

# UNVEILING DARKNESS

The Situation Analysis on  
Disaster and Disability Issues  
In the  
Coastal Belt of Bangladesh

CENTRE FOR SERVICES AND INFORMATION ON DISABILITY (CSID)

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*THE SITUATION ANALYSIS ON DISASTER AND DISABILITY ISSUES IN  
THE COASTAL BELT OF BANGLADESH*

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## **Acknowledgement from Chairman, CSID**

Disability and Development are inseparable issues. From the dawn of human civilisation, we have witnessed that the weaker, backward, vulnerable and deprived are generally left out by the policy makers while they plan for changing the quality of people's life. People with disabilities in Bangladesh constitute about 10% of the total population. A large segment of the disabled population lives in the coastal belt of Bangladesh. Natural calamities such as cyclone, tidal waves and flood bring untold misery in the life of this vulnerable and deprived segment of our society. Disability is still to find its space in the mainstream development.

Therefore, I congratulate the Centre for Services and Information on Disability (CSID) for taking this initiative to conduct the study on the Situation Analysis on Disaster and Disability Issues in the Coastal Belt of Bangladesh with the sponsorship of the ActionAid Bangladesh. I congratulate the authors and team members of the study "UNVEILING DARKNESS" for their excellent and hard work. I firmly believe that the study could create awareness among the Government Agencies and Development Organisations to look into the issues on disaster and disability in a more positive manner.

Finally, I once again express my confidence that the publication will be of immense benefit to all of us engaged in the work for people with disabilities to bring a tangible change in their lives in Bangladesh.

**Monsur Ahmed Choudhuri**

Chairman

Centre for Services and Information on Disability (CSID)

November 30, 1999

## **Message from Country Director, ActionAid Bangladesh**

Bangladesh is home to more than 13 million people with disabilities. Yet the disability issue has been more or less marginalised and overlooked by most policy makers, planners, employers, social services, education and healthcare providers in both the private and public sectors. One of the key reasons for this marginalisation is a lack of understanding of disability issues stemming in part from limited practical information on how best to integrate disability to the mainstream of development.

This study on the "Situation Analysis on Disaster and Disability issues in the Coastal Belt of Bangladesh" makes a very good attempt at bridging the gap in our knowledge. It more importantly lays the foundation for developing practical solutions towards reducing disabled people's vulnerability to disasters and meeting their special needs during and after disasters. The study is one small step towards encouraging mainstream development practitioners to integrate disability to current disaster management agenda.

I congratulate the Centre for Services and Information on Disability (CSID) for undertaking this study and ActionAid Bangladesh is very much pleased to have been given the opportunity to support this important work.

**Feisal Hussain**  
Country Director  
ActionAid Bangladesh

November 30, 1999

## Foreword from Executive Director, CSID

There is a dearth of appropriate information on disability issues concerning Bangladesh. In recent times, efforts have been taken at both Government and Non-government sectors to assimilate information on disability situations in the country. But these cover limited sectors and are still inadequate.

Disasters are a common phenomenon of Bangladesh. Each year disasters cause extensive devastation to the country. The sufferings of the people in the different phases of disaster are pathetic. Among these people are People With Disabilities (PWDs). The situation of PWDs in the pre-, during and post disaster period can naturally be presumed to be worse than others. But till now no in-depth information have been gathered or analyzed on this issue. Lacks of this information have limited interventions for PWDs in all phases of disaster from planning to implementation.

CSID with the support of ACTIONAID Bangladesh had undertaken a study to find out the situation of PWDs in the different phases of disasters in the coastal belt of the country. It gives me great satisfaction to announce the publication of **“UNVEILING DARKNESS”** that looks at and analyzes the situations of PWDs from different perspectives. I strongly believe that the report is informative and would benefit policy makers, development planners, program implementers and all concerned at Government and Non-government levels.

I acknowledge with gratitude the support of ACTIONAID Bangladesh without which the study would not have initiated. I thank the Government Departments, Non-Government Organizations and other agencies for their sincere cooperation in the conduction of the study. I also deeply recognize the technical inputs of the study consultants for constructing a rich report. The hard work of the data collectors and all associated with the study is acknowledged. Lastly but emphatically I thank the PWDs, their families and the community people whose sincere cooperation and support made this study possible.

