

(Source : NDMA)

## Key Phases of Disaster Management

**Pre – Disaster:** The phase before a disaster wherein it is aimed to reduce the potential for human, material or environmental losses caused by hazards and to ensure that these losses are minimized when the disaster actually strikes.

**During Disaster:** It is to ensure that the needs and provisions of victims are met to alleviate and minimize suffering.

**Post Disaster:** After a disaster it is to achieve rapid and durable recovery which does not reproduce the original vulnerable conditions.

## Psychosocial Support in Disaster

Psychosocial Support in the context of disasters refers to comprehensive interventions aimed at addressing a wide range of psychosocial and mental health problems arising in the aftermath of disasters. The overall goal of Psychosocial Support and Mental Health Services is restoration of well-being of the disaster-affected community.

## Paradigm Shift in Disaster Management

Traditional perception of disaster was limited to the idea of calamity relief.



1881: Department of agriculture was constituted.



1970: Department of agriculture became the nodal center responsible for matters relating to floods and droughts.



1995: Upgraded to the status of the National Centre for Disaster Management.



1999 : Set up of a High-Powered Committee (HPC).



2002: National Mental Health Policy has mentioned about the need of disaster.



2005-2015: The Hyogo Framework for action.



2005: Government of India enacted the Disaster Management Act.



2015-2030: Sendai Framework - Risk Reduction is the latest paradigm for mitigating the impact of disasters.

# UNDERSTANDING DISASTER



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## UNDERSTANDING DISASTER

### Disaster

Disaster is defined as “a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or manmade causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area”.

*(Disaster Management Act, 2005)*

**Emergency Events Database (EM-DAT) considers one of the following criteria as disaster:**

- ❖ Ten or more people reported killed.
- ❖ 100 people or more reported affected.
- ❖ Declaration of a state of emergency.
- ❖ Call for international assistance.

### Hazard

A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.

*(UNISDR,2009)*

### Disaster Risk

The potential disaster losses, in lives, health status, livelihoods, assets and services, which could occur to a particular community or a society over some specified future time period.

*(UNISDR,2009)*

### Vulnerability

Diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard.

*(IFRC,1999)*

## CLASSIFICATION OF DISASTER

The Centre for Research on the Epidemiology of Disasters (CRED) has defined the subcategories of disaster:

### Natural Disaster

#### Geophysical

Eg: Earthquake, Volcanic Activity



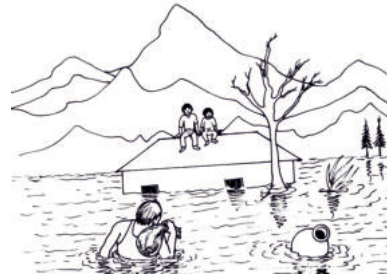
#### Meteorological

Eg: Extreme Temperature, Storm



#### Hydrological

Eg: Flood, Landslides



#### Climatological

Eg: Drought, Wildfire



#### Biological

Eg: Epidemic, Animal Accident



#### Extraterrestrial

Eg: Air Burst, Cloud Burst



### Technological Disaster

#### Industrial Accident

Eg: Chemical Spill, Explosion



#### Transport Accider

Eg: Road, Rail, Air



#### Miscellaneous Accident

Eg: Fire, Building Collapse





## IMPACT OF DISASTER

- Disaster has its devastating impact on all areas of life – physical, psychological, social and economical.
- In the aftermath of any disaster, survivors do experience a wide range of distressing emotional reactions.
- These reactions are normal reaction to abnormal situations.
- All impacts are interrelated and have a cyclic effect on each other.

## What You Can Do ?

### INDIVIDUAL LEVEL

- Share your feelings with others.
- Don't isolate yourself.
- Visit families and friends.
- Continue with your regular routine.
- Follow a healthy life style.
- Seek social support.
- Get professional help if required.



### FAMILY LEVEL

- Members should encourage sharing of feelings and experiences.
- Encourage family members to contact relatives and other support system available.
- Continue daily routine.
- Encourage family rituals and group meetings.
- Engage in recreational activities.



### COMMUNITY LEVEL

- Mass grieving with the bereaved family.
- Organizing group meetings for the survivors or bereaved family to ventilate.
- Organizing various recreational activities.
- Referring to mental health services if required.



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# IMPACT OF DISASTER

IEC-02



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Natural disaster strikes every country in the world. India remains the worst affected country in South Asia which is affected by disasters in addition to poverty, deprivation and epidemic disease, due to its diverse land with many rivers, flood plains, mountains, large population etc.

