
UNIT 26 REHABILITATION: SOCIAL AND ECONOMIC ASPECTS

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26.10 OBJECTIVES

After studying this unit, you should be able to :

- explain the meaning and concept of rehabilitation,
- appreciate the significance of rehabilitation,
- discuss the social aspects of rehabilitation,
- highlight the economic aspects of rehabilitation; and
- describe the various activities for ensuring social and economic rehabilitation.

26.1 INTRODUCTION

Because of the peculiar geography and geology of the area, the Indian sub-continent in general and India in particular are visited by a number of disasters, year after year. Most of the major types of natural disasters like floods, cyclones, earthquakes, droughts, landslides etc. occur frequently and hence the people of the country are familiar with them. Due to periodic disastrous situations, a major portion of the limited resources of the nation, are required to be diverted into various activities related to disaster management, including the distribution of relief and arrangement of rehabilitation of the affected communities. This puts severe strain on the developing economy of the country. Thus, it becomes utmost necessary for the decision makers, policy planners and the local communities to utilize the available resources in appropriate manner to strengthen the ability of the community to face such onslaughts and to mitigate their adverse effects.

Disaster management activity for any type of disaster can be divided basically into the following three stages :

1. Pre-disaster stage
2. Emergency stage or during disaster stage; and
3. Long-term post-disaster stage.

The pre-disaster stage activities include the preparedness and mitigation aspects for facing the disaster in a planned and coordinated manner. The next phase, just after the occurrence of disaster involves the rescue and relief operations. During this stage, when survival is the prime goal, we have to rescue the affected population and to provide immediate relief. The most important phase of disaster management starts with the passing of the emergency phase and concerns the rehabilitation of the affected communities with the long-term objective of Protection against such events. These phases are interconnected and interdependent.

26.2 REHABILITATION: CONCEPT, FACTORS AND SIGNIFICANCE

The most important aspect of any post-disaster effort is the rehabilitation of the affected communities. This envisages resetting of the disturbed communities through rebuilding of the affected communities in terms of social and economic aspects as well as rebuilding/retrofitting of the damaged houses. The main objective of any rehabilitation package should be to bring back the affected regions/communities to normalcy and to provide the opportunity to the affected community to restart their socio-economic and cultural life as early as possible. The rehabilitation package should not be an exercise merely of providing help either financially or of rebuilding/repairing/retrofitting the damaged houses. Any rehabilitation programme should be focused on the redevelopment of the affected communities/regions rather than merely on the provision of facilities. The basic concept behind any rehabilitation package should be to bring back the affected communities/areas to at least its original state that existed prior to the disaster. Efforts should be made to incorporate developmental aspects in the rehabilitation process taking care of the fact that this does not delay the process unduly. Besides, the package should also aim at strengthening the existing infrastructural facilities to face possible future disasters in a far better manner.

The rehabilitation package offered after any disaster may be classified into the following categories:

1. Housing and Infrastructure Redevelopment
2. Social Rehabilitation Programmes
3. Economic Rehabilitation Programmes
4. Other Related Programmes and Activities.

The housing and infrastructural part should cover the requirements and other necessary details pertaining to housing, civic, amenities, roads, bridges, electric power supply network, communication network, water supply schemes, irrigation and related structures, public buildings etc. The social rehabilitation programmes should cover health, education, and special programmes for children and women. The economic rehabilitation package should cover the special programmes for rehabilitating agricultural farmers, labourers, artisans, animal husbandry, special training programmes, social forestry and also programmes to provide immediate employment such as Food for Work Programme, Jawahar Rozgar Yojana, and Pradhan Mantri Rozgar Yojana. The package on other related programmes and activities should include all remaining portions of the rehabilitation package like development of better environment in the area by creating green belts and repairing public buildings and monuments.

As mentioned above, the social rehabilitation package may include the following components:

1. Strengthening/restrengthening of existing health facilities and infrastructure
2. Rehabilitation of educational activities within the disaster affected region
3. Rehabilitation of women and children affected by the disaster.