Khandaker Jahurul Alam  
Executive Director  
Centre for Services and Information on Disability (CSID)

November 30, 1999

## **Introduction to CSID**

Centre for Services and Information on Disability (CSID) is a Non-Government Organization, a registered trust involved in providing support services to the development organizations and the communities with a view to facilitate activities directed towards improving the lives of PWDs in the country.

The broad objectives of CSID are:

- a. assimilate and disseminate need based information on disability issues.
- b. facilitate development agencies to design and implement appropriate programs for people with disabilities.
- c. facilitate equalization of people with disabilities in terms of services, benefits, rights and authorities, empowerment and participation in nation building interventions and programs.
- d. facilitate access and integration of people with disabilities in mainstream development intervention with emphasis on income generation.

### **Current programs of CSID:**

CSID has set down the following programs to reach the said objectives:

- ❑ Study, research, data collection and materials development on Disability issues.
- ❑ Pilot programs on Community Approaches to Disability and Handicap.
- ❑ Disability information Dissemination.
- ❑ Early intervention on problems of Children with disabilities.

## Introduction to the Study

### **Bangladesh and Perspective of Disability**

Bangladesh is considered as one of the least developed countries in the world as measured in terms of average income, calories consumed per person; high infant mortality rate; and low literacy rates, especially among women. The situation of People With Disabilities (PWDs) in Bangladesh is competitively far below the average of any section of people. In Bangladesh PWDs are excluded from most governmental and non-governmental programs. PWDs are neglected in Bangladesh, as they are in most other developing countries.

Current statistics indicate that there are more than 12,000,000 PWDs living in communities throughout Bangladesh who currently receive little or no assistance, of them about 6-8 % are children. In nearly all the cases their families and communities leave them out from the general development process. This has resulted in excluding them from Government and NGO programs. The neglect is compounded by the lack of available services to provide assistance to PWDs so that they can participate in mainstream development activities.

A recent example of the exclusion of PWDs from development programs could be gathered from the flood relief and rehabilitation programs of August 1998. PWDs were often the last to be reached by food-aid schemes. Due to limitations, PWDs (especially the children) were virtually out of reach of all relief assistance provided by the government and the NGOs. Their inability to join and stand in long relief queues often resulted in exclusion to facilities for their families. Access to relief shelters was also a problem for the PWDs, as these still remain “not user friendly” for them.

During the last few years, Disability, as a development issue is gradually gaining some recognition. The United Nations declaration of Decade of Disabled Persons 1983-1992 is an example of that. While evaluating the achievement of world decade activities in 1992 it was observed that, the Asian & the Pacific region were far behind to achieve the target plans, which subsequently led to another decade declaration for the Asian & the Pacific countries. As a signatory country, Bangladesh is committed to achieve the target of agenda for action of the said Asian & the Pacific Decade of Disabled Persons, 1993-2002. The major focus of the agenda of the decade is to enable people with disability to achieve equal opportunity so that they can participate in nation building activities.

It is mentionable that many organizations, both government and NGOs, are now considering the inclusion of disability components in their programs. However, it is noteworthy that disability issues are not very much familiar to most of the



development planners and the implementers, which result in acting as a barrier for taking up disability programs by the organization. Even the disability organizations do not have adequate information and documents to update their programs and activities to reach the desired level. The reasons for such limitation have been identified as a lack of adequate information and supportive documents and also a lack of easy availability of such materials. Besides, disability issues demand a wide range of program coverage including all common types of disability in the community, which also requires easy availability of support materials and documents on different types and issues to develop plans and activities.

## **Rationale of the Study**

Bangladesh is a country where natural disasters are almost a regular phenomenon. Disasters of different types and scale affect almost the entire country almost every year. Disasters and poverty are inter-related, and such disasters have direct effects on the socio-economic situation of the people of the country.

