

“Inclusion of Disability in Disaster Management”

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Introduction

In recent years many natural and man made disasters have struck regions across the globe. The disasters of the last few years, for instance, the Tsunami that devastated regions from South East Asia to Africa, was followed by Katrina in the United States and an Earthquake in Kashmir (India and Pakistan) etc. From our experiences in these disasters we have come to realize that they affect most, the vulnerable of groups in the community amongst them the women, children, elderly and the disabled (IDRM, 2005; Kitts et al IDDC, 2005). It is important to note initially, that Disasters disproportionately affect persons with existing disabilities as well as generate disabilities in people who did not have disability earlier.

Comment: Create new disabilities

In 1999 a super cyclone struck the coast of Orissa. Despite every effort disability did not become a core issue in Disaster Management policy and implementation. It was found that the vulnerability of the severally disabled was two folds. On one hand their families and community members left them behind and on the other hand Government or Non-Government personnel could not evacuate them. They spent several weeks in isolation and a majority without food, shelter or a means of treatment. The fate and the loss of lives amongst this target group will never be known.

The available Cyclone shelters were ill designed to enable persons with disabilities to use the same. Some other aspects of the poor outcome were inaccessible conditions for the use of mobility aids, inadequate resources within the community to evacuate these people, lack of trained manpower to recognize their immediate needs and the ability to tackle the trauma.

Disturbing reports were received through the media and some voluntary organizations that, the severely injured & disabled were being turned away by and from the District and major Hospitals. These traumatized and poverty stricken persons were sent home to die. This, I felt was not acceptable, as it was an abuse of human rights and dignity.

As Government, UN and other donor agencies began coordination meetings to tackle the problems, I raised the issues of prioritizing relief and rehabilitation measures for persons with disabilities. It seemed that there was a singular lack of concern or understanding hence, no steps were taken or any action plan drawn up by the State Government to provide intervention or assistance to this vulnerable section of the population. This issue

was taken up repeatedly with the state Government and finally inadequate circular was issued to all district collectors to provide relief. This was limited to a small population who could reach the destination points of relief distribution. But no rehabilitation process was taken up.

Disaster Management

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Disabled persons have equal rights as general public to be treated equally in all aspects ie. Relief, shelter, compensation, rehabilitation etc.

Disability Definition

Owing to improved health services disabled people are living longer, their presence in society is becoming more visible and their numbers are growing. Defining disability is difficult because there are dozens of definitions - each with a purpose to it. These range from the very narrow to the very broad, from the medical to the social, from the cultural to the local, from the one intended to integrate them in society to the one for exclusion and segregation. People are labeled as disabled or handicapped because they look different from the rest of the society on account of their appearance, behaviour or capacity to learn.

The WHO Manual gives the following definitions: A disability is any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

The ILO defines a disabled person as an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment.

'According to the Standard rules on the Equalization of Opportunities for Persons with Disabilities, United Nations, 1994 the term 'disability' summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness.

The person with disabilities (Equal opportunities, protection of rights and full participation) Act, 1995 of India defines disability in the specific context of a person suffering from not less than forty per cent of any disability as certified by a medical authority. In India disability is of seven categories which are as follows :

Blindness

Low Vision

Leprosy Cured

Locomotor Handicapped

Hearing Impairment

Mental Retardation

Mental Illness

The term 'handicap' is sometimes used in the place of disability means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the persons with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in

the environment and in many organized activities in society, e.g. Information, communication and education, which prevent persons with disabilities from participating on equal terms.

Medical and social Models: There are two major models, which explain disability and suggest approaches to deal with it in practical ways, the medical model and social model.

The medical model views disability as a personal tragedy. Disability such as the impairment of limb, organ or function has traumatic physical and psychological effects on a disabled person. Disabled people, in this model, are regarded as people with limitations who cannot ensure a reasonable quality of life because of their impairment. The medical model expects individuals to find ways of adapting to society. It puts the duty of adjusting and adapting to the society of able-bodied people and their environment on the disabled.

