Proceedings from Workshop on Setting International Standards for Inclusion of Disability in Disaster Preparedness and Response
17 September 2005 , Mumbai, India

Mary Anne Burke Global Health Research Forum Switzerland and Asha Hans Shanta Memorial Rehab Centre India

I) About the Workshop:

The Workshop was organized by the Shanta Memorial Rehabilitation Centre, India in collaboration with the Global Forum for Health Research, Geneva, Switzerland. It was held in Mumbai, India 17 September 2005, as a satellite meeting to Forum 9, the annual meeting of the Global Forum for Health Research.

II) Objectives:

The aim of the workshop was to discuss setting international standards for the inclusion of disability in disaster preparedness and response.

Standards need to address issues at two levels: 1) Issues specific to disasters and 2) Issues related to the structural changes required to reduce disability among people living with impairments of any kind including in disaster regions.

1. Issues specific to disasters:

1. Promote the inclusion and active involvement of disabled persons in the governance of general health and emergency/conflict response.

2. Break down the division in thinking / operating between "development" and "emergency" response

3. Analyze and include issues related to disabled women, children and old age persons during disasters and in the post disaster phase.

4. Create a system whereby collaboration between key stakeholders (DPOs, Governments, UN, donors, NGOs etc) actively considers disability issues during disasters to assure the health, safety and other human rights of disabled people.

5. Provide a set of policy guidelines or principles to stakeholders in the region (Governments, NGOs, etc.) to follow during disasters. Standards should include measures to:
    a. Reduce poverty due to disasters.
    b. Ensure that warning systems are disability-friendly, i.e. meet universal design principles.
    c. Ensure that disability organizations are actively involved with disaster relief organizations and governments in the overall governance of response coordination offices during disasters.
    d. Ensure that relief workers understand and are sensitive to disability issues in working with people.
    e. Ensure that universal design principles are met in facilities 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.

f. Ensure that services and funding are in place to provide: Care for people suffering from orthopaedic and trauma wounds.
g. Distribution of individual aids (dressing and hygienic kits, wheelchairs, orthopaedic devices, etc.)
h. Respiratory physiotherapy related to respiratory infections among children and adults
i. 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
j. 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).
k. Delivery of physiotherapy equipment

2. Issues related to structural changes:

1. Facilitate the active participation of disabled people in the governance and full life of their families, communities and societies:
2. Address measures to eradicate the extreme poverty and social sanctions that the majority of disabled people across the world experience, to enhance their full and active participation, their quality of life, and their overall health and well-being.
3. Create a "level playing field" by providing funding for the active participation of members of the disability community in governance, including for attendance at meetings and policy making initiatives at all levels, to ensure that their right to participate is not violated.
4. Engage States in the active design and revision of laws and the transformation of traditions and practices that discriminate against anyone, to uphold the full and equal rights of all people and to ensure that all people enjoy full and equal protection of their rights
5. Adopt zero tolerance for attitudes, policies and practices that create stigma, discrimination and exclusion of disabled persons and negatively affect their overall health and well-being
6. Engage the media and broader public to transform their understanding of disabled people from victims and burdens to people with intrinsic dignity and value, and from stakeholders to rights-holders.

III) Proceedings:

The meeting was chaired by Monica Bartley, Combined Disabilities Association, Ministry of Statistics, Jamaica. Introductions and review of the agenda were followed by a video address from Judy E. Heumann, Advisor, Disability and Development to the World Bank.

Video address from World Bank

Presenting with Judy Huemann, Disability and Development Advisor to the World Bank were Maria Veronica Reina, President of Center for International Rehabilitation (CIR) and her colleague Anne Hayes, also of CIR and in charge of their International Disability Rights Monitor. Both presented studies they had recently conducted on the situation of disabled persons during the recent tsunami and its aftermath.