The nature of disaster varies in different geographical areas of the country like cyclones and tidal surges in the coastal belt in the south, drought in the north, tornadoes in the central and west, and floods almost all over the country, especially in the north, central and eastern areas. While natural disaster is one of the vital causes of poverty, the effect multiplies when it also causes disability of the people. One of the significant effects of disasters like cyclones, tidal surges and tornadoes, is causing serious disability (especially physical disability) amongst the affected people. It has been experienced in the past that cyclones and tidal surges have victimized a notable number of people causing serious physical and also other disabilities.

Nowadays, there is a remarkable development in disaster preparedness and management in identified disaster prone areas. But it is noteworthy that no such steps or measures have yet been taken to prevent disability caused by these disasters. No consideration has yet been taken for proper rescue and rehabilitation of the disabled people in disaster prone areas either. While the situation of non-disabled people during such natural disasters becomes insecure, that of the PWDs become absolutely dependent on their fate and fortune.

Disability issues have not yet been adequately considered as a development issue by even the development organizations, let alone the government. It is still unfortunately being considered as a 'welfare' or 'charity' issue. So naturally, in many of these disaster prone areas, PWDs have been excluded from all programs on disaster preparedness, management and rehabilitation. In some cases, it has even been observed that the rehabilitation & infrastructure development program for the disaster victims were so ill planned that these materials (e.g. corrugated iron sheets) themselves caused disability in many people in the following disasters.

One of the basic reasons, as we understand, for the exclusion of PWDs in such disaster preparedness, management and rehabilitation programs is the lack of adequate information and an inadequate understanding of the situation of PWDs in the disaster prone areas. The lack of proper information and awareness amongst the disaster program managers and planners probably causes a lack of motivation for them for proper inclusion of PWDs in these programs. Unfortunately, no such initiative has yet been taken to study the situation of PWDs in any disaster prone areas, which is a constraint of providing feedback to the planners and managers of disaster programs.

Since the coastal districts of Bangladesh are frequently affected by cyclones and tidal surges, a systematic study in this belt would give us a proper understanding of the situation of PWDs in such situations. The study could also give us valuable information, which could not only help design proper disaster preparedness and management programs for these areas, but also help influence national policies in this regard.

## **Objectives of the Study**

### **The broad objective of the study:**

The broad objective of the project is to study the situation of the PWDs living in the coastal belt in regards to natural disasters and to influence policies for an appropriate intervention for preparedness and rehabilitation of the disabled persons.

### **The specific objectives of the study:**

- To find out the prevailing conception and understanding of local people on disability issues.
- Study the socio economic status of the disabled persons in the family and in the community in the coastal districts of Bangladesh.
- Analyze the situation of persons with disabilities immediately before, during and after natural disasters.
- Sharing and dissemination of the study findings to the concerned development actors to help in planning and implementation of appropriate programs for the benefit of PWDs in coastal areas of Bangladesh.
- Influencing policy makers for developing and adopting appropriate and PWD-friendly policies & strategies at the national level to help them cope with natural disasters.

## **The Methodology**

### **Information collection:**

Three ethnographic qualitative research techniques were used for collecting data for the project: i. open ended questionnaire ii. Interviews with relevant people and officials involved in disaster preparedness programs and iii. Case studies on specific disabled people.

Open-ended questionnaires were used while interviewing the PWDs and their family members, responsible local officials of the government and developmental organizations. Discussion and interviews were held with the community people based on different broad themes and within this thematic framework. The questionnaires were broadened with auxiliary questions and probes where further clarifications were necessary.

Five case studies were performed to find out the experiences of PWDs in disaster situations. It was felt that such case studies would provide the researcher with better means to extract more information from the PWDs and understand their views and experience. These case studies were performed on persons selected through a random sampling method of PWDs interviewed during the study.

### **Training of Personnel:**

Three young, energetic and enthusiastic persons were selected for collection of information in the coastal belt from different groups of people as projected. Both were trained at the Centre for Disability in Development (CDD) (at Savar) on the basic concepts of disability. This was followed by a three-day training program on an orientation to the study. The objectives of the study, the technique and methods of interviews and filling the questionnaire, preparation of case studies etc were included in the training program. The training was conducted by external resource persons having skills and knowledge on both disability and research methodologies.

