

Title: Disability & Disasters – Challenges & Responses in South Asia.

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Introduction

The Indian Ocean Tsunami and the Indo-Pak Earthquake were two major disasters that the South Asia Region witnessed within a span of one year (2004-05). Unprecedented media coverage of these events left a horrified global community witness the scale of havoc caused by these disasters. What therefore followed was an unimaginable flow of aid to support the victims of both the disasters- the global community displaying solidarity with those in crisis. Both the governments and the relief sector organisations went into overdrive unleashing their human and material resources to meet the challenge. While such a high dose of aid has certainly helped ameliorate the sufferings of those affected, it has also brought to light certain anomalies and challenges in relief and rehabilitation work, especially in the context of disabled people - their inclusion and participation. This paper attempts to explore some of the lacunae in relief and rehabilitation efforts and in this context also discusses the experiences gained during the long term rehabilitation work undertaken by Leonard Cheshire Disability (LCD) – South Asia Regional Office.

People with Disabilities- Inadequacies in Emergency Response

Disasters and emergency situations discriminate against people with disabilities as they tend to get more adversely affected than others. Anecdotal evidence suggests that the rates of morbidity and mortality among people with disabilities are much higher than the rest of the population. Furthermore, a significant number of people acquire disability as a result of disasters. Due to the nature of the crisis and the disruption that it brings in its wake, the ability of people with disabilities to cope and survive completely depends on others. Their situation is further worsened as the breakdown of support systems often impede functioning independently and within their dignity. (Oosters,2005). This being the case it is imperative that any relief and reconstruction work must take cognizance of this fact and consciously address concerns and requirements of people with disabilities, ensuring their inclusion to the highest extent.

However, a closer scrutiny of both the disasters (the tsunami and earthquake) brings to light lapses with regard to inclusion of people with disabilities in the relief and reconstruction response. Leonard Cheshire Disability has been involved in research during both the disasters and has undertaken long term rehabilitation work with people with disabilities across seven locations in India, Sri Lanka and Pakistan. The next few paragraphs highlight some of the key

shortcomings in relief and reconstruction that were noticed. The same is not intended to undermine the otherwise sterling work done by various agencies, however, humility in accepting lapses and acting on it may enhance the effectiveness of interventions in similar situations at a later point.

While in policy most development organizations working in the field of disaster relief and rehabilitation explicitly state their commitment to inclusion of people with disabilities, in reality however, it has emerged that more often than not this is limited to surveys, provision of aids and appliances and referrals. People with disabilities tend to be viewed more as members of a vulnerable group rather than as rightful participants in the development process. Also, awareness on the social model of intervention does not always percolate down to the ground level and efforts to create awareness or train field level workers to adopt inclusive practices are minimal.

Disabled people's access to aid has often been limited, as the constraints faced by them are not considered while designing distribution mechanisms. Loss of assistive devices during disasters results in mobility restrictions and often impedes their access to aid. Information regarding timings and points of relief distribution are not conveyed keeping in mind the accessibility requirements of people with disabilities which consequently enhances the likelihood of their exclusion. Similarly, indiscriminate and hasty amputation often by inexperienced doctors post-disaster makes the fitting of prosthetic limbs much more difficult and hinders rehabilitation.

This is not to portray that inclusion of people with disabilities did not happen at all but in instances where it has happened the precise nature of that inclusion also raises questions. Though agencies claim to adhere to the social model of inclusion, belief in participation and assertion of rights on ground there is little evidence of such concept being put into practice. In instances where participation was elicited it has been mainly to gain consent for predetermined plans rather than determining the nature of the interventions. Various restrictions in movement, flow of aid and donor policies with regard to conflict zones as experienced in North and East Sri Lanka have also impeded relief and rehabilitation work during and after disasters.

All the above experiences suggest that the assumption that people with disabilities will automatically get included in the relief and reconstruction process and their concern addressed is not always true. Multi pronged efforts are required to address the bottlenecks and sustained engagement with all stake holders (people with disabilities, governments, development agencies and the general community) are essential to alter the existing scenario. Given its first hand experience during its engagement in the initial phases of the disasters and in consultation with people with disabilities regarding their concerns/ needs, LCD has initiated seven Disability Resource Centres (DRC) across the South Asia

Region. The next section discusses the interventions of these DRCs and how they have addressed some of the pressing issues.

Disability Resource Centres- A One stop shop

There is a feeling among the relief and the mainstream development community that concerns and needs of people with disabilities are restricted to assistive devices and special health care, failing to acknowledge that a majority of these needs is the same as that of other human beings. Such a belief has significant ramifications on operationalisation of interventions as lack of proper appreciation of needs often lead to the exclusion of people with disabilities from most of the interventions.