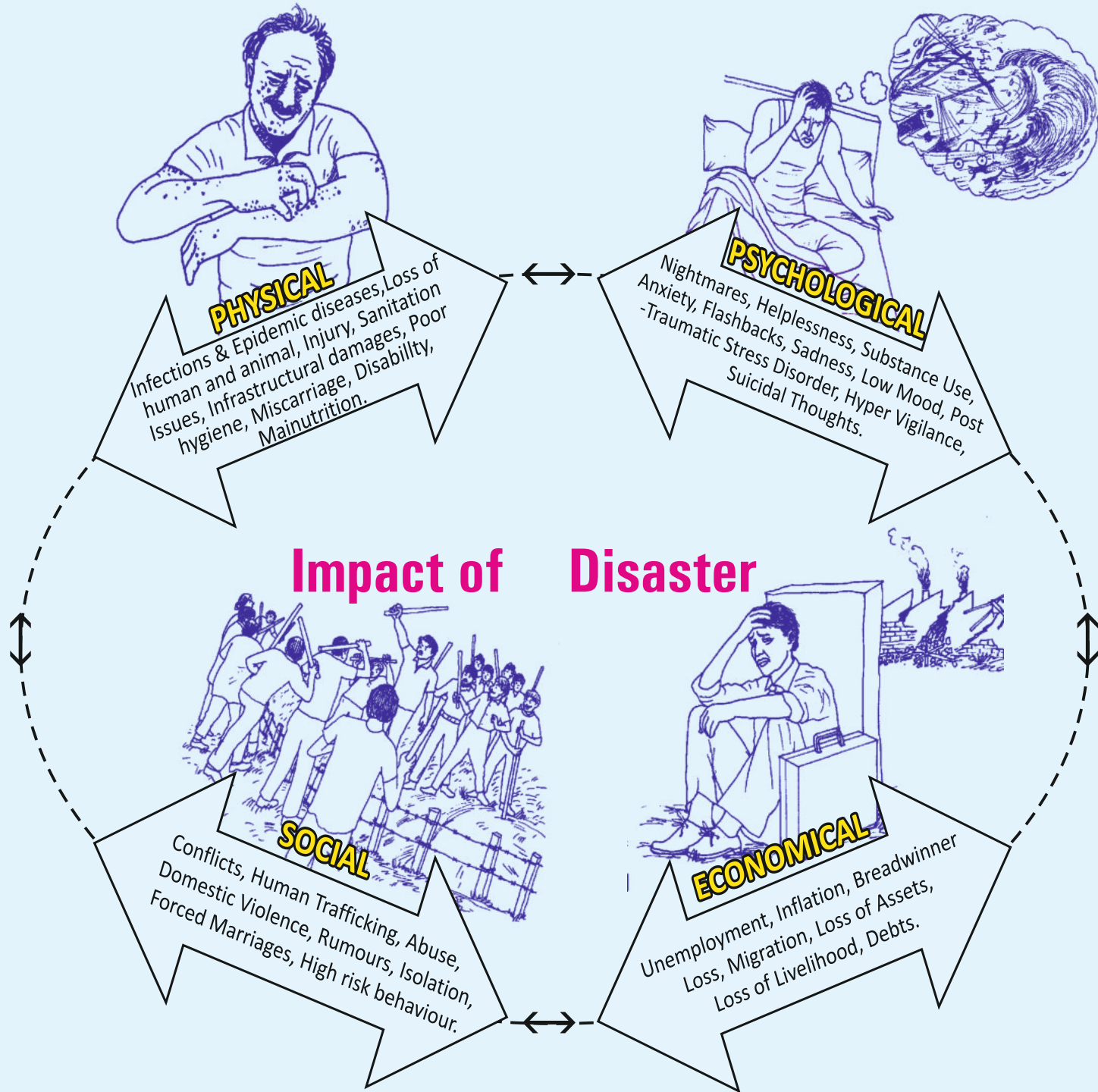
### Global Profile of Disaster

- In the year 2015, about 353 disasters occurred out of which 198 were natural disaster.
- In 2016, worldwide, 342 reported natural disasters caused 8,733 deaths.  
*(Annual Disaster Statistical Review, 2016)*

### Profile of disaster in India

- 58.6% landmass in India is prone to earthquakes.
- 12% land is prone to flood and river erosion.
- Out of 7506 coastline, 5,700 km is prone to cyclones and tsunamis.
- 68% of the cultivable land is vulnerable to drought.
- 15% of landmass is prone to landslides.  
*(Annual Report, NDMA, 2017)*

### Hazard profile of states in India





# Role of Psychosocial Caregiver

## INDIVIDUAL ISSUES

- Physical illness & exhaustion.
- Emotional reactions.
- Isolation.

## DON'Ts - INDIVIDUAL LEVEL

- ✗ **Don't** focus on problems.
- ✗ **Don't** use the same intervention for every individual.
- ✗ **Don't** generalize.
- ✗ **Don't** be Judgmental.
- ✗ **Don't** hesitate to facilitate referral.

## DO's - INDIVIDUAL LEVEL

- ✓ **Do** be empathetic.
- ✓ **Do** ensure active listening.
- ✓ **Do** provide alternatives to help.
- ✓ **Do** mobilize social support.
- ✓ **Do** be sensitive to individuals issues and needs.



## FAMILY ISSUES

- Loss of life, livelihood & living space.
- Tattered social fabric.
- Separation from caregiver.

## DON'Ts - FAMILY LEVEL

- ✗ **Don't** separate children from caregivers and siblings.
- ✗ **Don't** give complex answers to children.
- ✗ **Don't** underestimate the emotional reactions of adolescents.
- ✗ **Don't** blame for losses.
- ✗ **Don't** be hesitant to provide emotional support to each other.
- ✗ **Don't** wait to link the disabled with a protection service.

## DO's - FAMILY LEVEL

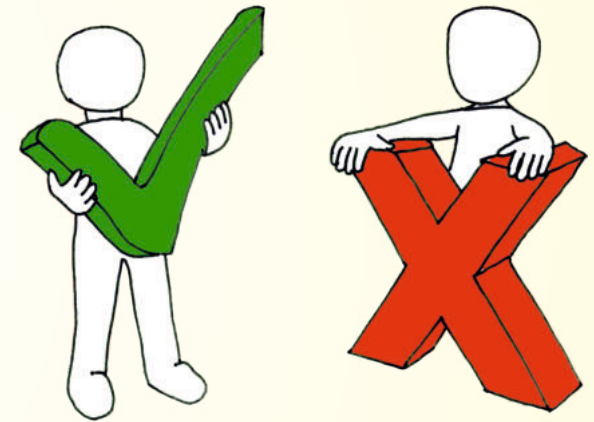
- ✓ **Do** support each other.
- ✓ **Do** keep regular feeding and sleeping schedule for infants.
- ✓ **Do** send the children to the school for better functioning.
- ✓ **Do** encourage the adolescents to talk about the bodily and related changes.
- ✓ **Do** give attention to the needs of spouse.
- ✓ **Do** pay attention to the elderly.



# DO'S & DON'Ts

# IN DISASTER

IEC-03



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Disasters are increasing day by day having a huge impact in the lives of people. They are in the form of cyclones, landslides, flood and earthquakes which could happen and disrupt our everyday lives. We should deal not only physically but also psychosocially in post disasters.




## DON'Ts

- ✗ **Don't** skip your routines (Meals, sleep and recreational activities).
- ✗ **Don't** isolate yourself.
- ✗ **Don't** consume substances or self-medicate.



- ✗ **Don't** feel guilty for what you could have done.
- ✗ **Don't** believe in rumors.
- ✗ **Don't** compare your situation with others.
- ✗ **Don't** be violent.



- ✗ **Don't** neglect personal hygiene.
- ✗ **Don't** discriminate vulnerable groups (Children, Women, Elderly and Disabled etc.)



## DO's

- ✓ **Do** share your feeling with others.



- ✓ **Do** keep a personal diary.
- ✓ **Do** seek social support for faster recovery.
- ✓ **Do** give time for yourself to heal.
- ✓ **Do** keep your routine activities to function effectively.
- ✓ **Do** spend more time with children and elderly.