### **Study area and respondents:**

All the ten districts that form the coastal belt of Bangladesh were brought under the study. Within these districts, the localities which have been reported to be affected the most in times of natural disasters over the last few years were specifically selected.

The respondents of the study were selected on random basis from the ten disaster prone areas. All categories of respondents as projected, have been covered in the study.

#### Study Period:

Phase	Period
Planning development	January- March 1999
Data Collection	April-July 1999
Data compilation	August-September 1999
Draft report	September-October 1999
Final report	November 1999

#### Geographical area coverage and number of respondents:

Geographical Areas	PWDs	Community People	Government Officials	Development Organizations Officials
Satkhira/Shamnagar	20	64	4	2
Khluna/Dacob	20	95	3	4
Bagerhat/Mongla	20	77	5	6
Barguna/Amtoli	20	67	4	3
Patuakhali/Boufhal	20	75	3	4
Bhola/Monpura	20	83	2	5
Barisal/Hizla	20	22	5	4
Noakhali/Hatia	20	56	4	3
Chittagong/Sandwip	20	79	4	3
Cox's Bazar/Sadar	20	78	6	3
<b>Total</b>	<b>200</b>	<b>696</b>	<b>40</b>	<b>37</b>

## **Limitations and Barriers**

The major limitations and barriers of the study were:

- The theme and contents of the study were absolutely new to many of the responding actors, particularly the development organizations and government authorities. It was found difficult to get proper responses on the situation from relevant authorities and agencies.
- In many cases of PWDs, the respondents were either the caregiver or the heads of families. In such cases, it was found difficult to have a proper reflection of attitude of the family and community neighbors towards disabled people.
- Women with disabilities could not be adequately covered as respondents due to social and religious conservative attitude of families and community people.
- For some of the technical queries appropriate findings could not be covered due to ignorance and inadequate knowledge on disability, such as causes of disability, required preparatory measures, required special care for disabled people in disaster situation etc.
- The data collectors, at time faced problems to portray the real scenario regarding PWDs by talking to the general community people in the group discussion. This is a result of the tendency to hide information on PWDs especially CWDs in public. This tendency is even more felt in the conservative society of the surveyed coastal belts of Bangladesh.

## Figure Findings

- Male-Female ratio of PWDs interviewed were 63%-37%.
- 53% of PWDs are in the age group of 0-20 years.
- 56% of interviewed PWDs are physically disabled persons.
- 46% of all disabilities are caused by diseases.
- 38% of all disabilities are caused by congenital of birth related problems.
- 76% of interviewed PWDs have no education.
- 1% PWDs has education up to higher secondary school.
- 45% of PWDs of age 15 years and above are jobless.
- 13% of PWD respondents are beggars.
- 55% of PWDs are contributing to family income.
- 50% PWDs live in families of 7 and above members.
- 87% of the houses where PWDs reside are constructed from bamboo.
- 22% of houses use corrugated iron sheet (CI sheet).
- 92% of head of households are male.
- 100% of respondents had faced disasters at some period of their lives.
- 17% of PWDs were taken to disaster shelters or to safe place.
- 55% of PWDs stayed back at home during disaster.
- 58% of PWDs and their families received assistance during evacuation.
- PWDs and their families opined that 20% community people assisted them during evacuation
- 99% PWDs faced notable problem during disaster.
- 10% PWDs felt families possessed feeling of obligation/liability towards them during disaster.
- 49% PWDs felt community possessed feeling obligation/liability towards PWDs during disaster.
- 80% of PWDs and families had received emergency relief.
- 93% of community people had received emergency relief.
- 2% of PWDs and families had received special post disaster support for having PWD member.
- 0% of PWDs and families received special post disaster rehabilitation support for having PWD member.
- 28% of PWDs received IGA support.

## Analytical Findings

**TABLE: 1**      **Male – Female ratio**

Sex	PWDs	Community	CDOs	Government	Total	Percentage
Male	127	586	32	40	785	81
Female	73	110	5	0	188	19
Total	200	696	37	40	973	100

The table above reflects total women representation to be only 19%. The highest women representation of 37% is from the group of PWDs and their families while the lowest is from the government where the percentage stands at nil. This table gives us a picture of an uneven balance of power status against women in our communities and institutions.