In her address, Judy addressed the urgent need for setting international standards, relayed information about work happening in this area within the international community, supported and expressed encouragement for the work to be undertaken by the participants in the Satellite meeting, and expressed thanks to the Global Forum for supporting the meeting and helping to raise the profile of the issue at hand.

Judy's address included the following:

1. Role of Disability and Development Advisor to the World Bank

World Bank a few years ago created the position of Disability and Development Advisor. The purpose of this position has been to

- Develop the capacity within the World Bank through strengthening its work
- Responsibility for working with civil society, including disabled people's organizations (DPOs) and NGOs working in the field of disability, to help them increase their knowledge about development and poverty reduction and their capacity to engage in development activities.
- Work with World Bank lenders and donor governments to increase the inclusion of disability issues in the development agenda and to avoid the duplication of efforts within the regions.

2. Global Partnership on Disability and Development (GPDP)
   - Established in 2002, this group is working with lenders and donors, the UN family and other stakeholders, including DPOs and NGOs and Governments from low- and middle-income countries, to increase the inclusion of disability in development.
   - In January after the Tsunami struck, GPDP sent a questionnaire concerning the effect of Tsunami on disabled individuals. This enabled GPDP to have much better and faster communication and better knowledge of the needs. As a result, two reports one from CIR, (Centre for International Rehabilitation) and the other from IDDC (International Disability and Development Consortium) were produced.
   - The reports looked into the inclusion of people with disabilities in the relief efforts and general coordination and the role of disability organizations and other groups working in the area of disability.

Report Findings

- It has been difficult to know the exact number of people with disabilities, who were injured or killed by Tsunami.
- It has also been difficult to find available statistics on the number of people who will have a permanent disability as a result of the Tsunami.
- Disabled people were not included in existing emergency plans in poor countries.
- Disabled people were also excluded from the co-ordination meeting that took place among the international NGOs relief agencies and Government officials.
- Although some of these agencies have manuals or guidelines concerning inclusion of disability in relief efforts, relief workers working on the ground in affected areas either were not aware of them or did not know how to use them, resulting in the exclusion of disabled people.
- The majority of short- and long-term shelters, including latrines, were not accessible for disabled people, nor were health care, food and water services provided at the shelters.
- Many disabled people lost their assistive devices during the tsunami. There is an urgent need for these to be replaced and for the provision of assistive devices to those who may have become disabled as a result of the Tsunami.
- Although there were efforts to provide health counselling after the Tsunami, there is still a stigmatism towards mental health disabilities. Prior to Tsunami, there were very few efforts to provide services to people who had mental health disabilities.
- Although there were unprecedented amount of funds raised to assist in the Tsunami relief, these funds tended to remain primarily with larger NGOs and were not made available to smaller local NGOs or DPOs.
- Many of the buildings currently being constructed are being recreated in a manner not accessible to the people with disabilities, perpetuating their exclusion.

Recommendations of the two reports:

i. Training

- There should be research guidelines and training for field staff from a range of agencies on the social model of disability and inclusion, and what they mean in practice.

ii. **Standards**

- Guidelines should include accessibility standards for shelter, food and water distribution and healthcare services that meet universal design prinicples.
- Increased attention should be given to national emergency plans to ensure that warnings, preparations, rescue and relief efforts all incorporate special measures and attention to disabled people.
- Information on universal design principles and other accessibility guidelines should be shared with the Governments and other agencies working in the area of reconstruction; universal design principles should be routinely adhered to in reconstruction efforts.

iii. **Psycho-social needs**

- There is also a need for agencies to respond carefully to the current passion for psycho-social issues, and fight against the stigma towards disabled people dealing with mental health issues.

iv. **Research:**

- Research is needed on how local DPOs and other organizations can be instantly and quickly responsive in emergency situations and actively participate and lobby on behalf of people with disabilities in co-ordination meetings, rather than assuming international agencies have to take the lead in lobbying.