26.3.1 *Healthcare Facilities and Infrastructure*

Due to any disaster like earthquake, cyclone, floods or landslide etc., many people lose their lives. A large number of people receive injuries of varying degrees, thus requiring immediate medical attention. At the same time, large number of health institutions in the affected areas become inoperational due to the damages that occur in the aftermath of the disaster. So, the need for improved health facilities is felt within the emergency period itself.

In case of earthquakes, majority of injured people may sustain fractures of various types (bones of the extremities, pelvic, etc.); head injuries and other internal injuries. For all these; necessary surgical treatment must be provided within the shortest possible time. For this purpose, the authorities in the affected areas must, if need be, take the help of defence forces within the emergency period itself. The defence personnel are well-versed to handle this type of situation and could even quickly establish temporary hospitals at the affected sites.

For proper information exchange and coordination of medical support, control rooms must be established at various important points. Information exchange must be done among the various state level health departments, including the directorate of health services, directorate of medical education, district hospitals and rural hospitals within the affected areas. These control rooms may play a very vital role in the overall management of emergency period and the rehabilitation of the healthcare infrastructure within the affected area. They may also be utilised for collection and storage of immediate medical supplies received from national and international agencies. The supplies may comprise infusion fluids, antibiotics, surgical equipments, dressing materials, field dispensary units, emergency medical kits along with chlorine tablets and insecticides, which are in urgent demand and require immediate distribution among the affected communities.

After any disaster, the most important task for the authorities would be to check the outbreak of any disease or the spread of any epidemic. For this purpose, anti-epidemic measures, in the form of disinfection of water, insecticide spray and disease surveillance must be started in the first instance. The following are some of the important points, which could be the key for a successful health care operation after any disaster :

- i) A very prompt and quick coordinated response from all concerned including the NGOs.
- ii) Quick evacuation of seriously injured cases just after the calamity, for minimising the mortality among the disaster affected people.
- iii) Appropriate and efficient management of hospitalised cases.

- iv) Prompt and effective anticipatory, anti-epidemic measures to prevent the outbreak of any epidemic in the aftermath of the disaster.
- v) Effective and safe logistic support for essential items including the medicines, e.g., maintaining the old chain wherever essential.

During any disaster situation, the various state, national and even international agencies whether governmental or non-governmental, seem full of enthusiasm and also respond overwhelmingly to the situation. But, the following are some factors, which may hamper the smooth functioning of the health sector infrastructure unless all efforts are well-coordinated:

- i) Lack of communication between various functionaries, hospitals and even among the concerned officials.
- ii) Shortage of sufficient accommodation for indoor activities for different operations related to efficient discharge of health facilities and even to store the medicines properly.
- iii) An additional demand for different types of equipment and related materials from within the disaster-affected area.
- iv) Improper and inefficient facilities for necessary electric power supply to carry out the necessary tasks related to health facilities.
- v) Lack of trained staff to handle the mental health or trauma cases effectively.
- vi) Lack of trained manpower to help in the rehabilitation services in the form of physiotherapy and occupational therapy.
- vii) Lack of efforts and coordination related to sustainable disaster management; and
- viii) Lack of overall training in handling disaster healthcare in a professional manner.

The only effective solution to overcome these shortcomings lies in adequate preparedness and pre-disaster planning and training. If the health sector personnel are trained in handling the situation likely to arise due to a disaster, it will definitely reduce the pressure at the time of actual crisis situation. For proper management of the situation, the health sector requires a well-defined preparedness plan. To make the plan efficient and workable, additional facilities within the existing hospitals are also required.

a) Objectives of the Preparedness Plan for Health Sector Infrastructure

The following points should be considered while preparing the health sector to take up the challenges posed by any disaster:

- i) Since the occurrence of disasters cannot be prevented, the improvement in the ability of the masses at local level, to meet the challenges posed by such calamities is one effective way for providing proper and adequate response to the calamity.
- ii) Just after disaster, there are grave dangers of outbreak of an epidemic. Effective preventive measures must be set up in motion by involving the existing network of rural health centres, public dispensaries and even through the representative bodies like panchayats at village level and zilla parishads at district level. The sole aim of the exercise must be to prevent the outbreak of the epidemic. The rehabilitation plan must concentrate on strengthening and upgrading the preventive measures.