Though the male – female balance of PWDs in communities are anticipated to be almost equal, data reveals that 63% of PWDs interviewed are male while 37% are female. Reasons could be that families have the tendency of hiding women with disabilities in fear of social factors. Again, males being more outward run a greater risk of becoming disabled. Another assumption may be that female Children With Disabilities (CWDs) may have higher death rates than male CWDs due to lack of proper care in the family. But there were no findings during this study to substantiate this assumption. However according to the findings of an ActionAid Bangladesh Survey<sup>1</sup> (hereinafter referred to as the 'AAB Survey') 56.20% of the identified PWDs were females, while a survey conducted by Voluntary Health Service Society<sup>2</sup> (hereinafter referred to as the 'VHSS Survey') shows 47.1% as females.

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<sup>1</sup> Kabir N., Rahman N. : *Four Baseline Surveys on Prevalence of Disability*, ActionAid Bangladesh, 1996

<sup>2</sup> Disability A Profile In Rural Bangladesh, Voluntary Health Service Society,

**TABLE: 2      Ratio of respondents**

**Table: 2A**

<b>Relationship</b>	<b>Total</b>	<b>Percentage</b>
<b>Self</b>	<b>67</b>	<b>34</b>
<b>Father</b>	<b>64</b>	<b>32</b>
<b>Mother</b>	<b>32</b>	<b>16</b>
<b>Brother</b>	<b>11</b>	<b>6</b>
<b>Sister</b>	<b>2</b>	<b>1</b>
<b>Relative-Male</b>	<b>12</b>	<b>6</b>
<b>Relative-Fem</b>	<b>7</b>	<b>4</b>
<b>Neighbor</b>	<b>1</b>	<b>1</b>
<b>Other-Male</b>	<b>4</b>	<b>2</b>
<b>Other-Female</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>200</b>	<b>100</b>

**Table: 2B (With PWDs as respondents)**

<b>Relationship</b>	<b>Total</b>	<b>Percentage</b>
<b>Male</b>	<b>135</b>	<b>68</b>
<b>Female</b>	<b>65</b>	<b>32</b>
<b>Total</b>	<b>200</b>	<b>100</b>

**Table: 2C (Without PWD respondents)**

<b>Relationship</b>	<b>Total</b>	<b>Percentage</b>
<b>Male</b>	<b>92</b>	<b>69</b>
<b>Female</b>	<b>41</b>	<b>21</b>
<b>Total</b>	<b>133</b>	<b>100</b>

The data above are from “PWDs and their families” database. These three tables throw further light on the aforesaid analysis made under “Male – Female ratio”.

The monitoring information of Centre for Disability in Development (CDD) for the year 1998 (hereinafter referred to as ‘CDD’s monitoring data’) on 738 PWDs reflects that for 58% PWDs, the primary caregivers are their mothers while 14% are their fathers. 64% of the entire primary caregivers are female while only 29% are male.



7% of PWDs have no primary caregivers, and so they have to look after themselves. The AAB survey shows that parents were looking after 32.12% of the identified PWDs of whom mothers were looking after 80.95%. Table 2C above shows that 69% of the respondents responding on behalf of the PWDs are male while 21% are female. Though the primary caregivers are women they are not the primary respondents. Another interesting point to note is that women head 9% of the households. This is mainly due to them either being separated or widowed. In these cases the women responded, as there were no adult male members to respond. Furthermore, in some other cases women responded to our questions as the male members were not in the house at the time of the survey. A factor to consider in this regard is that the communities in the coastal belt are, in most cases, extremely religious minded and very conservative. The overall socio-cultural situation of women in the coastal communities can, to some extent, be comprehended from the above mentioned figures and information.