The social model presents disability as a consequence of oppression, prejudice and discrimination by the society against disabled people. It is the society, which constructs economic, social, health, architectural, legal, and cultural and other barriers in order to deliberately prevent people with impairments from enjoying full benefits of the society. The social model shifts the emphasis from a disabled individual to the society and its disabling attitudes and environment.

Disabled Status in the World

Unfortunately data is lacking on many aspects of disability. According to estimates of the United Nations, about 10% of the world's population are disabled. Looking only at developing countries, the numbers are expected to be much higher. Difficult conceptual issue as well as social and cultural differences have inhibited the collection of the data needed to properly estimate the prevalence of disability in the world.

Disability in India and Orissa

Unlike the UN estimates, according to one of the WHO estimates, there are 5% of people with disabilities in developing countries and accordingly it is estimated that there will be five crore disabled people in our country. Moreover the WHO report also says that 10% of a nation's population constitutes disabled people which in turn would make Orissa in India have at least a four million population of disabled. Keeping in mind the impact of natural calamities on people, the number would keep increasing. According to the Census 2001 total persons with disabilities is 21906769 (Male: 12605635 and Female: 9301134)

which is 3 % of the total India's population. Orissa has disabled population of 1021335 (Male: 568914 and Female: 452421).

Three to five per cent of India's population suffers from various degrees of mental retardation. The majority of these are children (Building Abilities a handbook to work with people with disability, 2001 page 20).

Disaster

Modernization and Development strategies have not been able to eradicate poverty and inequality in the developing world. Despite efforts by the people themselves to acquire a better quality of life it is becoming increasingly difficult to do so. The greed of some people and nations, to corner most of the world's resources, usually with unfair means, creates not only inequality but also destruction of the environment, which produces disasters. These 'so called' natural disasters such as cyclones, and floods are usually the result of a skewed system of development. Consequently the poor and marginalized groups are being confronted by a spiral of disasters which can wipe out their efforts of decades of development in a few hours.

Disasters can occur because of climatic changes, deforestation or unsustainable methods of practices. So, despite achievements in public health, education, women's rights and literacy disasters are having an ever-deeper impact on those least equipped to deal with them - taking away any gains made - as well as impinging on the lives of those who might have felt themselves somehow safe.

Disasters in India and Preparedness

India is the worst affected theatre of disaster in the South Asian region. Drought, floods, earthquakes and cyclones devastate the country with grim regularity.

In recent years there have been major disasters such as the earthquake that destroyed Latur in Gujarat, the Super Cyclone that, wiped out dozens of villages in the districts of Orissa. Tsunami hit South India. Besides this, every year various parts of the country face floods. Big dams such as Koyna in Maharashtra burst killing 100's of people. Land degradation, Natural grasslands, mangrove forests are disappearing because of overgrazing, water logging, Salinization, over fertilization and further, mining are degrading huge tracts of land.

Deforestation, mining and the decline of traditional irrigation and agricultural systems have caused land degradation on a large scale, leading to one of the worst drought

conditions in the country. The 1987 drought, was one of the worst of the 20th century. In 2001, more than eight states suffered the impact of severe drought.

The states most exposed to cyclone-related hazards, including strong winds, floods and storm surges, are West Bengal, Orissa, Andhra Pradesh and Tamil Nadu along the Bay of Bengal. Along the Arabian Sea on the wet coast, the Gujarat and Maharashtra coasts are most vulnerable. Natural calamities have a more devastating impact in India than most countries because of inadequate policies relating to disaster preparedness and management and no institutional support systems.

To cope with these calamities, under the Indian Constitution, disaster management is the responsibility of state governments. However, there is a National Crisis Management Group headed by the cabinet secretary to assess the impact of major disasters. This Group consists of various nodal ministries makes the recommendation for assistance from the National Fund for Calamity Reduction and the Prime Minister's Relief Fund. At the same time the policy implementation is weak as there is no standardized disaster policy in India. Therefore more people die, more property is damaged and vulnerable communities become more vulnerable. Some states have rehabilitation policies most do not.

