

Disaster & Disability: The Role of the local government to minimize the community risk during the disaster.

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Background:

In the last few decades, the news media has brought the realities of disasters in Bangladesh. Since the 1970 Disaster preparedness has become an important issue in the development programs. The legacy of a disaster is serious and has widespread social, economical, physical and emotional consequences. The impact of a disaster often persists well after the initial relief and rehabilitation activities. The vulnerable section of the community (women, children, persons with disability, elderly, and the sick) usually evidence harsh sides of the disaster particularly due to poorly organized pre and post disaster activities.

In Bangladesh 114 million people live with in 55 thousand sq. kilometer area and out of this total land 2/3 of the area is always under water. From this picture it is easily can be understood that Bangladesh is one of the most densely populated area in the world. This country is basically rural and agricultural based and most of the people live in the rural areas. Literacy rate of this country is 54% and major economy is from the agriculture, Garments and from the foreign remittance by the human resources.



In the late 1980s, there was increasing international concern about the growing vulnerability of people and property to natural hazards. As a result of this concern, the United Nations General Assembly passed a resolution in 1989 designating the last decade of the twentieth century as the International Decade for Natural Disaster Reduction (IDNDR).

Bangladesh is prone to frequent natural hazards in various degrees and forms - in particular flood, cyclone, hurricane, tornado, tidal surge, even drought, famine, heat wave, cold wave, epidemic, etc., almost every year These disasters in the last couple of years have resulted in substantial damages to lives and properties of the country. Although it has affected the long-term social and economic development of the country, disasters are left to the relief teams to offer emergency aid whenever disaster strikes. Only recently both the government and the non-government organizations are taking active role in formulating a comprehensive preparedness program to address the pre and post disaster needs.

Till there is a big gap those who are in the grass roots level they are not being the part of this preparedness program they are the local government and community volunteers.

The social researchers agree that the social, cultural, economic and political environment directly affects people's ability to protect themselves against disasters or to recover from them. Some groups are more vulnerable than others. Class, caste, ethnicity, gender, disability and age are all factors affecting people's vulnerability. Those who are already at an economic or social disadvantage because of one or more of these characteristics tend to be more likely to suffer during disasters. It is estimated that in Bangladesh there is about 14 million people who are disabled in various forms. However, a meaningful disaster preparedness program addressing the needs of the disabled and other vulnerable people is not yet adequately developed.

People with disabilities are often overlooked during emergencies. Although a number of government and non-government development programs and projects are focused towards meeting the needs of this section of the community, a well thought-out organized standard plan of action for disaster preparedness still remain rudimentary and provisional.

Nature of the disaster in Bangladesh

What we mean by natural disaster that is as follows.

- 1) Cyclones/tornadoes/hurricanes/storms/tidal wave (used synonymously),
- 2) Floods and river erosions
- 3) Cold/Heat wave
- 4) Earthquakes

Other forms of disasters such as Drought, Epidemic, Famine, Landslide, etc, will not be covered in this paper.

Factors determine the magnitude of a disaster, short term and long term consequences in Bangladesh

- Weak social and economic structures
- Poor housing quality
- Pre-existing poor health and nutritional status
- Social welfare infrastructure
- Economic resilience
- Inadequate human resource development

Aim of the paper:

Main objective of this paper to present a theme of involving the local government in disaster preparedness program, there is no alternative way to mitigate the damages of the disaster particularly considering the expectations of the PwDs during the disasters as well assess the existing practices of the emergency service delivery organizations both government and non-government permanently.

This paper will also look into the gaps and shortcomings of the present disaster preparedness program particularly relating to PwDs and examine the extent to which disaster preparedness activities serve the needs of PwDs. Specifically this paper would look into the following areas:

- 1) To examine the existing trends, practices and guideless on disaster preparedness in meeting the needs of the PwDs
- 2) To identify the gaps in knowledge, capacities, and resources to address the needs of the PwDs during disaster

- 3) What specific issues should be addressed for before, during and after the disaster for the PwDs

However, as comparatively little is known about the needs and experiences of the disabled in disaster situations, it is expected that this exploratory research process will identify other important areas.