What needs to happen with recommendation

i. **Share information**:
Judy Huemann's team will share the reports with the country officers of the World Bank in the Tsunami-affected regions. They will also share the reports more broadly across the World Bank to ensure that the recommendations inform other emergency efforts, not just Tsunami-related issues.

ii. Issue of standards:

- The development of inclusive standards is really important. Work needs to be done to ensure that those agencies responsible for monitoring of standards are informed about inclusion standards and can more effectively ensure technical assistance for meeting inclusive standards, such as the universal design principles for people responsible for reconstruction efforts.
- The donor community must be encouraged to be doing more and to ensure that new construction and major renovations are carried out using universal design principles, as the reports also recommended.
- Work to ensure that Standards or guidelines and thus good practices can be replicated in emergency situations.
- The World Bank is currently looking at existing standards and will continue to work with countries to ensure that international standards are implemented.
- The World Bank needs to continue work with DPOs and other major international NGOs working in the area of disability.
- It is critical that inclusion principles are incorporated in Poverty Reduction Strategy Papers (PRSP) by countries involved in the World Bank's PRSP, especially governments in Tsunami-affected regions.

iii. Collaboration

- Inclusion issues are not going to be addressed by disabled community, disabled specialists or organization working alone; collaboration is needed with other stakeholders.

iv. Prevention

- Prevention is critically important so emergency preparedness measures must also ensure the active engagement of the disability community and inclusion principles.

v. Health

- Health needs of disabled people must be addressed. This is especially critical in emergency situations, like the tsunami; but, it is equally important at all other times, and in response to particular issues like HIV/AIDS or following accidents such as car crashes.

Judy also asked the meeting participants to use the opportunity of being in this much bigger meeting to look at is as opportunity to take the information and recommendations of these reports to people outside of the disability community and to advocate for increased efforts for broader social inclusion of disabled people.

a. Training Manual

Dr. Asha Hans presented a training manual developed by the Shanta Memorial Rehabilitation Centre (SMRC) to assist communities to be inclusive in their response to disasters. (also available in CD). Participants expressed appreciation for the highly professional and useful product. In response to questions from the floor, participants were told that there is open access to the training manual with appropriate referencing. As well, Dr. Hans explained that the contents could be:

- adjusted for local situations
- distributed on a region-specific basis on the web by SMRC

Dr. Hans also described the development of the manual:
- Consultation process – input into questionnaire by disabled community
- Field tested for one year – this year it will be implementation through peer groups

The manual covers issues such as why a training manual for disaster Management for disabled and why disabled people are important during disaster response. While covering the issues and problems of disability in general, and during disasters specifically, the manual introduces the role of communities in providing the necessary assistance. The manual includes eight specific modules on gender, barrier-free design; physical and psychological trauma; livelihoods; Acts and policies. It also provides a list of items required in emergency kits.

The SMRC's manual will be shared with the Office of the UN Special Rapporteur on Disability so that it can inform their work to develop a training manual for the inclusion of disability in disaster preparedness and response.

c. Key Discussion Points

Following the presentation of the Training Manual, the discussion focused around a number of key issues:

1. Scope of the issue being addressed
2. How to get the issue onto the agenda -- locally, nationally, internationally
3. International Standards and Principles
4. Training
5. Research
6. The Role of the Task Force
7. Next Steps

1. Scope of issue we're addressing

a. The World Disability Summit in Winnipeg (2004) brought forward a resolution that was accepted by the 700 delegates that all disaster preparedness and response plans should include policies and strategies for the inclusion of disabled people. The intent is to take this resolution forward in all efforts of this Network.
b. Focus on disabled people – but fully inclusive – for all people, for all agencies – so that issue is really mainstreamed – There is need to address all groups that experience exclusion on the basis of gender, race, class, caste, homelessness, poverty or any other social hierarchy which intersects.
c. Natural and/or Man-made disasters such as earthquakes, cyclones, tsunami, civil conflicts, wars, etc.
d. Social exclusion issues – must focus on specific needs of groups of people but also to position interests (gender, age, homeless, etc.) - post earthquakes, cyclones, tsunami, etc. impact – but how to go on to integrating interests of disabled so that they don't once again fall off the table.
e. Bring to the fore, the continuous disaster facing disabled persons – employment, rural/urban, other social activities – different approach applies – not included in standard programmes – have special programmes etc. and how this contributes to lack of inclusion in preparedness and response to natural and man-made disasters