Disasters in Orissa

Orissa is one of the world's most disasters prone as well as the most poverty stricken region. Famine prone Kalahandi, water scarce Bolangir, cyclone and flood prone Jagatsingpur districts have become bywords in the vocabulary of underdevelopment. In these state there is a close correlation between poverty and disasters. The disasters being indexed are:

Flood:	The Mahanadi causes regular floods in the state. In 1999, the super cyclone was followed by torrential rains leading to severe floods in the Baitarani, Budhabalanga and Salandi basins, which severely affected the districts of Jajpur, Bhadrak, Balasore and Mayurbhanj. After hitting the Paradeep coast, cyclonic storms with tidal waves 5 to 7 meters in height ravaged the coastal districts of Jagatsinghpur, Kendrapara, Puri , Khurda and Cuttack. This was followed by flood where 24 districts and 18,790 villages were affected. 99 lives were lost and 967 .8 Millions people affected
Cyclone	The entire east coast of Orissa is vulnerable to cyclones of varying frequency and intensity. A super cyclonic storm of great intensity hit Orissa in October 1964. In 1971, a cyclone killed 10,000 people in Kendrapara.

	<p>Super Cyclone 1999: On 16th October 1999, five districts of the state of Orissa were hit by a cyclone, the brunt of it borne by the Ganjam District. On 29th and 30th October, another exceptional "super cyclone" devastated a vast region of the state. On early hours of 29th October wind blew at an unbelievable speed of 250 to 300 K.M. per hour. Such was the ravages of nature that nothing except concrete structures could survive. This super cyclone wrecked havoc in 14 of the 30 districts of Orissa. It is estimated that the super cyclone has affected up to 15 million people (more than 2 million households)</p> <p>The super cyclone on October 29 and 30, 1999 left the state paralyzed, with its communication system and infrastructure totally wrecked. The super cyclone had a wind velocity between 270-300 kmph. It severely affected 97 blocks. 9, 885 people were killed as per official reports</p>
Drought	<p>In Orissa, almost each year more than 10 million people reel under drought. 119,14 villages in various districts of the state have been declared drought-affected. The 1996 drought affected 26 districts and 2934.8 Million people. Orissa has faced drought several times in the past few decades but the drought in 2000 was the worst in current times. Bargarh, Nuapada and Bolangir were the worst affected districts. The recurrent annual droughts are caused by erratic rainfall and improper water harvesting systems</p>
Earthquake	<p>The districts of Cuttack, Dhenkanal and Sambalpur lie in Zone III. Significant earthquakes were reported in 1963, 1964, 1988, 1996, with strong tremors in the districts of Dhenkanal, Puri, Sambalpur and Rourkela.</p>
Tsunamis	<p>Tsunami, also called seismic sea waves generated by large, violent earthquakes occur in the ocean. The world's most powerful earthquake in 40 years in 2004 triggered massive tidal waves that slammed into villages and resorts across southern and southern east Asia killed 15,7,663 people in 12 countries including India. The Orissa coast received shock during the 2004 Tsunami disaster. This time no such dreadful effect was felt in the state. As the state is lying on the Coastal region future disasters cannot be ruled out</p>
Fire	<p>Fire is a common phenomenon all over Orissa. With thatched houses and bamboo supported structures whole villages get wiped out. In most of the cases fire is due to ignorance and negligence of the people living in the rural areas.</p>

The Jagatsinghpur district is not left with occurrence of fire. During the year 2004 the district has lost 4 human lives and property of Rs. 441,0,700/- in 278 fire cases
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Issues in Disasters and Disability in Jagatsinghpur : SMRC's Experience

Jagatsinghpur is one of the few districts, which is ravaged by all the above disasters. While cyclones, Floods and fire are common disasters; the district falls under zone III of earthquakes and was shook by the tsunami/earthquake of 2004.

The district was ravaged by the super cyclone of 1999 followed by floods, what it left behind was a trail of cadavers and carcasses. Along with it remained a group of people shrouded in a mesh of poverty, vulnerability and disability. A survey done by SMRC highlighted the fact that the disabled had lost their voice and rights to a dignified living. Disability needs encompasses those of all the vulnerable groups- women, children, the aged and the disabled themselves. Thus by addressing the needs of the disabled one is actually addressing the needs of the entire vulnerable group too. Women with disabilities are among the poorest of all people, the most marginalized and the most abused- physically, mentally and socially. They have been subject to deliberate neglect, verbal abuse, physical assault and sexual harassment (Action Aid Disability news, Vol 10 No.1&2 1999 Pg. 12).