Present trends: *Examining the existing trends, practices and guideless on disaster preparedness in meeting the needs of the PwDs*

The immediate response to disasters is a relief and rehabilitation effort by the concerned government and a host of non-government initiatives. The affected people of the immediate needs, Food, water, clothing, housing material, cooking pots etc are seen to run here and there to get the relief support from the delivery agencies during the following few weeks and even months during the disaster period. Those who are severely injured they look for medical support but often there is little facilities to support them in this regards and some time they need long term support in that case they have to lost their rest assets in most cases, a best possible effort is taken to help the people overcome the physical loss they have suffered.

Yet, the psychological trauma sets in amongst the severely affected people which has a long term impact on community. And there is a sudden increase in the number of people with impairments and disabilities – a statistics that in most cases pass unreported.

Scenario-1: After all the disasters have passed in all these years, people usually remember the number of human deaths, the number of the injured, the number of the livestock lost, the number of households and the size of the cultivated land where standing crop was totally destroyed, the number of telephone and electric posts uprooted and the economic impact it has left in hindering our national GDP and so on. As far as information is available, only one study was conducted in Bangladesh in 1991 by BIDS and Social Assistance & Rehabilitation for the Physically Vulnerable (SARPV) in the tornado affected areas of Saturia, Manikganj. The study found that out of the 1,516 people who had suffered serious injuries, 135 people became permanently disabled for life. In another study, also by SARPV, was conducted in Chakaria sub-district, Cox's Bazaar following the devastating cyclones in 1991 which affected almost the entire eastern coastal belt of Bangladesh. This second study revealed that a total of 799 people became disabled directly as a consequence of the natural disaster only in Chakaria. Apart from these two studies, it is scarce to find any other report shows how many people suddenly became disabled as a result of the destruction, or due to the lack of proper medical intervention, or due to the lack of adequate follow-up care.

Scenario-2: Some of the injuries were so severe that they required to be amputated at hospitals. The accidental amputations and most of the deep cutting injuries resulted from flying objects, in almost all cases, corrugated iron (tin) sheets from the households.

The findings mentioned above reveal that, for almost all the number of persons that had lost their lives, almost and equal number or more have become disabled for life. Another simple calculation is that, of all the people who become severely injured, about 5-10% become permanently disabled. This can be compared to the disasters occurring in the past also and confirmed from the studies by SARPV at Chakaria and Saturia.

Scenario- 3: People face additional problems during natural disasters. Adults, especially those with mobility problems are the worst affected. A study of the situation of disabled people in natural disasters, conducted by the Center for Services and Information on Disability (CSID) in the ten coastal districts of Bangladesh found only 17% of them had been

taken to cyclone shelters during time of the natural disasters while 55% of them stayed back at home. The remaining 28% either sought safe shelter in a built structure nearby or had to cling on to a tree or some other permanent structure to survive the disaster. Immediately following disasters, during the relief stages, relief materials usually reach to the people who live near the roads where communications are better, or those who can stand in the queues for long hours. Disabled people, and especially when they are heads of households, usually suffer more as they cannot stand in such queues. Those living far from the roads also do not get a fair share. Only 2% of the families with disabled people under the CSID study had received any special attention during the rehabilitation phase following the disasters.

Future program should be focused on the following issues

Identifying the gaps in knowledge, capacities, and resources to address the needs of the PwDs during disaster

Experience says that involvement of the local government is not enough as what it should be. People working with local government only know that their responsibility is to distribute relief and some temporary rehabilitation work after disaster. As they do not have any knowledge or training on disaster management and no idea about how to involve the community people and to utilize the local resource for the mitigation of the damages by the disaster that why it is difficult for them to have any pragmatic plan on disaster. They are also not able to take the long term initiative to solve the problem and to reduce the vulnerability among the in the local community causes by the disaster. As they do not have any information regarding the population like as how many are elderly, pregnant women, children ill people and disable people are in his area and geo political and socio-economic condition of that are so almost they pass their time in a dark environment.



Existing House in the disaster prone area.
(Damage during disaster)



Disaster Compatible House
House given by SARPV

What specific issues should be addressed for before, during and after the disaster for the vulnerable groups with a special attention to the PwDs?