- ✓ **Do** follow a healthy lifestyle - regular meals, sleep and exercises.
- ✓ **Do** get useful, accurate information on available services.
- ✓ **Do** reach out to professional help.



## PROLONGED REACTIONS

(In the rebuilding phase)

### Loss of productivity

*"I am not able to study like before."*



### Increase in substance use

*"I feel good when I consume alcohol."*



### Marital discord

*"My husband abuses me frequently. I can't stay with him anymore and I want divorce."*



### Somatization

*"I often get headache. I have consulted the doctor many times. He says, I do not have any problems."*

### Emotional reactions

- Most people involved in a disaster event experiences emotional reaction.
- Everyone reacts to the same situation differently.
- These are NORMAL reactions in an ABNORMAL event.
- Emotions vary in each and every phases of disaster.
- Behaviours and thoughts are expected to be affected by the disaster.
- Relationships with friends and family may become strained as the survivor goes through this cycle of intense emotions.

### What you can do?

- Give yourself time to experience these emotions.
- Communicate your experience.
- Ask for support from people who can empathize with your situation.
- Engage in healthy behaviours to enhance your ability to cope.
- Establish or re-establish routines.
- Avoid making major life decisions.
- Reach out for professional support.

# EMOTIONAL REACTIONS OF SURVIVORS



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There are some common responses while facing a disaster.

## IMMEDIATE REACTIONS (Within few hours)

### Tension, anxiety and panic

*"Hearing the word water, I was scared"*



### Shock or Numbness

*"Seeing the dead bodies, I became numb"*

### Guilt

*"it is my fault that I left my child in the house when I was helping my neighbour. I should not have gone out of the house."*

### Relief, Elation and Euphoria

*"I am grateful to God that I survived, but I lost my house"*

### Disorientation, wandering or aimlessly talking

*"I don't know who am I"*

### Flashbacks, nightmares and arousal symptoms

*"I often get up from the sleep because I see houses and vehicles washed away in landslides"*

## IMMEDIATE POST-DISASTER REACTIONS (One month to six months)

### Grief

*"I am not able to sleep for the past one month, as I lost my grandmother in the earthquake."*

### Intrusion, Avoidance and Hypervigilance

*"I keep thinking of dead bodies every time I pass through that particular place my heartbeat increases."*



### Lack of Interest

*"I am not interested in work"*



## DELAYED REACTIONS (After six months)

### Prolonged grief reaction

*"It has been six months but I am still not able to move ahead with my life"*



### Dissociative reactions

*"I feel like I am not existing because things happening around me are not real"*

### Depression

*"I want to die, there is no point in living anymore"*





## Disaster mental health service must be uniquely tailored to the communities they serve.

- \* Mental health interventions should be based on the demography and characteristics of the population.
- \* It is also essential to consider the ethnic and cultural groups in the community, so as to provide help which is culturally relevant, and in the language of the people.



## Survivors respond to active interest and concern.

- \* Survivors will usually be eager to talk about their feelings, experiences and thoughts when approached with warmth and genuine interest.
- \* Workers should not hold back from talking with survivors out of fear of intruding or invading their privacy.

## Interventions must be appropriate to the phase of disaster.

- \* It is of paramount importance to recognize different phases of the disaster and varying emotional reactions of each phase.
- \* In the initial phase it is listening, supporting, ventilation, catharsis and grief resolution.
- \* In the later phases it involves handling frustration, anger and disillusionment.

## Support systems are crucial for recovery.

- \* The most important support group for individuals is the family.
- \* Psychosocial care giver should attempt to keep the family together and the members should be encouraged to involve in each other's recovery.



(Adapted from SAMHSA)

# Principles of Emotional Support



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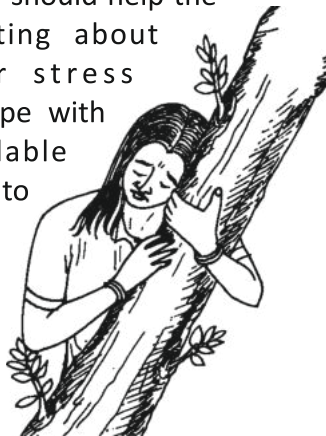
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- \* People usually have strong emotional reactions to disaster situations.
- \* Denial, shock, feeling overwhelmed or numb are common responses immediately following the event.
- \* In any disasters the magnitude of mental health problems is enormous.
- \* Along with the care of physical health and injuries, mental health issues are also of utmost importance and need to be addressed.
- \* A psychosocial caregiver can use these guidelines while providing emotional support to disaster survivors.

**No one who experiences the event or witnesses the event is untouched by it.**

- \* Grief, sadness, anxiety and anger are common reactions in disaster situations.
- \* Individuals find comfort and reassurance when told that their reactions are normal and understandable in every way.
- \* Psychosocial care giver should help the survivors in educating about common disaster stress reactions, ways to cope with stressors and available resources to respond to their needs.



**Disaster affected population have two kinds of traumas – individual and collective trauma.**

- \* Individual trauma manifests itself in stress and grief reactions, while collective trauma can sever the social ties of the survivors with each other.
- \* These ties could provide important psychological support in times of stress.



**Most people pull together and function during and after a disaster but their effectiveness is diminished.**

- \* A disaster survivor faces multiple stressors in the initial phases.
- \* The reality of loss becomes clearer gradually where frustrations and disillusionment sets in, leading to more stress symptoms.
- \* This can impair the survivor's ability to make decisions and take necessary steps towards recovery and reconstruction.

**Disaster stress and grief reactions are normal responses to an abnormal situation.**

- \* Stress reactions and grief responses are common in disaster situations.
- \* Almost all individuals who face this event experience such reactions.
- \* Public information about normal reactions and ways to handle them should be communicated as early as possible.



**Many emotional reactions of disaster survivors stem from problems of living caused by the disaster.**

- \* Disaster disrupts all aspects of daily life resulting in practical problems like finding a shelter, food; clothing, etc.
- \* Timely and appropriate relief and support measures are very vital to help survivors handle the disruption.



### RELAXATION / RECREATION

Relaxation will help to decrease the effect of stress on one's mind and body. It can help to cope with stresses of everyday lives. The need to do something for recreation is an essential element of human biology and psychology.



### EXTERNALIZATION OF INTEREST

After a disaster occurs it is imperative to find or continue one's own interest and channelize the energy to other productive work. The importance of engaging in activities and continuing the same will help them in the recovery process after a disaster event. Such activities may include sewing and stitching, engaging in community kitchens, transporting the fuel to the storage area etc.