Natural Calamities and Disasters Create:

Physical, visual, mental and psychological disabilities

The inability to cope

Disability among previously productive and active members of the society

Trauma and psycho-socio disorders and Post Traumatic Stress Disorders

Need of alternate livelihood support

Vulnerability

Disaster/Disabled Persons during Natural Calamities:

Warning and dissemination of information is not disabled friendly.

Requires specific technique of rescue and evacuation of disabled, which is not known to them as well as general people.

Immediate medical care and first aid is not available for the disaster-affected disabled.

Proper infrastructure and support for limiting extent of disability

Limited options of livelihood become even more limited and nullified

Limited access to information, institutions, entitlement become even more limited and nullified in the wake of calamities

Decision making, access to social networks and dignity is blocked

Vulnerability to social stigmas, insecurity, exploitation, verbal abuse and violence is increased

Vulnerability of Normal People to Disability at times of Natural Calamities:

Individuals might become disabled

Spinal, head injuries and trauma and post traumatic stress disorders are common

Pregnant women, new born and unborn children are at risk

Old people are vulnerable to fractures

Disability coping and managing capacity is extremely taxing

Health

Disabled persons health in particular, remains inadequate and disabled persons suffer disproportionately as a result.

There are no emergency trauma care services or blood banks available locally to deal with their different disabilities including for those who are mentally traumatized.

Epidemics such as typhoid, malaria and gastrointestinal diseases break out. Clean drinking water becomes unavailable for weeks or months together. Many die or are left severely physically and mentally challenged and are mostly left behind to die.

Old people are left behind to fend for themselves. Sick and without economic and familial support they live only waiting for death to overtake them. Due to these old age diseases others become disabled with new ones.

Women find it difficult to access RCH services those pregnant with disabled children due to the disaster find it more so.

Food Security

Most disabled find it difficult to access relief and rehabilitation facilities.

In cyclones and floods, salt-water contamination of land can lead to the loss of harvests for a number of years. For malnourished people, this could mean disability and a rise in mortality as a secondary result of disasters.

In drought-affected Orissa, famine deaths have occurred because of acute food shortage. The food shortages are due to the nature of people's interaction with the market, and the

exploitative work conditions. It has a lot more to do with the inadequacies of the government's public distribution system, lack of all weather storage facilities, the corruption in the system, the exploitation of an illiterate population, political indifference and red-tapism. Malnutrition is an important cause of disability especially among children and women.

Economic/ Livelihood Issues

These groups are vulnerable to economic hardships in terms of loss of livelihood, infertile lands, lack of income, loss of water for drinking and irrigation, food and clothes and shelter.

Have no access to resources like loan, credit, market etc.

Disabled especially disabled women are victims of the gendered division of labour. They are in underpaid jobs with little security and no benefits such as health care or union representations. The informal sectors where these groups find work are usually the most impacted by natural disasters

Because the disabled due to their disabled conditions do not have the liberty of migrating to look for work, following the disaster, their visibility in society and governance remains low, and attention to their needs is inadequate.

When disability occurs the persons economic resources are taken away their bargaining position in the household is adversely affected.

Housing

Because housing is often destroyed in the disaster, many families are forced to relocate to architectural barrier free shelters.

No cyclone shelters being built even recently are accessible to the disabled. Inadequate facilities for simple daily tasks prove burdensome for disabled with multiple barriers to access from housing to marketing to employment.

Social & Familial

Disasters leave behind large number of disabled, widows and orphans, and older groups are left alone to cope with life.

Most Disasters end in child labour, which include the very vulnerable disabled groups.

Girls usually disabled are forced into marriages with older men (as old as 85 years) or to anti social elements by the relatives with a view to grab their property.

Sexual abuse of girl children, especially disabled and those who have been orphaned increase.