**TABLE: 3s    Ratio of PWD respondents' according to age group**

<b>Age Break-up</b>	<b>Total</b>	<b>Percentage</b>
<b>0 – 10 years</b>	48	24
<b>11 – 20 years</b>	57	29
<b>21 – 35 years</b>	46	23
<b>36 – 50 years</b>	25	13
<b>51 and above</b>	24	12
<b>Total</b>	<b>200</b>	<b>100</b>

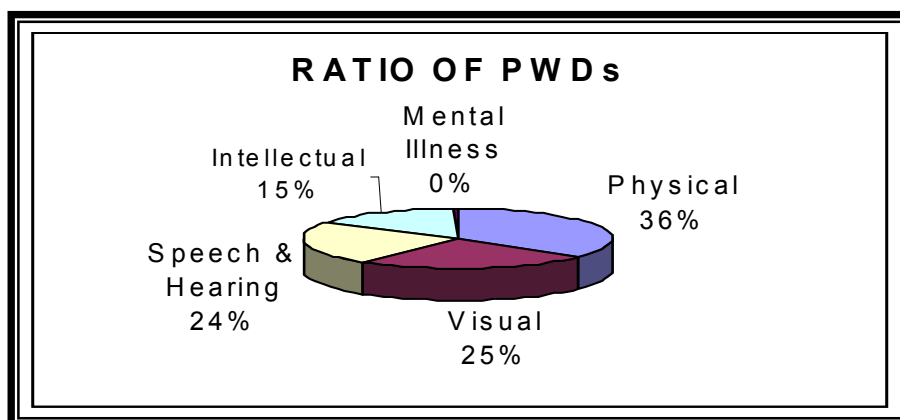
The above table shows that more than half (53%) of all the PWDs are in the age group of 20 years or below, of which 24% are in the group of 0 – 10 years and 29% in the group of 11 – 20 years. 23 % of them are in 21 – 35 years, 13% in 36 – 50 years, while the rest 12% are 51 and above. A lot of disabilities are not identified early due to lack of detection mechanism and information. Another thing to consider is, if the health care and disability services expand in the country, the death rate among disabled children will decrease, this will in turn increase the rate of disability in the 0 – 10 age group. A cause for disability percentage being high in the age group of 11 – 35 years could be accidents. Data reflects that 8% of current disabilities are caused by accidents (see table 5). CDD's monitoring data reflects 14% of PWDs under different rehabilitation services were disabled as a cause of accidents. With progress of science and communication, development will expand its geographical and population coverage. This will also enhance the chances of accidents, leading to disabilities. The low rate of disability in the higher age groups

could be attributed to a high death rate either among elderly disabled persons or among disabled children about 25 years back, due to lack of care and rehabilitation facilities.

**TABLE: 4s** Ratio of PWDs identified according to their disabilities

**Table: 4A** Ratio of PWDs identified by all groups

Disability	PWDs	Community	CDOs	Government	Percentage
Physical	112	304	128	201	36
Visual	44	250	99	137	25
Speech & Hearing	35	182	137	142	24
Intellectual	8	131	92	90	15
Mental Illness	1	3	5	0	0
Total	200	870	461	570	100



The table and graph above give us a representation of the different types of disabled population in the coastal communities and disaster prone areas. It must be pointed here that a certain percentage of these PWDs are dependent on others during events of disasters. This is further analyzed later. It is also encouraging that the community people, development organizations and government agencies were able to identify 1901 PWDs in their communities. This is highly significant as these PWDs could be reached by concerned parties before, during and post disaster period for service and necessary interventions. A list of these PWDs and families could be very essential for disaster preparedness & rehabilitation agencies and government.

**Table: 4B      Ratio of PWDs on whom detailed data gathered**

<b>Disability</b>	<b>Number</b>	<b>Percentage</b>
<b>Physical</b>	112	56
<b>Visual</b>	44	22
<b>Speech &amp; Hearing</b>	35	18
<b>Intellectual</b>	8	4
<b>Mental Illness</b>	1	1
<b>Total</b>	200	100

The table gives us a representation of the different types of disabled people interviewed. A striking observation is that while the compiled data of the four groups (as shown in Table 4A above) indicates 15% as intellectually disabled people, table 4B shows that only 4% are actually found in the communities. There could be varied reasons for this. As the other groups identified PWDs from their memory, the representation may not have been appropriate. Mentally Ill persons could have also been referred to as mentally handicapped persons. On the other hand, the mentally handicapped persons may not have been appropriately or unintentionally covered in the 200 PWDs that have been surveyed. The percentage of physically disabled people also differs. The compiled data shows that 36% are physically disabled, while in the case of the 200 PWDs interviewed 56% are physically disabled. It would be interesting to compare these findings with CDD's monitoring data, which shows 54% as physically disabled while 5% as intellectually disabled. This is more similar to the data processed under 'PWDs and Families' group.