iii) In order to develop a mechanism to monitor and sustain recovery efforts throughout the disaster management phase, we have to:

- Improve the communication network at various levels.
- Increase the capacity of the existing facilities (e.g. addition of beds in the hospitals etc.)
- Equip the hospitals to support the additional work load in case of an emergency.
- Create and operationalise rehabilitation and mental health aspects within the existing healthcare centres.

b) Creation of **Additional** Facilities within the **Existing Health Institutions**

Facilities for housing the injured patients is critically important for effective management and care after any calamity. The shortage of proper space for accommodating the patients, members of the medical teams and proper storage places for medicines and related equipment is usually felt. This situation results in the shifting of the patients either to the far off places or to make-shift hospitals. Both the situations are undesirable and should better be avoided. The ideal solution is the conceptualization of these problems during the rehabilitation planning phase by providing additional infrastructure.

After any disaster, a large number of victims need to be hospitalised for treatment. Most of them are discharged soon after first aid, but these people are likely to require physiotherapy and/or occupational therapy. These types of facilities generally do not exist in most of the primary health centres; rural hospitals or even in some cases at district hospitals. An attempt must be made to provide the trained staff in these two types of therapies for better and quick rehabilitation of the affected communities.

For effective rehabilitation of the persons affected by the post-disaster trauma, we require the service of psychiatrists, which is generally not available in most of the hospitals. Proper attention must be paid to this aspect also and an attempt must be made to provide the specialist psychiatrist at least at the district hospitals. At the emergency stage itself, we require the help of psychiatrists. For this purpose, we should try to arrange mobile trauma care units. The members of these units can visit the affected area frequently and assist the health officials.

During any type of disasters, electric supply network becomes a major casualty. The damage to these facilities may hamper the effective utilisation of healthcare facilities: Thus, alternative arrangements for power supply must be made. For this purpose, electric generators may be provided to the hospitals and other health care institutions. Another type of breakdown that takes place during the disaster situation is the communication network. This also affects the overall efforts of rescue, relief and rehabilitation. There is a need for alternative arrangements to be provided during disaster situations. For this purpose, amateur HAM-radio network may be encouraged to assist the various health sector institutions also.

26.3.2 Resurrection of Educational Activities in the Disaster Affected Region

Most of the disasters including earthquakes, cyclones, floods etc., leave behind in their wake widespread destruction, which includes educational buildings and equipment. The immediate task before the Department of Education and

the authorities is to restart the educational activities at all levels. This ensures not only a continuity in the education process but also help the community, especially the young among them, by diverting their attention from the negative and depressing thoughts resulting from the disaster. For this purpose, educational equipment, text-books, writing materials etc., must be provided at the first instance. Any rehabilitation programme must include the rebuilding of the fully damaged buildings and repair/retrofitting of the partially damaged buildings. Classes may have to start in the open or in tents to begin with. Teachers may have to shoulder more teaching load.

For proper restoration of education activities, the teachers and the children of the disaster affected areas require counselling. These people require someone to share their sorrow and grief. They also require encouragement and motivation to start their life once again. For this purpose, the help of local voluntary groups may be sought. The responsibilities assigned to these local groups may include the following:

- i) counselling and encouraging the children to attend the schools regularly
- ii) assisting the administration in providing the writing materials, work books etc. to the children
- iii) helping the school administration for ensuring the participation and cooperation of the children in all activities of the school
- iv) developing an atmosphere for students to seek knowledge and information
- v) inculcating conducive attitudes among the students to play a positive role in self-development
- vi) establishing village level education committees for properly running the schools within the villages, and
- vii) arranging for volunteer teachers wherever the disaster has resulted in shortage of teachers.

For achieving good results in restarting the education activities in the disaster affected areas, a participatory approach is necessary. At the district level, the Zilla Parishad officers along with District Inspector of School can identify a few local groups to take up this challenge and conduct the orientation programmes for these groups. The objective of these orientation programmes must be to train the group members in identification of target groups, methodology to be adopted and carrying out of the various educational activities within the affected villages/areas. In carrying out these tasks, the role of the voluntary organisations must be facilitative and supportive.