Disasters themselves lead to increase a person's vulnerability and an increase in levels of domestic and sexual violence following disaster.

Why Disabled Should be Included in Disaster Management

There is need to include the people with disabilities due to following reasons :

People with disabilities often need more time than others to make necessary preparations in an emergency.

The needs of older people often are similar to those of persons with disabilities.

Disaster warnings are often given by audible means such as sirens and radio announcements, people who are deaf or hard of hearing may not receive early disaster warnings and emergency instructions. Be their source of emergency information as it comes over the radio or television.

Some people who are blind or visually impaired, especially older people, may be extremely reluctant to leave familiar surroundings when the request for evacuation comes from a stranger.

People who are blind or partially sighted may have to depend on others to lead them to safety during a disaster.

People with impaired mobility are often concerned about being dropped when being lifted or carried.

Some people with mental retardation may be unable to understand the emergency and could become disoriented or confused about the proper way to react.

Many respiratory illnesses can be aggravated by stress. In an emergency, oxygen and respiratory equipment may not be readily available.

People with epilepsy, Parkinson's disease and other conditions often have very individualized medication regime's that cannot be interrupted without serious consequences. Some may be unable to communicate this information in an emergency.

The intensity of vulnerability is more for the disabled people than that for the general people. There is a need to train the PWDs and the stakeholders so that the PWDs can be protected during disaster.

Specific Needs

Disabled people have expertise and they should be involved in all stages of development process starting from programme planning to evaluation. Involving the disabled people in the development process will certainly provide an opportunity and organization to access their rights of life. In addition to those efforts are to be made to ensure their representation in all types of community organizations.

Involving and listening to people with disabilities assures that right needs are met.

To plan for communities without excluding the disabled planning must:

Identify those in the community who might have special needs before, during and after a disaster.

Customize awareness and preparedness messages and materials for disabled, which will increase the ability of the group to plan and survive in the event of a disaster.

Educate the disabled about realistic expectations of service during and after a disaster even while demonstrating a serious commitment to their special needs. This will result in integrating the disabled within the community where they will not only remain subjects of disaster planning but become partners in the endeavor

Their experience and knowledge inputs can serve to enhance the community's response and benefit the community in large.

While we integrate we also realize that disabled people's needs differ as per their type of disability, together with gender, profession, class and caste. Therefore as their specific needs differ so do their capabilities

Whom do Disasters Affect Most

Disasters affect the most vulnerable of groups in the community amongst them the women, children, elderly and the disabled. In disasters the special needs of communities are often isolated from services and this needs to be prevented. These groups are particularly vulnerable by virtue of their lower economic, social and political status and obstructed mobility, hearing, speech, vision and intellectual level. The vulnerability itself has economic and social manifestations as disasters leave behind diseases, disabilities and vulnerable group's inability to cope.

Disasters also result in large number of productive people becoming disabled. In cyclones, fire, flood and earthquakes, trauma and psychosocial disorders are the most common disabilities.

Challenges Facing in a Disaster

The disabled like all others lose their family members, neighbours, homes and belongings family disabled in a disaster. Like children what matters most are loss of careers and employers with whom they might have a good working relationship. Sometimes even the loss of local business owners who gives credit or send the goods home affects their quality of life.

The visually challenged may find it difficult to adjust to new terrains. With disasters leaving behind fallen trees, debris and even water they usually suffer severe injury.

In most disabled psychological disorders may set in early reminding them of the crisis situation when they became disabled and had to be hospitalized. This reliving experience of perhaps difficulty sleeping, flashbacks exposes the disabled to severe post-traumatic stress disorder (PTSD). Two months after the cyclone of 1999 in Orissa, NIMHANS found that the prevalence of PTSD and depression among adults in was twice the national average. And six months after the attacks, more than one-fourth of school children exhibited mental health problems severe enough to impair their normal functioning.

Access to medicines required by the disabled are not easily available. It is not possible to repair broken wheelchairs, as shops are closed. This further restraints the mobility of disabled and their access to relief.