It has also been noticed that a majority of organizations deal only with specific types of disability. This leaves the needs of persons with other types of disability unmet. Owing to wide spread disruption that disasters cause the needs of disabled people can only be addressed with a comprehensive range of interventions catering to the entire spectrum of requirements of people with all types of disabilities. The DRCs was therefore set up with the aim of it serving as a one stop shop to meet almost all needs of People with disabilities.

Though the exact nature of interventions by the DRCs depend on the local situation and the existing services available (which in turn determines whether the interventions are provided directly or through specific tie up with others), the broad nature of interventions of the DRCs are in the following areas:

- **Advocacy/ campaigning and Mainstreaming:** The DRCs regularly engage with the government, development agencies and other stake holders highlighting issues of discrimination and suggesting possible steps to be taken to address the same. Mainstreaming issues of disability within the broader development programmes of other agencies is also one of the key focus areas. For example, after the Tsunami in Sri Lanka LCD collaborated with Action Aid International to develop the capacity of staff of 23 of its partner organisations on issues of disability and how to include people with disability in their poverty alleviation programmes. The most significant outcome of such engagement has been that the development staff of these partner organisations was able to identify many more disabled people in their areas who were not identified earlier and who were previously considered as unproductive were chosen for many economic empowerment schemes.

- Information Services: DRCs act as information centres on disability and have information on various disabilities, schemes, policies and legislations and redressal mechanisms for people with disabilities, parents, families and the community in general.
- Mobility and assistive devices: Physical restoration and medical rehabilitation services including the provision of prosthetic limbs, orthopaedic braces, wheelchairs, audio-visual aids, physiotherapy and psycho social care. These services are provided either directly by the centre or through collaborating organisations. The DRCs are also equipped with samples of all locally available aids and appliances as demonstration models.
- Community based rehabilitation services are provided through community workers trained by the DRC. The Community Workers provide support to people with disabilities within their homes and communities and also train parents and care givers.
- Promotion of inclusive education by working with schools, education ministries, teachers, students, parents and the community to enhance access to education of children with disabilities. More than 900 children with disabilities have been included in schools with the direct intervention of the DRCs and in many locations the government has identified the DRCs as resource organisations.
- Promotion of economic empowerment opportunities by working with public and private sector employers, training institutes, Chambers of Commerce and microfinance institutions to create employment and business opportunities. Direct skill training and wage/ self employment support have also been provided by the DRCs to more than 800 people with disabilities.

People with disabilities and their direct empowerment form one of the core areas of work of the DRCs. Organizing people with disabilities and their families into self help groups, supporting federations at the block/ district level and facilitating linkages with DPOs and strengthening their capacity is an important aspect of the DRC's role. Intensive training in advocacy, communication, engagement with the media and leadership are regularly conducted by the DRCs. Given the nature and scope of the interventions the DRCs have experts in advocacy, CBR, inclusive education, economic empowerment as well as therapists and other technical personnel.

Though the DRCs with its set of comprehensive interventions constantly engages in addressing the needs of people with disabilities and their inclusion, major challenges still remain in the overall scenario of response and rehabilitation during/ post emergencies. Despite its best efforts, Development Agencies involved in building houses, toilets and schools could not be convinced, except in few cases, to ensure accessibility of these structures. The most common reason given was that budgets and plans were pre approved and could not be altered. Complexities also emerge when in the post-relief phase rights-based inclusive development has to be initiated. Inflow of unprecedented relief tends to create dependency and makes people less willing to participate in rights-based work.

Post-disaster the sudden entry of hundreds of NGOs and their even more sudden exit also results in discontentment among people. A more rational balance regarding quantum of aid and planned exit of organizations have to be devised and coordinated.

Conclusion

While disaster brings in its wake unparalleled destruction and suffering, it also offers scope for a new beginning. For persons with disabilities this means the possibility of a barrier-free environment and new opportunities for rehabilitation. However, such opportunities can only be useful when the reconstruction and rehabilitation process is one that is inclusive, considers the needs and potential of diverse groups and thereby promotes the rights and dignity of all persons with disabilities.

In the context of South Asia, which is home to more than a quarter of the world's disabled population, inclusion in relief and reconstruction can only be possible when governments and mainstream development agencies make conscious efforts at all levels to reach out to people with disabilities. Both the reach and resources of disability sector organisations is miniscule as compared to Mainstream development agencies and a real difference can only come when a portion of these resources are invested on people with disabilities and on universal design.

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