26.3.3 Rehabilitation of Women and Children Affected by Disasters

The most vulnerable group due to any disaster in physical, emotional and/or economic terms is women and children. The rehabilitation of this group must be a major component within any rehabilitation package. The emphasis of any rehabilitation programme for women and children must include the following :

- i) Women and Children should, as far as possible, be resettled/rehabilitated in familiar environs.
- ii) An attempt must be made to rehabilitate the widows and orphans within their extended family or in a foster family in case of orphans.

- iii) The mental health of such affected groups must be strengthened through programmes of regular counselling.
- iv) The economic independence of widows must be ensured with the help of suitable programmes.
- v) The Proper health, nutrition and hygiene aspects must be taken care of within the long-term rehabilitation of the women and children groups.

a) Development of Physical Infrastructure for Women and Children

- i) **Anganwadis** : The anganwadis must be activated/reactivated (as the case may be), within the shortest possible time, after any disaster. The anganwadis may act as day care centres for the children, besides providing nutritional diet to them and to expecting and lactating mothers. The anganwadi workers are very effective in providing counselling to the affected community. In fact, experience has shown that the anganwadi workers are the opinion leaders among the village women folk.
- ii) **Community Centres** : During rehabilitation process, at least one multi-purpose community centre per village must be set up. These centres would serve as the meeting places for women, counselling centres and even training and recreational points for the women folk within the village itself. Another function, these centres can play is to act as creches for children of women who are working or engaged in social activities like training etc.
- iii) **Female Children Home** : The girl child is most vulnerable and suffers the most in any type of calamity. To take care of the young and single girls, a provision for residential female children homes can be made at least at block level as a long-term measure. These homes can provide proper education/training etc., to make these girls self-reliant and economically independent.

b) Development of Economic Activities for Women and Children

- i) Vocational training for improving the skills of the women and children groups is a must. The vocational training must be provided through the existing network of ITIs (Industrial Training Institutes). At least, one Industrial Training Institute must be available within a district. Besides providing the training to this group in the traditional trades like tailoring, embroidery work etc., some non-traditional trades like Radio, T.V.Repair, can also be identified for providing training to the group members.
- ii) Self-help groups can be created. A rehabilitation package must emphasise the need for organising the self-help groups of women. These groups must provide the counselling and training to the women folk to effectively create and handle the economic assets. These groups may be very effective in making the disaster affected women economically independent.

The entire rehabilitation programme for women is based on intensive counselling, interaction as well as training. For the effective implementation of socio-economic rehabilitation programme for women, a large number of training programmes must be started for NGO workers, anganwadi workers and other village level government functionaries.

As of today, many of the NGOs have an expertise in organising effective rescue and relief operations but they require training in the long-term rehabilitation efforts. To fulfil the greater need of training, a training of trainers centre could be developed at the district level, within the disaster affected/prone region.

Check Your Progress 1

Note: i) Use the space given below for your answers.
ii) Check your answers with those given at the end of the unit.

1) What do you understand by the rehabilitation of disaster-affected communities?:

2) What are the essential components of a rehabilitation package for the benefit of a community affected by a disaster?

3) What are the main programmes under the Social Rehabilitation Plan?

26.4 REHABILITATION: ECONOMIC ASPECTS

Generally speaking, the concept behind the economic rehabilitation of the disaster affected area is to reattain the same level of economic status of the entire region as in the pre-disaster stage. In the situation arising due to a disaster, a large number of people lose their close relatives, physical property, means of livelihood and remain under the traumatic conditions for quite some time. The main purpose of the entire package of economic rehabilitation is to bring the affected community into the mainstream again,

The economic rehabilitation of any disaster affected area may include the following components :

- Agricultural rehabilitation of disaster affected area;
- Rehabilitation of artisans and marginal businessmen affected due to the disaster, and
- Rehabilitation of animal husbandry in the area affected due to the disaster.