### SPIRITUALITY

The term 'Spirituality' differs from person to person. For some, it is about participating in an organized religion such as going to Temple, Mosque and Church. For others, it is more personal, some people get in touch with their spiritual side through private prayer, yoga, meditation, quiet reflection, or even long walks.



- These are simple techniques which anyone can use to help survivors of any disaster.
- The immediate effects of psychosocial care may not be seen, however, it sets the foundation for long term rebuilding to take place.
- These techniques will help in dealing effectively with the survivors and provide faster recovery.
- Application of these techniques may vary based on the needs of the individual.

# PSYCHOSOCIAL CARE TECHNIQUES



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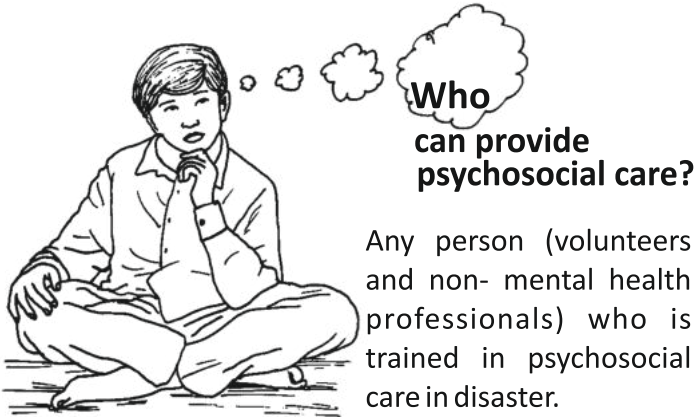
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## What is Psychosocial Care?

Psychosocial care is an integral part of any emergencies. It helps individuals and communities to recover from the psychological wounds and rebuild their lives after a disaster occurs.

### Why psychosocial care is needed?

- Reduce the distress from developing to pathology
- Enhances survivors coping and resilience
- It helps in fastest recovery



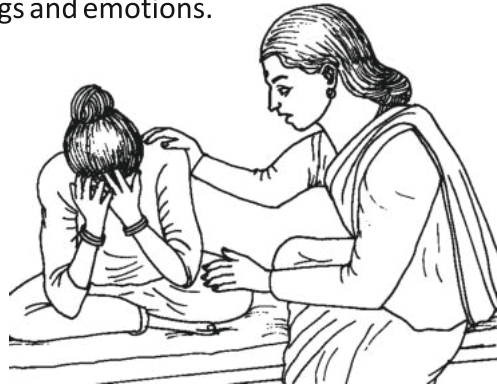
Any person (volunteers and non- mental health professionals) who is trained in psychosocial care in disaster.

## PSYCHOSOCIAL CARE TECHNIQUES



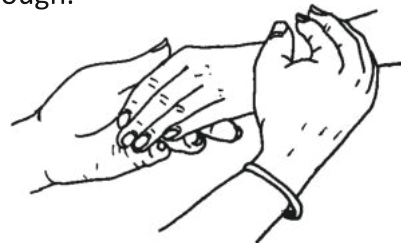
## VENTILATION

A person who has experienced some trauma will have strong emotions, which will often be suppressed. If there is no space or environment for the release of these emotions, then the pressure will keep on building until one day the person will break down. It is important for helpers to be able to meet with people and help them talk about what they have experienced and share their feelings and emotions.



## EMPATHY

Often when we are thinking from our point of view it is very easy, but to be able to get into another person's feelings and try and see it from their perspective is very difficult. However, if we look at things from other person's perspective, it will give us a clearer picture of what that person is going through.



## ACTIVE LISTENING

Good listening is an important skill to provide emotional support. This can be ensured through maintaining eye contact, responding occasionally while listening, avoiding interruptions, being non-judgmental, and empathizing.




## SOCIAL SUPPORT

Everyone feels very comfortable with a certain level of emotional support that comes from others around him or her. Social support networks are extremely important for feeling comfortable and secure. In a disaster situation all of these support systems get disrupted.






## Thought

Psychosocial caregiver can handle the situation if the person	Consider referral if the person
Has a feeling of sadness, despair, and worthlessness.	Is excessively preoccupied with one's ideas or thoughts.
Has doubt on his/her ability to recover.	Has a false, firm unshakable belief that the family or someone is going to kill him or harm.
Is overly concerned with minor things, someone or something is after him/her.	
Denies problems or states he/she can take care of everything by himself/herself.	When there are suicidal ideas.
Blames his/her problems on others, is vague in planning.	

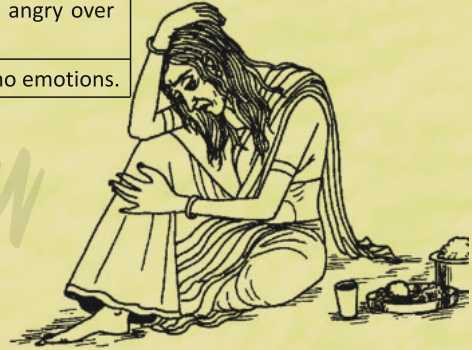
When

## Perception

Psychosocial caregiver can handle the situation if the person	Consider referral if the person
Has all the senses intact and there is no perceptual disturbance.	Hears voices in absence of them.
	Sees things in absence of them.
	Has unverified bodily sensations.

