

Community Based Disaster Preparedness and People With Disability An Experience from India

You all know the Russian painted wooden doll that opens in the middle to reveal another smaller painted wooden doll that opens in the middle to reveal another smaller painted wooden doll that opens in the middle..... What I want to say about Community Based Disaster Preparedness (CBDP) and disability reminds me of these dolls. Each element in the process is a doll, from the larger to the smaller. You can always imagine a larger, more comprehensive and a smaller, more specific element. These are some of my dolls:

- ✓ Disasters
- ✓ International Decade for Natural Disaster Reduction (IDNDR) 1990-1999
- ✓ International Strategy for Disaster Reduction (ISDR)
- ✓ Hyogo Framework for Action 2005-2015
- ✓ Resilient Communities
- ✓ Community Based Disaster Risk Reduction or Management or Preparedness
- ✓ Disabled people in disasters

With Hyogo, there has been, if not a paradigm shift, an increasing emphasis on

- ✓ Community knowledge
- ✓ Community resources
- ✓ Community resilience

in order to mitigate the effects of a disaster and to contribute to prevention.

Caritas India, one of the 162 member organizations of Caritas Internationalis and hence an independent sister of Caritas Germany, has been one of Caritas Germany's preferred cooperating partners since the 1970's, in disaster relief and rehabilitation and in social projects, including projects dealing with people with disability. Caritas India even has a sort of think tank to promote the concept of and selecting cooperating partners in Community Based Rehabilitation of people with disability. Caritas India works through 145 diocesan Social Service Societies throughout India. In Germany, these would be called Diocesan caritas.

Since the big cyclone in Andhra Pradesh 1996, Caritas India and the Diocesan Societies have been increasingly considering how the communities with whom the Diocesan Societies work, could incorporate measures for Disaster Prevention or Mitigation into their regular community development work. One thing is to have an idea, the other is to propagate it, to have others be convinced and actually take the necessary steps to implement it.

A first breakthrough came after the big floods in West Bengal in 2000. A number of local NGOs, coordinated by the Forum of Diocesan Societies and backed by international NGOs and UNICEF, launched a rather successful CBDP program in hundreds of villages. The key to the progress was PLA:

- ✓ **P**articipatory
- ✓ **L**earning and
- ✓ **A**ction

Disasters are inclusive. They tend to affect all parts of a community, hence PLA was conceived as involving all members of the community. That includes people with disability. Preparedness strategies were aimed at three levels:

- ✓ The Community

- ✓ The Family
- ✓ The Individual

Initially, the PLA approach was rather technical:
Participatory Learning first led to an Analysis of

- ✓ the last floods,
- ✓ the damages,
- ✓ the local resources,
- ✓ the problems encountered,
- ✓ external factors

Participatory Learning then led to the step of systematically collecting this information in the form of maps:

- ✓ Hazard and vulnerability mapping (identification and location of exposed areas, vulnerable groups, where roads or bridges at risk)
- ✓ Social mapping (housing type & distribution, infrastructure such as religious centers, water resources, educational and health facilities, post office, telephone, roads, electricity, shelters or evacuation points, location of vulnerable persons, caste situation, who is more at risk, etc.)
- ✓ Resource mapping (cattle, agriculture, forests, fishing areas, irrigation systems, sources of livelihood, occupational distribution, deficiencies, etc.)
- ✓ Seasonality analysis (rainy seasons, cropping seasons: time of sowing, harvesting, going for certain types of fish, migration for work)
- ✓ Mapping of institutional linkages or relationships (importance and locations of public institutions like schools, markets, railways, local government, district government, railway station, cooperative)
- ✓ Historical Mapping of disaster events (timeline)
- ✓ Problem Identification & Prioritization

Here is an example of a village group preparing maps and of a Vulnerability Map from West Bengal. Here you can see on the right hand side, second line from the bottom, somewhat awkwardly formulated, the identification of the number and location of people with disability. These maps are then presented to all the villagers, discussed and corrected.

The first form of Participatory Action was the Forming of Task Forces or teams for the following activities. Some activities may be combined in a single team or even omitted:

- ✓ Early Warning,
- ✓ Rescue
- ✓ Evacuation
- ✓ First Aid
- ✓ Health & Hygiene
- ✓ Shelter (preparation, maintenance and management, including sanitation)
- ✓ Relief (food management, sanitation management)
- ✓ Protection (of abandoned property against looting)
- ✓ Coordination (of all the above groups)

Other activities were:

- ✓ Preparing locally made rescue equipment like
 - life vests

- floating aids,
- rafts.
- ✓ Raise wells to prevent their pollution by flood water
- ✓ Change cropping rhythm to avoid flooding of standing crop
- ✓ Etc.

Inclusion of people with disability was a natural outcome when looking at the vulnerable groups, in addition the aged, pregnant women, small children, the ill. This implied:

- ✓ Data collection. Surveys of people with disability were conducted in the villages where Caritas India supported CBDP activities.
- ✓ Identification of special needs. It meant that during evacuation exercises or early warning, their special needs had to be looked into. Early warning by megaphone will not reach the hearing impaired. People unable to walk alone cannot reach evacuation sites or assembly sites for evacuation on their own. The space required in a shelter by certain persons with disability may be more than that of the remaining people. Their special needs regarding toilets and personal hygiene come into the equation.
- ✓ Sensitization of both groups, people with and without disability to each other. These realizations meant two things:
 - Taking an active interest in the special needs of the people with disability by those taking in active role in CBDP in the community. This is a component of the training of the Task Forces.
 - Playing an active role by the people with disability in communicating their special needs to the Task Force members.
- ✓ Developing preparedness strategies for people with disability on a community, family and individual level.
- ✓ Incorporating people with disability in the planning and action process.
- ✓ Influencing policies in disaster management for people with disability to make relevant changes in various government levels plans on disaster management .