26.4.1 Agricultural Rehabilitation of Disaster Affected Areas

During any disaster, a large number of farmer families suffer losses of lives and property. The losses to crops, livestock, poultry, seeds and other agriculture inputs, farm implements and equipments are some of the hardhitting after effects. Besides, a large number of families suffer from various types of injuries/diseases and require treatment in the hospitals. Those families which survive the wrath of nature during the calamity, remain mentally and psychologically depressed and are not in the proper mood to carry out the different normal operations of farming.

Loss of farm implements and equipments required to carry out farming operations and loss and/or damage to the seed and fertilizer stocks stored make it impossible for the farmers to undertake various activities related to farming including primary tillage, sowing/harvesting of crops and related activities. In view of this, it becomes necessary to take up the agricultural rehabilitation in the disaster affected region urgently. This entire programme can be divided into:

- a) Short-term Measures for Agricultural Rehabilitation
- b) Long-term Measures for Agricultural Rehabilitation

Short-term Measures for Agricultural Rehabilitation

The short-term measures for agricultural rehabilitation include the sowing of the next crop after the disaster and harvesting of the remaining portion of the crops affected by the disasters. Due to the losses caused by the disaster, the farmers remain unable to restart the farm activities. It is thus necessary to provide assistance to the affected farmers in carrying out the different operations necessary for sowing/harvesting. Most of these activities are labour intensive and require large number of agricultural labourers. The agricultural labourers can be hired from the neighbouring areas, which are not affected by the disaster but they will have to be paid wages, which shoot up during the disaster relief work. Therefore, some cash grant or loan will be needed to be made available to the farmers.

Another immediate requirement of the disaster rehabilitation package is to provide fertilizers to the affected farmer families. Most of the farmer families suffer losses and remain financially unable to purchase necessary seeds and fertilizers in disaster situations. It then becomes important on the part of the government or voluntary groups to provide requisite quantity of seeds and fertilizers to carry out the necessary agricultural activities.

Long-term Measures for Agricultural Rehabilitation

In the aftermath of disasters, a large number of agricultural implements and equipment are either damaged or lost along with the agricultural inputs. Hence, in addition to the provision of free fertilizers and seeds, the necessary equipment/tools must also be provided to them, besides providing these to the landless agricultural labourers on free/subsidised rates.

The farm implement kits to be distributed to the farmers must include the tools necessary for sowing and harvesting depending on the season. The tool kits for farm labourers must include the small equipment necessary for support operations in farming like “khurpies” and sickles.

In the severely disaster affected areas, the loss of bullocks and other farm animals hamper different farm operations like ploughing, sowing and harvesting of crops, etc. It may be necessary to provide bullocks to the affected families particularly marginal farmers to restart all those activities once again.

After any type of natural disaster, a majority of irrigation wells and pump sets as also irrigation/distribution system get damaged. A proper and scientific survey must be carried out to quickly assess the actual situation/condition of these structures after which adequate urgent rehabilitation of these structures and systems should be the first priority.

26.4.2 Rehabilitation of Artisans and Small Businessmen Affected due to Disasters

In most of the disaster affected areas, a large number of artisans along with the small businessmen lose their livelihood. For a large number of people under this category, the disaster results in loss of a market place for the final products or raw materials. Due to the decentralised nature of working of artisans/craftmen, it becomes necessary to provide them with small work sheds, necessary tool kits and soft loans to enable them to secure raw materials and to market the final/finished products. Another way is to rehabilitate the affected people under this category by starting the rural industrial units at the block level within disaster affected areas. Within these units, various identified artisans like carpenters, black-smiths, gold-smiths, tailors, potters, machines, cycle/rickshaw repairers, etc., may be provided basic infrastructural facilities like working sheds, internal roads, electricity and water supply. However, experience has shown that such artisans or small shopkeepers prefer to restart their work at their original places and do not like to relocate themselves in a separate business area scheduled from the residential area. Therefore, ascertaining the wishes of the community is essential. Rehabilitation process should not disturb their traditional customs or life styles.