**Table: 4C Ratio of physically disabled person on whom detailed data gathered**

<b>Physical disability</b>	<b>TOTAL</b>	<b>PERCENTAGE</b>
1. Cleft lip/Palate	2	2
2. Club foot	5	4
3. Cerebral Palsy	19	17
4. Hydrocephalus	1	1
5. Missing Limb	7	6
6. Paralysis	19	17
7. Dislocation	7	6
8. Polio victim/affected	34	30
9. Deformity (Congenital)	11	10
10. Leprosy	1	1
11. Arthritis	2	2
12. Burns	2	2
13. Others	2	2
Total	112	100

**Table: 4D Ratio of visually disabled persons on whom detailed data gathered**

<b>Visual</b>	<b>Total</b>	<b>Percentage</b>
1. Low vision one eye	1	2
2. Low vision both eyes	13	30
3. Cataracts	1	2
4. Night blindness	1	2
5. No vision one eye	6	14
6. No vision both eyes	22	50
Total	44	100

As mentioned before, a certain percentage of People with Disabilities are absolutely dependent on others, especially during evacuation phase in the events of a disaster. It can be presumed that PWDs with no power of vision in both eyes (11% of interviewed PWDs), with Cerebral Palsy (9% of interviewed PWDs) and with paralysis (9% of interviewed PWDs) will be absolutely dependent. Without taking into account other possible dependents, these absolutely dependent people add up to 30% of the disabled population. We can also legitimately consider CWDs of the age group of 0 – 10 years as (almost) absolutely dependent population during similar disaster phases. This age group constitutes 24% of the disabled population in the disaster prone areas.

**TABLE: 5**      **Causes of impairment**

<b>Cause of impairment</b>	<b>Total</b>	<b>Percentage</b>
<b>Congenital or birth problem</b>	75	38
<b>Malnutrition</b>	2	1
<b>Disease/Fever</b>	91	46
<b>Accidents</b>	15	8
<b>Natural disasters</b>	2	1
<b>Unknown causes</b>	5	3
<b>Burn Injuries</b>	2	1
<b>Wrong Treatment</b>	4	2
<b>Other</b>	4	2
<b>Total</b>	200	100

The above table gives us insight to the varied causes of impairment for the 200 PWDs surveyed. The alarming point to note is that 46% of disabilities are caused by different diseases including fever while another 38% became disabled due to congenital or birth related problems. The AAB Survey shows that 38.49% of disabilities are caused by illness. Most of these causes are preventable. This information will be important for health service providers and agencies that are involved in raising awareness. Appropriate and adequate interventions on these issues can minimize the high rate. Disasters being a direct cause of disability show to be 1%. However what it does not reflect is that aftermath of disasters could include a large number of diseases which we have seen lead to 46% of disabilities. If we transform this 1% into practical number we will see that a large population of the

surveyed areas are in danger of becoming disabled directly due to disasters. Data also reveals that 2% of disabilities in the surveyed areas result as effects of wrong treatment.

**TABLE: 6**     **Education level of People With Disabilities**

<b>Education level</b>	<b>Total</b>	<b>Percentage</b>
<b>Pre-school</b>	0	0
<b>NFPE</b>	2	1
<b>Madrasa School</b>	4	2
<b>Primary School</b>	34	17
<b>Secondary School</b>	6	3
<b>Higher Secondary School</b>	2	1
<b>None</b>	152	76
<b>Total</b>	200	100

Data shows that only 1% of disabled people have had Non-formal primary education. The surveyors informed that not too many development organizations run NFPE programs in the area as such there are limited access to education. 17% of PWDs have had primary level education, which may be principally comprised of the physically disabled, as they form a majority, and also they have comparatively the least difficulty in attending schools. A tendency of not including visual, speech & hearing and intellectually disabled children to schools persists in most Bangladeshi communities. Reasons for this include a negative attitude, a lack of information, a lack of resource materials, and most of all, a lack of trained personnel in the communities. Out of the two hundred interviewed only 1% have higher secondary education while none have gone up to a graduation level of education. 76% of the surveyed PWDs have had no form of education at all.