To meet these challenges each problem will be identified and recommendations provided. In this context the problems and recommendations will fall under the following:

General Disaster specific

Information and warning

Evacuation

Rescue

Relief

Rehabilitation

Reconstruction

Mitigation and

Policy implication

Rehabilitation

Economic

BPL: Below Poverty Line is an income line fixed by the Govt. of India for a person who earns below this amount and is therefore entitled to access welfare schemes meant for this category of people. In the study it is found that a major chunk of the sample PWDs do not belong to the BPL category, as they do not have BPL cards which indicates inaccessibility to economic schemes by the PWDs. In addition to the above it is found that these cards are mostly given to their family members and not the disabled person themselves.

PDS: Public Distribution System is implemented by the Ministry of Civil Supplies, Govt. of India through State Govt. The system enables people to get the consumable items at subsidized price. The study reveals that items under PDS reach the disabled at irregular intervals. Besides to access items from the PDS they are dependent on family and others owing to their disability and distance of the PDS.

Self-employment Loans: This is the scheme, which most PWDs would like to access. This would enable them to set up income generating activities. It was found that very low proportions of the disabled could avail the loan. There was both lack of awareness and entrepreneurial ability among the PWDs. The findings from group discussion with the disabled showed that the scheme is not being communicated effectively. Lack of bargaining power is another constraint, which debar disabled to take the risk in self-employment activities. It demonstrates that a change in attitude is required from the family members to support the disabled in these schemes.

Non-Government Schemes: Apart from the govt. schemes there are also number of schemes implemented by Non-Govt. Organizations. Very small proportions of respondents have availed Non-Government Schemes. The reason is that though the schemes are implemented a negligible portion of those focuses on disables. They are not able to compete with the other people. Lack of information is also major constraint for not accessing the schemes by the disabled people.

Priority is given to Financial Independence and a job is seen as the way to achieve self-reliance.

The percentage of persons who felt that they are not capable of earning a living is higher than that who felt they could. This indicates that among the disabled a low level of earning a living exists. This could be attributed towards the attitude of people towards the disabled, which suppresses them, and the lack of awareness regarding their capacities and what they can achieve.

It is needless to say that the problem faced by the PWDs is more acute than that of general people in the affected region. Disaster relief and rehabilitation pay scant attention to the specific needs of the disabled, both those created and affected by disasters. There are an increasing number of people affected by disability during disasters; such people are suddenly deprived of their normal social, economic, and cultural environment. Human relationships and support mechanisms get disrupted beyond recognition. The proportion of the disabled among this group is sizeable, frequently requiring urgent attention.

Disability advocates that the real problems of people with disabilities are neither properly understood nor adequately responded to by governmental, non-governmental, and international agencies. The mechanisms for disaster management, disaster preparedness, and relevant administrative structures are grossly inadequate. In the case of natural disasters, actions are taken to provide relief initially by local NGOs and the government officials, followed by other national and international agencies. Sometimes as in the Tsunami Irrespective of their legal status after arriving in India, their need for humanitarian support remains pressing. The nature of the disabilities of those affected by disasters is different from the rest of the population and, as such, the help needed by them must come from interventions different from the routine and a sense of urgency must accompany such efforts.

The populations affected by disasters contain a high proportion of the disabled. Unlike the others, a majority of them acquire disability. Their disability does not start in childhood, although the children among them may have been born disabled or may have experienced malnutrition or lack of health service support, like the rest of the population. Their disabilities, by and large, are directly from the conditions created by disasters such as armed conflict, communal violence, landmines, floods, earthquakes, etc. The disabled from the disaster-affected areas have limited or no access to health services. These affect their desperate conditions even more adversely. Besides, being disabled they face abuse, exploitation, and neglect much more than their non-disabled counterparts. No effort should be spared to protect them from such multiple health, social and security hazards.

People uprooted from their homes without warning are more likely to suffer extreme hardships and a wide range of risks and dangers because of their total lack of preparedness to meet such situations and a sudden, and often total, erosion of the network of support provided by their family and community. Disabled children and children of the disabled face trauma and stress much more than the others. Besides, the formal and informal systems of support break down and do not ever return to a level of normalcy enjoyed by the individuals as they had before the disaster. Without sustained support, PWDs seldom, if ever, regain their confidence, self-respect, and dignity.