2. **Getting on the global, national, community agenda/ Mechanisms/Means for raising the profile:**

    a. Need to explore how to grow "voice" in a way that is credible and empowering
    b. Venues for getting it on the agenda:
        i. Getting on the agenda of the Commission on the Social Determinants of Health
        ii. Linking with People's Health Movement and other networks of NGOs and connecting with their issues and having them connect with disabilities issues – need to identify these networks and opportunities, conferences etc.
        iii. International disability research network set up at Forum 9
        iv. Forum 9 proceedings
        v. Work of Global Forum
        vi. Article in Lancet
    c. Strategic actions:
        i. Getting disability issues on wider table – raise awareness get on policy agendas.
        ii. Links with other disasters (manmade and natural) – such as famines, droughts, floods, etc – not just short-term disasters, but sustained disasters and continuing trauma
        iii. Advocate with the funder community – to focus on broader disability issues for e.g. on rehabilitation than only compensation
        iv. Need to think strategically – though there is problem convincing NGOs that this is important, they don't know what to do and do the wrong things – we need to think of a mechanism to help them think through the process -- to get commitment to action
        v. Getting buy-in – what do the other organizations get out of working on disability issues – that they would be getting good will and healthy people to work with if they paid attention to mental health issues – how do they link with other people's interests, priorities?
        vi. Talk around issues of interest – unravel myths around disability (for instance in Indian context – previous life's sin, etc.) need to get out of framework of sympathy, charity and put it into human rights, perspective, participation and inclusion – Open up dialogue of dignity, integrity of disabled persons – beyond discussion focus on needs – lead to long-term agenda for change and social transformation; disaster response focuses on short-term needs – often leads to increase in disability and dependence long-term
        vii. Law is important, gives a foundation, mechanism for giving teeth – DPOs, NGOs have to use the law to effect real social change, challenge, persistence, organized/unified
    d. Media approaches:
        i. Popular media – influencing media to pick up stories, issues – regular contact on focused issues so that when disasters strike there is an interest – need to give information in accessible, helpful manner – example by mental health professionals
        ii. Representations within media – getting real stories out but in a way that does not lead to further degradation of disabled people

iii. To sustain media interest. Focus attention beyond where immediate media focus is and recognize sophistication of local people to engage media attention.
iv. Building up alternative media infrastructures, not really on commercial media and getting alternative media into hands of disabled persons.