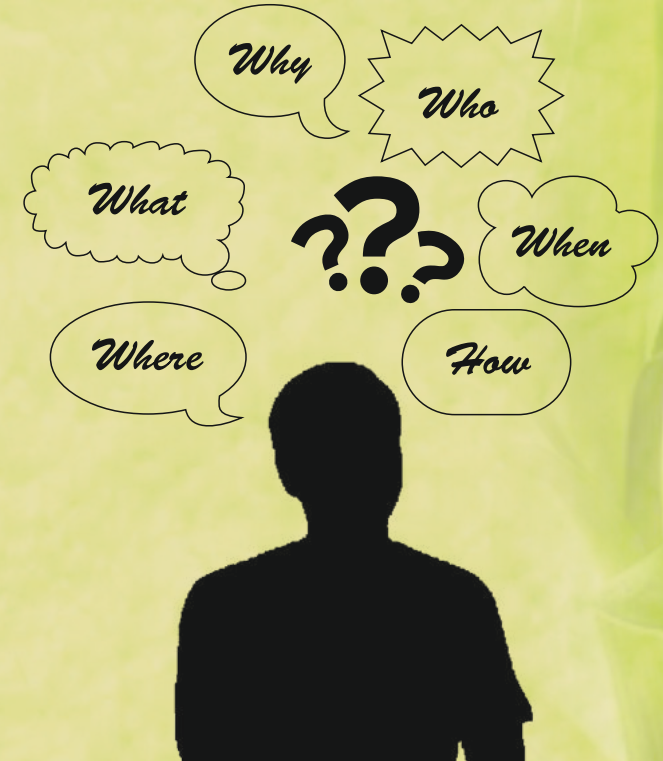
Who

## Emotions

Psychosocial caregiver can handle the situation if the person	Consider referral if the person
Is crying and weeping continuously reiterating about the event.	Unable to be aroused and is completely withdrawn.
Has blunted emotions, hardly reacts correctly to what is going on around him /her.	Is excessively emotional and shows inappropriate emotional reactions.
Shows high spirits, laughs excessively.	Is excessively happy, over familiar, restless, over grooming & over spending.
Is easily irritated and angry over trivial issues.	
Is very quiet, shows no emotions.	

Why

# Psychosocial Referral



## Benefits of Referral

- It hastens the recovery and continuity of the treatment.
- Prevents from worsening of symptoms.
- Helps in better coping.
- Improves the resilience.
- Enhances bio-psychosocial well-being.

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## What is Psychosocial Care Referral?

- Psychosocial referral is a method, which will ensure holistic care for the needy.
- The persons who are in need of other services should be referred to the appropriate agency.
- This is essential to have adequate collaboration and cooperation with other agencies and organizations working in the area of disaster.

## Why Psychosocial Care Referral?

- Timely referral will help in preventing from worsening the symptoms.
- It also helps the survivor in receiving holistic care.

## Who Can Refer?

Any trained person (*Mental health/Psychosocial care in Disaster management*) who is able to identify the normal and abnormal reactions of the survivor.

## When to Refer?

- Interfering with biopsychosocial functioning.
- Not making any progress from the exiting condition.
- Indicator of any distress or any emergency.
- Identification of substance abuse.
- When multidisciplinary attention is required.

## Where to Refer?

- To any mental health services or other welfare agencies.

## How to Refer?

- Talk to the survivor alone (if required include family members).
- Establish rapport.
- Discuss the problems and be specific.
- Ask for the alternatives.
- Identify resources and referrals.
- Continued follow up in regular intervals.

## Issues which require Referral



There are six areas, which you can consider while deciding whether you can help or if you need to refer the person to a professional.

## Alertness and Awareness

Psychosocial caregiver can handle the situation if the person	Consider referral if the person
Is aware of who he/she is, where he/she is, and what has happened.	Is unable to give his/her name, or with whom he/she stays or interacts.
Is only slightly confused or dazed, or shows slight difficulty in thinking clearly or concentrating on a particular subject or task. Complains of forgetting names and other things.	Cannot recollect the place he/she is from, where he/she stays, or what he/she does.
	Cannot recall events of past 24 hours.

## Behaviour

Psychosocial caregiver can handle the situation if the person	Consider referral if the person
Wrings his/her hands or appears still rigid or clenches the fists.	Is apathetic, immobile and unable to move around.
Is restless, mildly agitated and excited.	Is discontented and mutilates himself/ herself
Has difficulty in sleeping.	Violent, causes harm to others.
Has decreased appetite.	Uses alcohol or drugs excessively.
Is sad and shows agitation, restlessness and paces up and down, neglects self-care.	Is unable to care for himself / herself.



## Speech

Psychosocial caregiver can handle the situation if the person	Consider referral if the person
Talks excessively about the disaster.	Has irrelevant speech.
Refuses to talk much.	Shows extreme pressure of speech like his/her talk is overflowing.
Has rapid or halting speech.	
Stammers due to anxiety.	Does not talk at all for days together.

What



Where



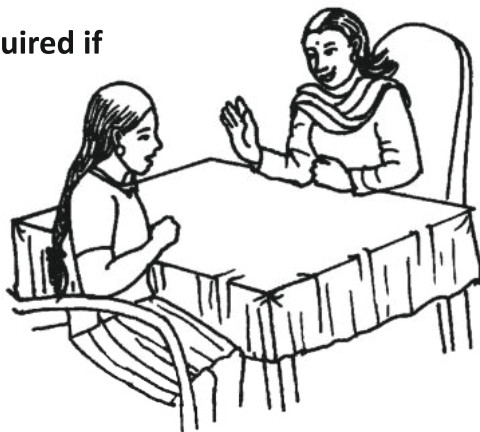


# CHILDREN IN DISASTER

## REFERRAL REQUIREMENT FOR CHILDREN

- Conduct problems
- Overactive
- Somatization
- Post- traumatic stress disorder
- Depression
- Substance abuse

### Referral is required if



- No indication of the reactions becoming less.
- Increase in severity.
- It is distressing to the family or the child.
- Interferes with the daily routine of the child.
- Interferes with interaction with others like friends or relatives.
- Interrupts work or school.

## ROLE OF PSYCHOSOCIAL CAREGIVER

- Reassure children that they are safe.
- Provide opportunities for the children to talk about their fears.
- Share how various people are coping and overcoming this event.
- Do not stress too much on academic achievement immediately after the disaster.
- Reassure children that the event was not because of their fault.
- Do not criticize regressive behaviours that children might display.
- Use play, art and other creative mediums along with discussions to reach out to children.
- Encourage children to develop coping and problem-solving skills to handle anxiety.
- Identify children who needs extra help to cope and refer them to a specialist.
- Let them know that it is normal to feel upset after something bad happens and allow them to cry and express their feelings.



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BENGALURU -560029**

## CHILDREN IN DISASTER

Children experiences displacement, loss, death and destruction due to disaster that affects the disruption of their relationship and familiar environment. This leads to physical and emotional insecurity among them.



### Events that bothers children in disaster

- Familiar environment become suddenly scary and unfamiliar.
- Living with the adults who are equally worried and concerned.
- Struggle to deal with unusual circumstances.
- Loss of own belongings, like toys, books, dresses and pet.
- Loss of loved one, parents, sibling, any other family members and friends.
- Continued threat to the sense of well-being.