In practical terms, all this meant simply that care was taken that, at least people with physical disability were fully involved. in the participatory process of learning and action.

- ✓ Basanti is a lady with a hunchback.
- ✓ She attends regular meetings with other villagers.
- ✓ Various issues related to CBDP are discussed during those meetings including playing an active role by the people with disability in communicating their special needs to the Task Force members.
- ✓ During the discussion she shares her points regarding the special need of disabled people (while it's a discussion on preparedness).
- ✓ Basanti is not a member of any Task Force group.

And there are others:

- ✓ Children with disability were part of it.
- ✓ Women were very much in the forefront.
- ✓ But men also played their role.

Some of these people with disability have become active members in certain Task Forces. As not all able bodied persons were involved outside the relevant village meetings and taking part in drills, so also not all the people with disability wanted to play an active role. But there are examples of outstanding and encouraging cases.

These may be the exceptions, but they are indicators for the inclusive attitude. I will present one case after a short explanation.

To accompany and monitor the CBDP work at the village level, Facilitator Teams have been established. They are:

- ✓ A group of volunteers selected from the villages by the village members according to voting booths.
- ✓ A team of facilitators is formed at the local Village Government Council level.
- ✓ There will be a trained team of about 20 facilitators per Council.
- ✓ Some general discussions regarding the special needs of disabled people take place during the training.
- ✓ Members of facilitator team take a lead role in organizing CBDP activities at the booth level:
 - Village meeting,
 - PLA,
 - Development of Plan of Action (POA),
 - Village Council mobilization.
- ✓ In most cases, members of facilitator team are the members of the Task Forces at their own voting booth level.

Now to the exceptional example of Facilitator Team Member Ratna.

- ✓ Ratna is on a Facilitator Team formed by Sreema Mahila Samity (SMS) in Duttapulia, Nadia, WB.
- ✓ She is also a member of the Task Force Group First Aid.
- ✓ She is the only Facilitator Team member with some sort of disability (visual) among all the facilitator groups formed in 7 Gram Panchayats
- ✓ The banner behind Ratna reads in Bengali:
 - Booth Level Meeting
 - Subject: Disaster Preparedness
 - Organized by: Sreema Mahila Samity
 - Duttapulia, Nadia

Ratna has made some relevant observations that show how people with disability can actively contribute to the CBDP program.

- ✓ Lack of family support is the biggest problem for disabled people.
- ✓ During disaster, any disabled person requires the support from the family members first but in most cases, family members think about them at a later stage.
- ✓ Always, it's not required to carry them or evacuate them to safer places during disaster.
- ✓ A child in the family can also help a visually challenged person to move to safer place. But nobody bothers to do that.
- ✓ It does not mean that family members of disabled persons are completely careless about their needs but they don't understand what happens to a disabled person while he or she feels helpless, neglected and afraid.
- ✓ While I talk to people at the villages, I request them to be aware of the specific needs of the disabled person in the family (if there is any).
- ✓ I request them not to compare the ability of challenged people with the others in the society.
- ✓ You'd be half dead if someone says you are a burden to the nearest people around you, i.e. your family members.

- ✓ So, I request everyone to be a little conscious about all these and behave sensibly.
- ✓ If I meet a disabled person in a meeting, I request them not to feel helpless.
- ✓ Giving my own example, I tell them not to feel bad about the disability and ask them to identify someone within the family whom they can approach immediately after sensing any problem during disaster.

There are some lessons learnt from this experience in India. More important to me than this exceptional example – I know of one more - is the fact that **people with disability participate fully like any other village member in the regular village meetings and the associated political process, related to Disaster Preparedness or not**. We haven't reached that point throughout the program. An evaluation last year found that in a number of projects, the disabled have been identified but in the evacuation plans their special needs had not been taken into account. In many places, they have remained **passive beneficiaries** of activities of the task forces rather than becoming active stakeholders in the programme. The conclusion was that **more awareness on the special needs of disabled people must be included in the training of the Task Forces as one more required skill**. Soon it became apparent that the analysis by PLA of the village situation, led villagers to look well **beyond disaster prevention**. It led them to **consider all issues of concern to the community, collectively or individually**. The analysis was joined by **awareness of rights** and **existing Government schemes or benefits** to which they could access, if they knew how. If people with disability became part of this concern, the starting point was that they and their families had needs and also certain rights to government support.

There are some major challenges for all involved in the program:

- ✓ It was found that the **staff** involved in the program were **motivated to achieve the pre-determined quantitative targets in the form of the number of activities mentioned in the plan**.
- ✓ The major **challenge** in this work, again not only the part referring to disability, is the **quality of the field coordination staff** and the **quality of the training they received** and which they impart.
- ✓ I cannot deny that it is only by **regular and efficient participatory monitoring and evaluation**, we discover and rectify the not infrequent cases where field staff do the work the village communities should be doing, in order to show progress in their reports. Those who have worked as development workers in foreign countries will know that his problem is not limited to local field coordinators.