3. International Standards – Universal Design Principles

a. Principles:
   i. Broader social inclusion has to be emphasized such as gender, age, poverty, etc. and – not just disabled.
   ii. Need commitment to implementation and hold people and governments accountable.
   iii. Include disabled people in governance, decision-making, planning, implementation, monitoring and evaluation.
   iv. Make access to information more inclusive – be careful not to impose a layer that embeds medical approach – keep in rights and social approach
   v. Working with policy makers and builders, architects, etc. is significant and leads to dignity and freedom, more independence for disabled self-help groups effect a transition and is – necessary to lead to real structural changes
   vi. Approach has to be community-based.
   vii. Community-based preparedness must be underpinned by legislation that gives them authority – otherwise they are ignored and shoved aside / policies and standards fine but not useful if treated as a toothless tiger – accountability and enforceability are important
   viii. Reservation of positions on local councils for disability representatives – political representation (can help to inform decision-making, budgets, etc.)
   ix. Need to be flexible, try to incorporate inclusion in existing standards, wide and holistic – not just focused on health issues – beyond health sector
   x. Make preparedness more accessible
b. We should articulate the importance of an inclusive approach.
c. There is a need to create a climate of conscious awareness of disabled persons and their needs at all times and all spaces available
d. Need to collect existing standards and recommendations
e. Work can be carried out at different levels such as the Disaster management Bill/ Policies, DPOs, NGOs etc.
f. Sphere and Compass standards – sphere more sustainable standards; synergy – debate around which types of standards are the best, most flexible – can be localized, don't need to have a one size fits all approach, best meet needs – what is minimal standard and how to make this inclusive rather than making new standard – Already work is being done on this – we need to capture it and enter into already on-going debates within disaster community etc.
g. Concerns with Registry Model:
   i. Need for discussion re. Register – rights, ethics etc., other issues
   ii. Registration – how to deal with this in the context of poor registration systems generally and how to improve general system and how to coordinate this in context of disasters
   iii. Registration of disabled persons prior to disasters as part of preparedness – especially at community level

iv. Flexible, responsive planning – registering doesn't necessarily lead to effective preparedness so it should be mainstreamed into existing plans – As disasters bring about split-second shifts in where people are, or their functioning (physical, mental) – consider that disability needs to be part of entire planning process
v. In some cases registration system are used to map disabled persons so that actions can happen immediately when disaster takes place – disaster teams, DPOs, community members all are in the know
vi. Address to the problems around registration – captures existing population but not responsive to rapid changes that unfold in disaster situation – need prior registration, but also need to be responsive to people who become in need of assistance
vii. Comprehensiveness of register is debatable – self-identification due to issues of stigma, etc, put provides potential opportunity for community-based lobby
viii. Community-based registration, preparedness at community, local, grass roots levels – use members to build effective system, reduce risk within community – communities have sole power to define themselves and risks
ix. Issues of disclosure and fear of surveillance / rights exists in some communities and must be considered.

h. Post disasters:
   i. Where Governments even commit funds in money – priority is given as in India to issues such as family and reproductive issues and reorganizing instead of shifting paradigm
   ii. Need to consider what opportunities disasters bring to effect real change in social structures, values, roles, norms, etc.
i. Legislative measures sometimes, (e.g. in India the PWD Act of 1995) have created divisions within the disability community, as mental health issues are not visible, therefore not deserving of resources. In all legislation there is a need to be united to work towards meeting needs of all disabled persons. During disaster these anomalies must be paid attention.
j. Case studies available about effectiveness of proper services – best practices, examples need to be collected.

4. **Training**
   a. Need to educate disabled people to understand and be able to articulate ideas and then be empowered to be able to bring the ideas forward to the policy table some good examples of attitudinal changes exit.
   b. Skills training re. Practices, needs to be replicated with wider community
   c. Orientation training to stakeholders on issues and challenges of the disabled persons.
   d. Training at different levels to bring awareness on problems in understanding the needs and requirement of the disabled people.
   e. Training to care takers and guides in handling the issues of disabled persons.
   f. Orientation to policy makers, administrators, supervisors in dealing with the disabled persons and project/schemes available for them.

5. **Research**
   a. **Using research** to effect social change and constructing new inclusive, equality-seeking structures

i. Look at intersections of social hierarchies and marginalization, exclusion (employment, income, savings, etc.) and other cultural practices that undermine identity/inclusion/rights – through research and disability studies.
ii. Research on institutional issues as a lot of relief measures sometimes are not accepted by the community because of cultural barriers.
iii. Some research on community coping mechanism when the indigenous ways of copping with any type of disaster, as people have indigenous copping capacity.