## IMPACT OF DISASTER ON CHILDREN

### Pre-school (1–5 years)

- Temper tantrums
- Crying – whimpering or screaming
- Clinging
- Regressive behavior
- Easily frightened/ angry
- Sleep disturbances



### School Age (6–11 years)

- Aggressive
- Bed-wetting
- Change in appetite
- Nightmares
- Sadness and apathy
- Disobedience



### Adolescence (12–18 years)

- Isolation/Depression
- Irritability
- Risk-taking behavior
- Substance abuse
- Dropping out of school
- Guilt



## MEDIUMS TO WORK WITH CHILDREN

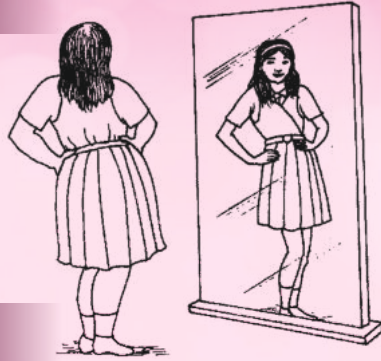
Children can be aided in recovery through the use of various mediums suiting their age group. They are :

- Facial expression cards
  - Thematic card
  - Clay modelling
  - Drawing
  - Family of dolls
  - Family portrait
  - Writing
- ◆ Children use play to express themselves.
  - ◆ Effective use of the materials can help children to act out feelings.
  - ◆ Children not only express themselves but also learn a lot of new things while playing.
  - ◆ While playing or drawing, they express their frustration, fear, tension, anger and insecurities.





13 Body shaming



14 Trafficking

15 Displacement issues

16 Stigma and discrimination



17 Gender equality issues

18 Emotional insecurity



# PRINCIPLES OF WORKING WITH WOMEN

*The guidelines to be followed while working with women*

- ◆ Confidentiality
- ◆ Non-judgmental attitude
- ◆ Comforting attitude
- ◆ Encourage the expression of emotions
- ◆ Highlight the personal resources



# WOMEN IN DISASTER



*“Enhancing Institutional and Community Resilience to Disasters and Climate Change”*

*Supported by*



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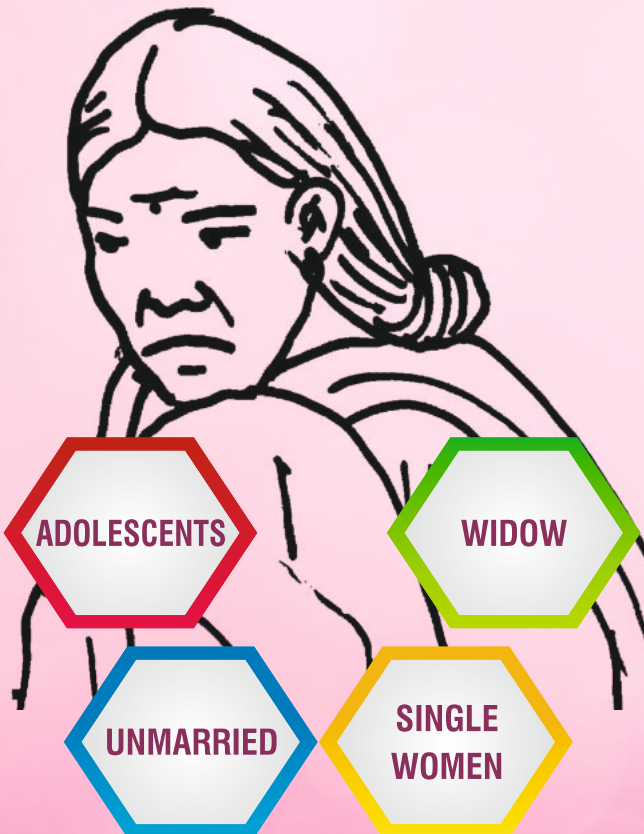
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- ◆ Women play an integral role in the functioning of a society.
- ◆ They carry out multiple task and roles effectively within the family and outside.
- ◆ They are vulnerable and experience various challenging life events.
- ◆ In a disaster the vulnerability of women increases.

*The different categories of women are as follows:*



## PSYCHOSOCIAL ISSUES OF WOMEN IN DISASTER

*The various underlying factors that are related to women are given below:*

### 1 Illiteracy

### 2 Unhealthy lifestyle



### 3 Separation from spouse

### 4 Reproductive health issues

### 5 Lack of accessibility to health care facilities

### 6 Lack of money causing marital discord



### 7 Fulfillment of biological drives

### 8 Multiple roles in taking care of the children



### 9 Problems in parenting

### 10 Lack of self-care and privacy issues

### 11 Domestic Violence



### 12 Lack of power



## Elderly in Disaster

Following a natural disaster, elderly is considered as vulnerable population in the same way as children. Like children, the frail elderly is often unable to advocate for their own interests because of physical impairments, cognitive limitations, or a combination of both.

### Elderly at high risk because they are

- ◆ Less mobile .
- ◆ Separated from families.
- ◆ Decreased sensory awareness.
- ◆ Prone to illness and injuries.
- ◆ Chronic medical conditions.
- ◆ Having less access to medication.
- ◆ Cut off from services.
- ◆ Socioeconomic limitations.
- ◆ Suffering from psychological distress.
- ◆ Have specific nutritional and health needs.
- ◆ Prone to risk, abuse and neglect.
- ◆ Physical disabilities.
- ◆ Having weak functional capacity.
- ◆ Increased dependency.
- ◆ Social isolation.



How can you help elderly?

- ◆ Keep a list of medications.
- ◆ Connect to required resources and services.
- ◆ If available, keep them with loved ones.
- ◆ Link with access to health care.
- ◆ Listen to their experience and leadership roles taken in emergencies.
- ◆ Consider older people's knowledge and experience in developing coping strategies following disaster.
- ◆ Create neighbourhood communities of elderly.
- ◆ Talk to medical provider about an emergency back-up plan.
- ◆ Create a list of special needs.
- ◆ Consider them as valuable resources to provide emotional support to other disaster victims.