First of all citizen of the state has the rights to get the basic support in needs especially during in any disaster, disabled are more vulnerable compared the rest of the population. But till now before and after the disaster the program what is taken to mitigate the damages and loses from the disaster that is on from charity perspective and not from the developmental perspective, also it is not disabled-friendly approach. Until and unless this issue will not be taken form the human rights perspective till the moment it will not get the right direction to proceed on. Every year we receive millions of dollar aid to meet the problem of the disaster

but due to lack of the local government involvement it is not able to properly addressing the needs of the really in needs, including people with special need.

Interventions that are required in the Long Term: Policy Issues

Disaster preparedness and management programs should not be treated as isolated issues. It rather should have long-term commitments and integrated into the mainstream development activities in disaster prone areas.

For mass public awareness, disaster preparedness components with an emphasis on the needs and expectations of people with disabilities, women, children and the elderly should be included into the academic curriculum/syllabus in schools and college level. Mock simulation exercises or fore-warning, evacuation, emergency response operation and coordination should be conducted at all levels throughout the year.

Disaster prone communities should be encouraged to form a team comprised of government representative, NGO and representative from local community, one of the member must represent disability groups and women. The team should record the history of all the previous disasters in the area and prepare a vulnerability and resource map, identifying the people with disabilities, especially those with severe disabilities on the vulnerability map. Social security and support, in terms of physical and medical- preparedness and long term management of the victims should be built-in in the program.

Conclusion:

It is now the crying need to give proper attention to the most vulnerable groups during the disaster period to identify that for the sustainable mitigation from the long term damage of the disaster and to undertaken and to understand the current practices and gaps in the emergency preparedness particularly that addresses the needs of the persons with disability. Disaster hits the physical and economic growth community which hinders the progress of a community, ultimately to the state. So disaster management program should not be on charity basis, rather it should be considered from development perspectives.

The effective disaster preparedness systems and capabilities for post-disaster emergency phase are usually provided through active participation of local people and local government. Now, it is time to honor people's strength and the traditions and culture in any disaster management program for sustainability of the initiative.

Active participation of local communities, which have a rich experience of coping with natural disasters, both in preparedness and emergencies, are essential for successful disaster reduction policy and practice. However government should take the initiative to involve local people, experience and resources as government is the decision making authority and NGOs should work side by side as co-facilitator. Finally, strategies for disaster preparedness should be focused at family and community levels with a special emphasis to the vulnerable groups like elderly, sick, disabled, women, pregnant mothers and children. Support should be directed to community-based, low-cost technology, promotion and development of human resources and integration of disaster management components into development policies to empower the people to face the challenges of disaster.

**Thank s to you all from
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This is not a paper but a short information about the SARPV



SARPV Complex at Chakaria.

The following is a list of what requires to be addressed right at this moment for the victims of the tornado affected areas at Chakaria in Cox's Bazaar District.

1. Most of the severely injured persons undergoing treatment at the hospitals are poor people. While they themselves understand that they require the treatment, at the same time, in many cases, especially where most of the adults within the same families are in hospitals, they are rushing back to the villages to receive whatever relief & rehabilitation materials are being delivered. This is not only delaying their treatment, but also complicating the wounds even further. If they could be assured that they would receive their fair share of relief materials, they could have stayed back at the hospitals to complete the treatment course – whatever is available. A coordinated effort is required within all the agencies providing relief in the affected areas to ensure that the injured people admitted in the hospitals and also their families get their fair share.
2. A considerable number of assistive devices such as wheelchairs, axillary crutches, elbow crutches and artificial limbs are required immediately. Steps should be taken to assess the injured, take proper measurements, and supply the devices as early as possible.
3. Many of the injured, due to the disability have lost their chances at returning to their own professions/income earning skills. Long term, practical, alternative income earning measures need to be taken up as soon as possible to rehabilitate these people. All the Development Organizations working in the affected areas need to address the issue with urgency otherwise frustrations will seep in with even more dire consequences.
4. A follow-up assessment is required within 3-6 months to revisit the affected areas and reassess the severely injured people. SARPV assures to take up the responsibility of this follow-up visit.