b. **Review of legislation** on existing international standards .What has been done, what gaps there are for instance in sphere project and national legislation.
c. **Situational Analysis** of current situation, weakness of existing laws, policies, programmes, services, responses
d. **Current practices** - What is already happening around disasters and the needs to integrate disability in it?
e. **Registration** - Legal protection re. Individuals on Census data – can help for broader planning – have to look towards more community-based data/registration for info on where people are located at a community level
f. **Educational pedagogy**, best practices – and inclusion principles and budgetary needs.
g. **Statistics:**
    i. Need better data, registration – planning budgeting on basis of Census registration.
    ii. Community mapping to know where people are when disasters strike
    iii. Rapid Assessment of needs during each disaster as all disasters ave different impacts.
h. **Programmes:**
    i. Time frame for arrival of professionals to help out – i.e. when should psychiatrists get involved – before, during, after. How many? What ratio needed per person?
    ii. Response – should include prevention of disability
    iii. Effectiveness of execution of relief efforts, relief coordination/codification
i. **Monitoring and Evaluation of whole system**
    i. Issues of governance, inclusion and decision making
j. **Key Players:**
    i. Identify existing networks, international activities so that there can be coordination of efforts
    ii. Who are working, should be working, could be advocating, disseminating etc.
    iii. Other groups needed at the tables: Disaster Management teams
    Lists could include:
        a. Sphere - NGOs effort based in Geneva – 1994 (3 countries chosen as pilot, among them India www.sphereproject.org)
        b. UN-recognized relief agencies
        c. Compass – a WHO Consortium
        d. National Institute of Mental Health and Neuro Science, Bangalore
        e. Richmond Fellowship Society – Mumbai.
        f. National Institute of Disaster Management of India, New Delhi
        g. UNCORD – organizes annual events
        h. UNESCAP – after tsunami brought together a raft of NGOs

i. National Institute of Local Self-Government in Mumbai – providing training for disaster preparedness
j. PAHO in Latin America
k. UNCHR
l. OCHA
m. Asia Zone Emergency and Environmental Cooperation Network – India, Bangladesh, Cambodia and Nepal – A forum of LWF
n. OXFAM, CARE, RED CROSS, RED CRESCENT, CARITAS
o. Asian Disaster Preparedness Centre, Bangkok
p. Multilateral donor agencies and development Banks
q. DPOs
r. IDA Organizations
s. Maharastra Institute of Mental Health
t. Asian Development Bank

k. **Funding issues:**
   i. Research needed on costing re. inclusion
   ii. Locating research funds
   iii. Resource flow issues of world bank, ADB and bilateral agencies

l. **What would be driving questions for research agenda?**
   i. What are driving research questions that may not be inclusive – how can we help clarify research questions currently being pursued
   ii. Mental health issues– psychosocial disabilities and interface with disaster
   iii. Cultural issues/barriers
   iv. Grass-roots issues identified by DPOs
   v. Coping mechanisms
   vi. Community communication systems – how they work, best practices
   vii. Intersections of social hierarchies – gender, poor, homeless, etc.
   viii. Medical interventions versus social interventions re. Disabled persons – when are they needed, how to define which is appropriate and when?
   ix. Review baseline info – review policies, legislation, programmes, services, standards, protocols, etc. budgets, institutional responses and coordination (transactional costs) – international, national, local and analyze its inclusivity and effectiveness in being responsive to disability management issues -- Policies: Education; Tax; Housing; Employment;

5) The Role of the Task Force

Overall Task Force Steering Committee:

Philip O'keefe (World Bank)
Faizul Kabir (Handicapped International, Bangladesh)
Vani Kulhalli (SMIT Consultancy, India)
Monica Bartley (Combined Disabilities Association, Jamaica)
Asha Hans (SMRC, India)

a. Identification and listing

Representation of Key Stakeholders:

1. All disability Organizations covering all and types of disability
2. Persons and organizations dealing with disaster Management
3. People and Organizations dealing with existing standards.