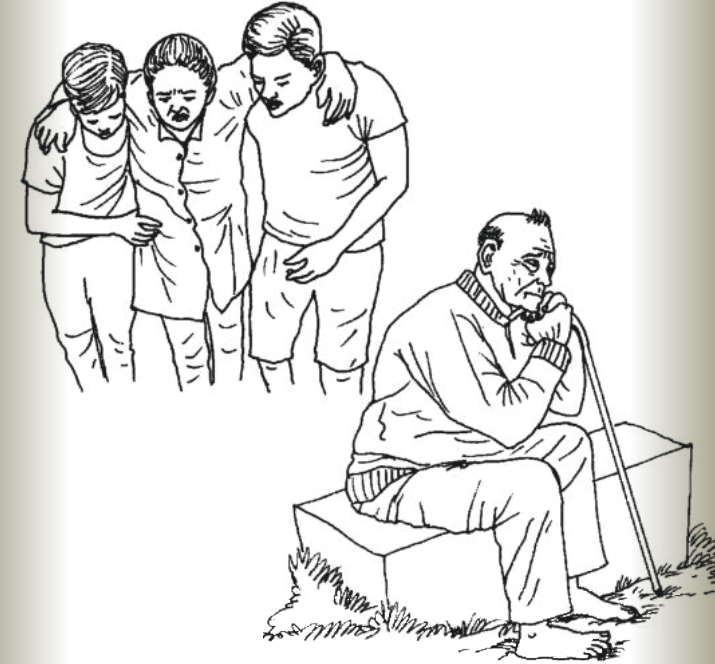
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## Person with Disability & Elderly in Disaster



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## Person with Disabilities in Disaster

Disasters can have an impact on disability, by disproportionately affecting persons with existing disabilities and by creating a new generation of persons with disabilities.

### Consequences of a disaster

#### Survivors with existing disabilities

- ◆ In comparison to a non-disabled peer, they are at more risk.
- ◆ Losing of assistive devices.
- ◆ Difficulty in accessing basic needs.
- ◆ Dependency increases.



#### Survivors with newly acquired disabilities

- ◆ Loss of livelihood.
- ◆ Untreated fractures & infected wounds leading to long lasting disabilities.
- ◆ Referral to appropriate health facilities gets delayed.
- ◆ Scarcity of rehabilitation personnel & infrastructure to cater the needs.

## The types of disabilities as per the Rights of Persons with Disabilities Act, 2016

1. Blindness
2. Low-vision
3. Leprosy Cured persons
4. Hearing Impairment
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental Illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability
16. Thalassemia
17. Hemophilia
18. Sickle Cell disease
19. Multiple Disabilities including deaf-blindness
20. Acid Attack victim
21. Parkinson's disease



## What responses should be taken after a disaster?

### The acute phase

- ◆ Identify persons with existing disabilities and connect them with temporary shelters.
- ◆ Referral to specific health care needs.
- ◆ Identify the people with injuries and provide trauma care services.
- ◆ Implement curative and therapeutic interventions.
- ◆ Connect with service agencies.
- ◆ Provide multidisciplinary care.

### The reconstruction phase

- ◆ Identification of the exiting capacities and skills.
- ◆ Assessing the immediate and long-term needs.
- ◆ Mobilise community resources.
- ◆ Initiate community-based rehabilitation services.
- ◆ Provide medical services & therapies if required.
- ◆ Attending to the social needs.

## MIGRANTS

Migrants may be less familiar with the new environment in which they live. They may not speak the dominant language causing a barrier in the interaction with others. This may further increase their vulnerability in seeking help when a disaster strike.



They can be helped in the following ways:-

- Their skills and capacities should be recognised and utilised, including their social networks and experiences in dealing with disasters.
- Awareness programmes about the hazard, risk and vulnerability should be prepared and designed specifically for non-native speakers, through community outreach, written and oral translation.
- Positive communication should be promoted to improve the inter-community relationships.

## SEXUAL MINORITY

This group differs from the other on their sexual identity, orientation or practices from the majority of the surrounding society. The needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) people following disasters, exacerbate existing vulnerabilities especially in places where equal rights and protections for LGBTI people are absent.



They can be helped in the following ways:-

- Make sure that same sex couples are sent to evacuation zones and their rights are being protected.
- LGBTI people with children should be given special attention as there are high chance of exclusion.
- Facilitate government and other forms of aid and recovery assistance.

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# Dealing with Marginalised Groups



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Marginalised groups are those who are socially and economically disadvantaged and excluded from the mainstream. Due to their disadvantaged condition these groups often face difficulties in accessing resources and timely assistance in a disaster. This in turn is exacerbated in the aftermath of disaster. It is important to understand their situation in order to ensure their safety and security.

## CHILDREN

Children are most vulnerable in disaster and are unaware of the changes that take place around them. Orphaned children, children whose parents have remarried, single parent children, children who have been disabled or injured, children who have been abused, children who are challenged are the special group of children who needs more attention. Children of different age groups react in different ways to the disasters.

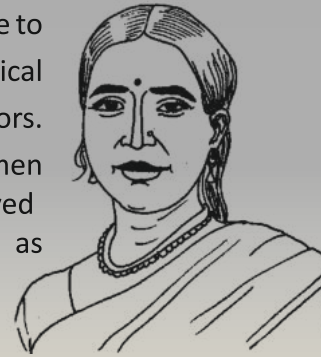


**They can be helped in the following ways:-**

- Allow the child to be with known adults like mother, siblings, neighbours.
- Engage the child in play and recreational activities like drawing, storytelling, singing, clay modelling etc.,
- Getting the children back to their earlier routine of eating, sleeping, play and going to school.

## WOMEN

Women are more vulnerable to disaster due to their biological and socio- economic factors. Unmarried or divorced women and single parent are observed to experience more stress as compared others.



**They can be helped in the following ways:-**

- Women need to be together with family.
- Encourage sharing their feelings about their loss and suffering in groups.
- Involve them in routine activities.

## PERSONS WITH DISABILITY



It is important to understand that disaster not only disable people but also put those who are differently abled at risk. In a disaster situation, the needs of the disabled should be given special attention as they are also equally affected as

**They can be helped in the following ways:-**

- Mobilizing social support.
- Keeping them updated about the situation as it gives them a sense of being involved.
- Shifting them to a place which is safer for them to recover.

## ELDERLY

Elderly are considered equally vulnerable as children in times of disaster. They face challenges like lack of access to - regular income, work and health care; declining physical and mental capacities; and dependency within the household.



**They can be helped in the following ways:-**

- Attend to their immediate medical needs.
- Facilitating social pensions.
- Convey to them positive news repeatedly.