A large number of small businessmen like small shopkeepers, tea stall owners, flour mill owners, etc., might have suffered damage to their respective units. The rehabilitation of all such affected people under this category should also have the provision of monetary loans on easy terms apart from some cash as outright grant.

26.4.3 Rehabilitation of Animal Husbandry Affected due to Disasters

Animal Husbandry is an important and integral part of village life. It is a useful resource and serves as a means of livelihood for farmers particularly in the agricultural system of the country. It therefore becomes necessary to rehabilitate the farmers by replacing the lost livestock, by providing fodder during emergency period and by constructing the damaged cattle sheds. After any disaster, the trained animal husbandry people should take up the rescue and relief work of trapped animals under debris, removal and disposal of dead bodies, treatment of injured animals, vaccination against any epidemic, and establishment of cattle camps. Proper care in terms of health, provision of fodder, water, housing and proper sheds must be taken up. Any livestock rehabilitation package should include the following:

- replacement of the dead milch cattle- to the affected farmers.
- free cattle feed for about 2 to 3 months.
- preventive medication for entire livestock to check the spread of any disease among the surviving cattles.

Check Your Progress 2

Note: i) Use the space given below for your answers.
ii) Check your answers with those given at the end of the unit.

1) What are the main features of the economic rehabilitation of disaster affected areas?

2) What are the main components of the rehabilitation package for artisans and small businessmen affected due to disasters?

3) What are the main features of the rehabilitation of animal husbandry affected due to disasters?

26.5 LETUSSUMUP

Since disasters like floods, droughts and earthquakes occur quite frequently in our country and our scarce resources have to be diverted to relief and rehabilitation work, this unit has laid emphasis on the basic concept behind any rehabilitation package in order to bring back the affected communities and areas to their original state that existed prior to the disaster. It has also discussed the rehabilitation package offered after any disaster, which has been classified into infrastructure redevelopment, social rehabilitation and economic rehabilitation

programmes. The unit has paid special attention on the rehabilitation of educational activities, agricultural rehabilitation as well as rehabilitation of women and children in the aftermath of a disaster.

26.6 KEY WORDS

Artisan: A skilled manual worker, a handicraftsman, a mechanic.

Infusion Fluids: Medicinal liquids that are injected into the body of the patient, e.g., injections, glucose and saline solutions

Social Forestry: Growing of plantations for the use of villagers' basic needs preferably with their participation in the process.

Occupational Therapy: Treatment of patients by providing a creative occupation or hobby.

26.7 REFERENCES AND FURTHER READINGS

Misra Girish K. and G.C. Mathur eds., *Natural Disaster Reduction*, Reliance, New Delhi, 1993.

Vinod K. Sharma ed., *Disaster Management*, NCDM, I.I.P.A. New Delhi, 1994.

26.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress 1

- 1) Your answer should cover the following points:
 - Rehabilitation envisages resettling of the disturbed communities
 - This is achieved through (a) Rebuilding and retrofitting the damaged buildings including houses, and (b) Restoring the socio-economic status of the community
- 2) Your answer should include the following points:
 - Repair, retrofitting, redevelopment of housing and infrastructure
 - Social rehabilitation programme
 - Economic rehabilitation programme
 - Other related programmes such as environmental improvement in the area
- 3) Your answer should include the following points:
 - Strengthening or restrengthening the healthcare facilities in the disaster-affected area
 - Rehabilitation of activities related with rehabilitation of women in the area
 - Resurrection of educational activities affected by the disaster in the area

Check Your Progress 2

- 1) Your answer should include the following points:
 - Agricultural rehabilitation of the disaster affected area
 - Rehabilitation of artisans and marginal businessmen
 - Rehabilitation of livestock

2) Your answer should include the following points:

- They should be helped in the repair of their damaged place of work or should be provided alternate workplace if their original shop is destroyed beyond repair
- They should be provided with basic tools for their craft or trade
- They should be provided small loans on easy terms to restart their work
- In the process of rehabilitation, the artisans and small businessmen should not be forced to abandon their traditional area of work, customs or lifestyles.

3) Your answer should include the points:

- Replacement of the dead milch cattle to farmers
- Preventive medication to cattle against spread of diseases.