Committee Members:

Philip O'Keefe (World Bank, India)

Faizul Kabir (Handicapped International, Bangladesh)
Vani Kulhalli (SMIT Consultancy, India)

b. Resources for task force – discussion groups, catalyst, money etc.

Resource Committee:

Ashok Hans (SMRC, India)
K.G. Mathaikutty (LWS, India)
Monica Bartley (CDA, Jamaica)

c. Advocacy – Communications, Connections –

(Media, other NGOs, DPOs, other initiatives and networks)
Process – email, list serve, meetings

Communications and Connectivity Committee:

Sudhanshu (DCA, Delhi),
Moira Horgan-Jones (DPI, Canada),
Adam Breasley (GEN,Australia),
Gregor Wolbring(Webmaster) to be contacted for inclusion

d. Standards – Principles, (work that's been done, etc.)

Standards and Principles Committee:

Asha Hans (India, SMRC),
Monica Bartley (CDA, Jamaica),
Mary Chamie (UN Statistics),
Mary Anne Burke (Global Forum),
Faizul Kabir (Handicapped International)

e. Research – (Bridging with Research Network, identifying research network)

Research Committee:

Sandhya Limaye (TISS – Mumbai, India)
Amrita (Utkal University, India)
Sandhya Limaye TISS, India)
Lakshmi Lingam (TISS, India)
Mary Anne Burke (Global Forum for Health Research, Switzerland)
Lenore Manderson (GEN, Australia)

f. Training – Capacity-building –

Training Committee:

B. Navajeevan (ROH, India)
Faizul Kabir (Handicapped International, Bangladesh)
Philip O'keefe (World Bank, India)
UN Special Rapporteur ,
Sabri Rebheit

6) Next Steps:

1. Circulate notes from meeting to all participants – email
2. Website – To be developed with the help of Gregor Canada / Alissa DPI
3. Identify disaster management people and contact with them

4. Linking network with political process
5. Constitution of task force
6. Fund raising to support activities of network – donor agencies – CIDA, SIDA, NORAD, DFID, UNICEF, IDRC, ECHO, USAID, UNESCO, IDBs, BLOOD BANKS
7. Urgent needs emerging out of recent disasters

IV. Meeting Participants

	NAME	ORGANISATION	EMAIL / PHONE
1	Mr. R. Gopalakrishan Chairman	Prompt Care International Foundation A-602, Bldg No. 1, Aakaksha, Wasa M.L.Road, Mumbai-62	pcit@vsnl.com
2	Faizul KABIR Representative	Handicapped International 138, Gulshan Avenue, Gulshal-2, D Bangladesh	Pm_hibgd@dominox.com + 880174 040038
3	Lenore Manderson Prof.	School of Population Health University of Melbourne Victoria 3010, Australia	lenorem@uninelb.edu.au + 6138344 4445
4	Philips O'Keefe	World Bank Lodi Estate, New Delhi-98	pokeefe@worldbabk.org + 91 11 846037
5	Dr. Vani Kulhalli Psychiatrist	SMIT Consultancy Consultancy in Behavioral Medicine 102 – A – Galaxy Arcade, 1st Floor, Apsara Dresses, M.G.Road, Vile Pa Mumbai 400057	vanibk@rediffmail.com 09819269628
6	Sandhya Limaye	Dept of FOW, Tata Institute of Science, Deonar, Mumbai-400088	slimaye@tiss.edu
7	Amrita Patel	School of Women's Studies; University; Bhubaneswar	amritapatel@rediffmail.con
8	J.K. Mukherjee General Secretary	Sahara (An Association of Disabled) Bamboo Flat, PB 03, South And Andaman & Nicobar Islands - 744107	 03192 – 258007 Fax - 03192 241887
9	B. Navajeevan E.C Member	Relief Organization for Handicapped, 17-6-13, New Hasnabad, Hindupur-51 AP	 Roh_hdp@yahoo.co.in 08556-225052
10	Sudhanshu Sekhar Sr. Prog. Officer (Emer Officer)	DanChurchAid 6/8, Shanti Niketan, New Delhi-110021	011-24119665 09810544900 sudhanshu@dcaindia.org
11	K.G.Mathaikutty Programme D (Emergencies)	Lutheran World Service-India 84, Dr. Suresh Sarkar Road, Kolkata-700014	mathewlwsi@vsnl.net 033-22849094
12	A. Brasley	Gene Ethic Network Australia	033-22849730/31 Ant12ac_online@hotmail.c
13	Mary Chamie	Branch Chief (Demographic & Statistic)	mary.chamie@gmail.com mchamie@UN.org 212-963-4869 914 478 084
14	Moira Horgan Jones	Disabled Peoples International www.dpi.org	moira@mjonescouncelling.m DPI (204) 287-8010 Moira (204) 786-3025