## SCHEDULED CASTES & SCHEDULED TRIBES



Due to lack of money and socio-economic condition, non-availability of rescue services and lack of transportation facilities often adds the disaster burden in this group.

**They can be helped in the following ways:-**

- Facilitating the provision for early warning system.
- Implementing programs and policies to ensure the livelihood, education, health, decent living of these group.
- Mobilizing the available resources.



## With Family

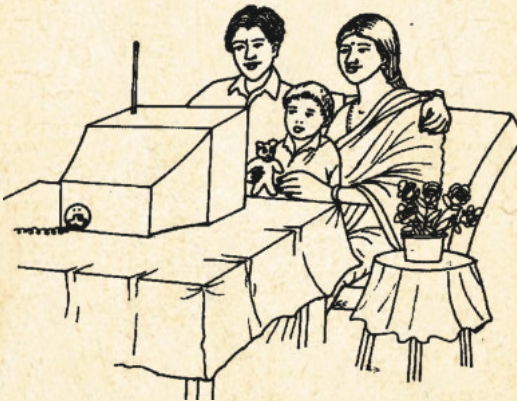
**Evaluate your lifestyle-** As a parent, it's important to model healthy behaviours for your children.

**Talk about it-** If you notice that your children are looking worried or stressed, ask them what's on their minds.

**Create a healthy environment-** Your home, work space and even social environment can influence your behaviours.

**Focus on yourself-** When you and your family are experiencing stress, make a conscious decision to take care of yourselves.

**Spend time together-** Spend time with family over a good meal, or shopping.



**Change your reaction-** Remember that while you can't control stress, you can change your reaction to it.

**Replace-** Replace each negative thought with a positive one.

**Create happy memories-** Look back through pictures of happy memories - family vacations and special events.

## With Colleagues

- ◆ Listen to each other's feelings.
- ◆ Do not take anger too personally.
- ◆ Avoid criticism unless necessary.
- ◆ Give each other comfort and care.
- ◆ Encourage and support co-workers.
- ◆ Reach out to others when you are feeling low.
- ◆ Support others if they are down.
- ◆ Check for fatigue and stress symptoms.
- ◆ Take a break when required.
- ◆ Develop a buddy system with a co-worker.



*“Stress is Inevitable  
Self-care is your responsibility  
Mental health is a priority  
Choice is yours”*

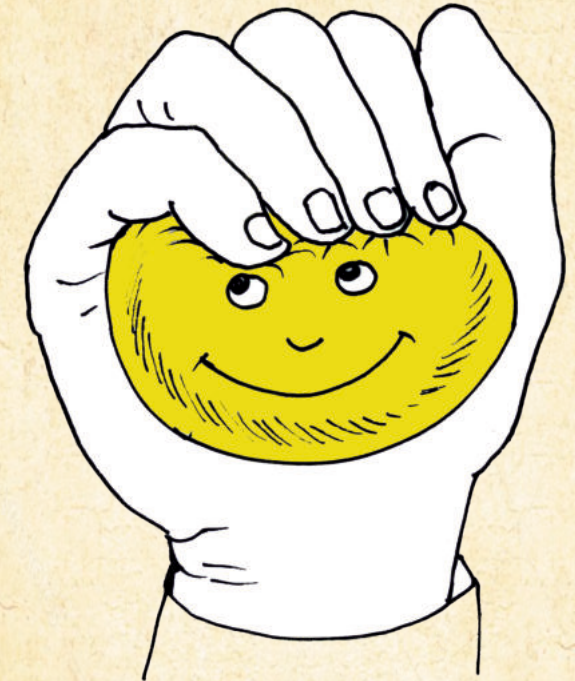
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## SELF CARE MANAGEMENT STRATEGIES IN DISASTER



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## Stress

It is a normal physical response to events that make you feel threatened or upset your balance in some way. They are of two types.

### 1. Eustress / Positive stress

When stress is good and leads to something desirable such as receiving a good grade on the exam or receiving a promotion at work, it is called eustress.

### 2. Distress/ Negative stress

When the stress has negative effects such as confusion, an inability to make decisions, and illness, it is called distress.

## Stress Warning Signs and Symptoms

Stress isn't always bad. In small doses, it can help you perform under pressure and motivate you to do your best. But when you're constantly working in disaster situations, your mind and body becomes weakened. You can protect yourself by recognizing the signs and symptoms of stress and taking steps to reduce its harmful effects.

### Physical Symptoms

Aches and pains  
Diarrhea/ constipation  
Chest pain/ rapid heartbeat  
Nausea/dizziness

### Behavioural Symptoms

Eating more or less  
Substance use  
Procrastination  
Isolating yourself

### Cognitive Symptoms

Memory problems  
Inability to concentrate  
Anxious  
Constant worrying

### Emotional symptoms

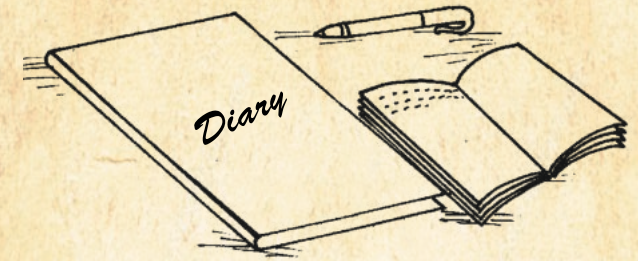
Moodiness  
Irritability or short temper  
Inability to relax  
Sense of loneliness

## Why self-care is important for caregivers?

- ◆ Working with the survivors of disaster can be stressful.
- ◆ Care givers are equally vulnerable.
- ◆ Stress can cause an internal tension.
- ◆ It takes toll on one's body.
- ◆ Working with the survivors of disaster needs physical and emotional well-being.
- ◆ Sustain one's ability to serve the survivors of disaster.
- ◆ Care giver's need to do take preventive actions to enable one self to cope with stresses.
- ◆ It is important for care givers to practice self-care.



## Things to do for oneself



- ◆ Keep a diary of your activities and experiences.
- ◆ Do physical exercise daily.
- ◆ Spare enough time for rest.
- ◆ Listen to music, read books, watch television every day.
- ◆ Practice relaxation techniques like meditation and breathing exercises.
- ◆ Relax through pleasant visual imagery.
- ◆ Stay in touch with your family.
- ◆ Share your thoughts and feelings with others.
- ◆ Identify one day in the week for your personal work and relaxation.

