medicinal equipment?**

- Ramp
- Walker, cane, or crutches
- Wheelchair, special wheelchair, or scooter
- Gait belt, transfer board, or patient lift
- Shower chair or handheld shower wand
- Adapted utensils, plates, dishes, bendable straws or cups
- Dressing tools (button pull, dressing stick)
- Captioned, amplified or large button telephone
- Hearing aids
- Eyeglasses
- "High tech" communication device (iPad, tablet or other specialized speech generating device)
- Picture or letter communication board
- Handheld reminder or digital recorder
- None
- Other (Please specify) \_\_\_\_\_

6. **In which floor do you live?**

- 1<sup>st</sup> floor
- 2<sup>nd</sup> floor
- 3<sup>rd</sup> floor
- 4<sup>th</sup> floor or higher

**7. Do you feel excluded from social life?**

- Yes
- No
- Do not know

**8. Reasons identified for feeling excluded**

- Gender
- Region
- Disabilities
- Ethnicity
- Other

## Level of Preparedness

*Please answer the following questions about disaster management (group I and group II)*

**1. Do you have emergency knowledge?**

	Yes	No
Shelter in place		
Evacuate		
Lockdown		
Emergency		
Disaster		

**2. Are there laws or by-laws that deal with disaster management in your country?**

- Yes
- No
- Do not know

**3. Are you aware of a national disaster management plan in your country?**

- Yes
- No
- Do not know

**4. Is there a disaster management or emergency plan for the area you stay in?**

- Yes
- No
- Do not know

**5. Is there a personal preparedness/ community plan for disasters in place for you?**

- Yes

- No
- Don't know

**6. If not, what is the reason for not developing a personal plan?**

- Did not think about it
- Do not have financial resources
- Do not know how to do it
- Too many other things have priority
- Communication difficulties between interested parties
- No need for a plan
- Ability to participate due to disability
- Need help from someone
- Other, please specify

**7. Would you feel safe if you had a personal plan?**

- Yes
- No
- Do not know

**8. Have you or your family been affected by a disaster?**

- Yes
- No
- Don't know

**9. If yes, specify the type**

- Earthquake
- Floods
- Drought
- Wildfire
- Big waves
- Storm
- Hurricane
- Terrorist attack/war
- Radioactive incident
- Epidemic/ Pandemic
- Other

**10. What level of knowledge do you have about disaster management for the following disasters?**

	Very Good	Good	Somewhat	Not Good
Earthquake				
Floods				
Droughts				
Wildfire				
Radioactive incident				
Tsunami				
Hurricane				

Tornado				
Terrorist attack/war				

**11. To what level have you prepared yourself for any disasters that might occur?**

- I have collected the information
- I have spoken to disaster management representatives in my area
- I have prepared an emergency plan
- I have prepared a neighborhood emergency plan
- I have taken special trainings
- I have trained other people in community
- I have signed up entities that provides emergency plan or alert.
- Other, please specify

**12. In case of emergencies or disasters, do you have a bag/ package for the following?**

- A minimum of 72 hours of water supply
- A minimum of 72 hours of food supply
- A mode of communication which is not dependent on electricity
- Phone battery
- Enough flashlights or light sources
- Evacuation vehicles
- An alert system for family and community
- Necessary hygiene and sanitation products
- Money
- Supplies for children
- Supplies for aged, or people with special needs

**13. Can you evacuate in a sudden disaster event?**

- Yes
- With a lot of difficulty
- No
- Do not know

**14. If not, do you have someone there to help you?**

- Yes
- No
- Do not know

**15. If yes, who helps you?**

- Family
- Friend
- Care coordinator/Case manager
- No one
- Direct caregiver
- Disability Advocate
- Healthcare Provider
- Other

**16. Has anyone from the following assisted/helped you or your community during a disaster management plan?**

- National government
- Local government
- Non-governmental organization or voluntary organization
- United nations agency
- Voluntary groups
- Local politician or a party
- Other

**17. Type of support/ assistance**

- Food
- Housing/clothes
- Financial support
- Psychological support
- Other, please specify
- No answer

**18. How is access to information during emergencies or natural disasters unexpected?**

- Very good
- Good
- Somewhat
- Not good
- Do not know

**19. In your opinion, what is the most appropriate source to provide information during emergencies or natural disasters?**

- Family or friends
- Newspaper
- TV
- Radio
- Public meetings
- Phone
- Internet/ social media
- Other

**THANK YOU SO MUCH FOR THE COOPERATION!**

**END OF INTERVIEW**