Frequently, the disabled among those uprooted from their own environment require extra support but the agencies which come together in a hurry to provide relief, although well-intentioned are frequently unaware of the real needs of those they want to help as they are untrained in the appropriate skills of rehabilitation. The agencies providing relief tend to devise ad hoc solutions loss of papers required by disabled to access specific needs is a problem to which, not attention is paid & may become the time between survival and non survival. The challenge for agencies engaged in relief work include the urgent and pressing tasks of coping with the situations in which the disaster- affected people in general and the disabled among them in particular find themselves trapped.

Livelihood Options for the People with Disabilities

Disability is both a cause and consequence of poverty. Eliminating world poverty is unlikely to be achieved unless the rights and needs of people with disabilities are taken into account. According to the United Nations, one person in 20 has a disability. More than three out of four of these live in a developing country. More often than not they are among the poorest of the poor. Recent World Bank estimates suggest they may account for as many as one in five of the world's poorest. Disability limits access to education and employment, and leads to economic and social exclusion. Poor people with disabilities are caught in a vicious cycle of poverty and disability, each being both a cause and a consequence of the other.

Livelihood and Disabled

After each disaster people cope with livelihood issues. As Orissa has 85% population the focus has to be on agricultural issues livestock & small enterprise which the disabled can manage. Despite this keeping in view manual will be use by many organisation all types of livelihood are included.

The Government both union and state government has provided restoration, relaxation and priorities in vocational training, wage employment, self employment for economic empowerment of PWDs. Inclusive scheme NHFDS has been launched. Exclusive scheme such as SGSY, SGRY, IAY, PMRY, KVIC, DRI have reservation/priority for PWDs.

An attempt should be made to utilize all Provisions / Scheme / (Inclusive/Exclusive) to rehabilitate the PWDs of disaster areas. The government should announce enhance package for economic rehabilitation of PWDs of disaster affected areas.

It would be important that through research we are able to provide a set of policy guidelines or principles to stakeholders in the region (Governments, NGOs, etc.) to follow during disasters which would include among others measures to:

Ensure that disability organizations are actively involved with disaster relief organizations and governments in the overall governance of response coordination offices during disasters.

Ensure that relief workers understand and are sensitive to disability issues in working with people.

Ensure that universal design principles are met in facilities like housing services for disaster relief to ensure that they are disability-friendly and accessible for the many more people becoming impaired during disasters and for disabled people already living in disaster-affected countries.

Medical and epidemiological monitoring of internally displaced people, including elaboration of a data base of people directly affected by the disaster due to respiratory infection, wounds and injuries resulting in impairment, and of disabled people whose health and well-being may be put at risk during and post disaster.

Support to medical services and to local groups, with priority given to ensuring access to supports and services for people whose health and well-being is particularly at risk during these times (disabled people, pregnant women, very young and very old people, orphans, etc).

Ensure training and awareness raising and availability of resource materials and barriers to their use

Research into how representation can be increased when DPOs are still very small and urban based.

Conclusion: Principals to Guide the Research

The challenges before us will be related specifically on measures to include the uniform engagement of the various groups into the planning segment of disasters with an understanding of disability as a social and human rights issue. To get Governments and civil society activists to plan the research agendas together and to take into account cross current issues such as gender environment, psychosocial issues, disability diversity concerns, human and material resources, training and networking, Finally to look at each need separately while determining mainstreaming in practical terms and looking at theoretical level.

The research strategies should therefore be multiple and based on knowledge of the disabled themselves

From the above it is quite clear that there is tremendous scope to carry out research on many issues related to the disabled so that their inclusion during disasters becomes easier. These efforts would assist to disseminate information to aid workers and funding agencies, government officials in charge of policy making and formation of Standards at

all levels . It is important to start a dialogue with all stake holders and the disabled so that justice will no longer be denied

We believe that exclusion of disabled in any form is an injustice and a contravenes their rights. Our work should undertake a human rights approach. Exploring ways on how to grow “voice” in a way that is credible and empowering and to carry out work which would effect social change and construct new inclusive, equality-seeking structures