15	Mary Anne Burke Health Analyst/Statistic	Global Forum for Health Research 1-5 route Des Marlins, 1211 Ge Switzerland	Maryanne.burke@globalfo ealth.org 41 22 791-3808
16	Asha Hans	President Sansristi, Bhubaneswar	asha1@sancharnet.in sansristi@rediffmail.com
17	Lion Luthria G.B. President	Lions Club of Sujok,Luthra House Andhree Devoler, Juhu, Mumbai	gbluthria@yahoo.com
18	Lakshmi Lingam	Tata Institute of Social Science Deonar, Mumbai-400088	Lakshmi.lingam@gmail.com 9821432607
19	Monica Bartley	Combined Disabilities Association, 18, Ripom Rd. Kingston 5, Jamaica WI	nmbartley@yahoo.com (876)926-5311
20	Sunita Sanchet	ADAPT	sunitasanchet@gmail,com
21	Varsha Hooja Director Technical Operation	National Resource Centre for Inclusion, Spastic Society of India, K.C.Marg, Bandra(W), Mumbai -400050	Varshahooja@hotmail.com 26443666/3688 9324087570
22	Reena Mohanty M.Parida – Carer	Shanta Memorial Rehabilitation Centre, Bhubaneswar	reenamohanty@hotmail.com
23	Nizni	Dept. of Rural and Urban TISS, Deonar, Mumbai-400088	nizni@rediffmail.com
24	B Darwin	Relief Organisation for Handicapped H.No-17-6-13, New Hasnabad, Hindupur-515201, AP	Roh_hdp@yahoo.co.in
25	Sushil Kadam	National Institute for Research in Reproductive Health S.M.Street, Parel, Mumbai-400012	9819913525
26	S.K.Iyer	Gulf News	crishna@gulfnews.com
27	Ravi Narayan Coordinator	PHM Global Service, Banglore	
28	Mr.Ashok Hans B.Barik – Carer	Shanta Memorial Rehabilitation Centre, Bhubaneswar	smrc_bbsr@hotmail.com
29	Dr. Anita Prabhu	ADAPT, K.C.Marg. Bandra Reclamation, Bandra, Mumbai 50	dranifaprabhu@gmail.com
30	Neena Kelwalni (Disabled)	ADAPT	neenuk@gmail.com
31	Mohankumar E Project Director	CADRE – INDIA Kurumathur, Kuzhithurai PO Kanyakumari, Tamil Nadu	cardeindia@hotmail.com
32	Ms. Kamayani Bali Maha	CEHAT, Survey No. 2804 & 2805, Aram Society Road, Vakola, Santacruz (East), Mumbai – 400055	022 2667 3571 / 26673154 kamayani@cehat.org
33	Dr.Ravi Naryanan State President	The Pondicherry Physically Handicapped Welfare Association No. 10, Thazhai Veedhi, Solai Nagar Muthialpet Post, Pondicherry 605003	_0413 - 2235942
34	Prabhas Mishra	SMRC, Bhubaneswar - 751017	pravasmishra@rediffmail.com 09437195059