**TABLE: 7s** Profession of PWDs and heads of households**Table: 7A** Profession of surveyed PWDs & heads of households

Profession	PWDs Interviewed		Head of Household	
	Total	Percentage	Total	Percentage
Unskilled Day Laborer	13	7	57	29
Craftsman	0	0	10	5
Small Trader	8	4	19	10
Farmer	8	4	32	16
Boatman	0	0	4	2
Fisherman	5	3	21	11
Rickshaw Puller	0	0	5	3
Beggar	25	13	21	11
Vender	0	0	1	1
Govt. Service	1	1	9	5
Shop helper	2	1	0	0
House servant	6	3	0	0
Private Service	3	2	3	2
Jobless	129	65	1	1
Other	0	0	17	9
<b>TOTAL</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>

The above table gives us a comparative situation of the practiced profession of the surveyed PWDs and their heads of households. The table apparently reflects joblessness of 65% of the PWDs against 1% of their head of households. The point to remember here is that not all the surveyed PWDs are in the earning capacity age group. 48 PWD respondents are in the age group of 0 – 10 years; 57 are in the age group of 11 – 20 years (See Table 3s); if we presume that about 50% of this age group are of 11 – 15 years, then we have 28 PWDs, that is, 76 (48 added with 28) or 36% of the PWDs are below the age of 15, and so naturally, can be presumed to be not engaged in economic ventures. We can hence consider that out of the 129 Jobless PWDs 76 are of 15 years or below. If this age group of 0 – 15 years is not considered, then we find that out of 124 PWDs who are in the age group of earning capacity (Total surveyed PWDs less PWDs in the age group of 0 – 15 years, that is 200 – 76) a total of 53 (Total Jobless PWDs less PWDs in the age group of 0 – 15 years, that is 129 – 76) or 43% of the PWDs, who are in the age group of earning capacity, are not employed. This still is a high rate of unemployment, especially in comparison to their heads of households.

Many people consider begging as a major source of income for most of the disabled people. But data from the 200 PWDs revealed that they are associated with 9 different ventures including begging. As begging is a profession where age of the person is no barrier, the age group of 0 – 15 years may also have been reflected in this study. We can then see that 13% of the PWDs are engaged in this profession. What is striking is that, from the head of households 11% are beggars. The interviewers found that a major portion of the PWD beggars are either visually impaired or severely physically handicapped.

29% of the heads of households work as laborers, while in PWDs it was found to be only 7%. 16% of the heads of households are farmers while in PWDs it is 4%. Only 1 % of the PWDs were found to be employed in the government sector. As per the information collected by the surveyor, this particular individual joined the government service before he had become disabled, and so there is no need to think that the government had employed a PWD. Data from this table clearly shows that the employment situation of the PWDs in the surveyed areas is not encouraging at all. There are two fundamental divisions in employment, one being self-employed and secondly being employed by others. Many PWDs are not employed or are being deprived of employment opportunities not only because of their disabilities, but also due to a general lack of information combined with a negative attitude of others. For the PWDs to be employed, while their essential skills are important, it is also important that prospective employers have a positive attitude.

**TABLE: 7Cs Level of Income of Surveyed PWDs**

**Table: 7C. Level of income of surveyed PWDs**  
(All age groups)

<b>Level of Income (per month)</b>	<b>Total</b>	<b>Percentage</b>
<b>None</b>	129	65
<b>Not Notable</b>	6	3
<b>Upto Tk 500</b>	37	19
<b>Tk 500 – 1000</b>	20	10
<b>Tk 1000 – 2000</b>	7	4
<b>Tk 2000 – 4000</b>	0	0
<b>Tk 4000 – 6000</b>	0	0
<b>Above Tk 6000</b>	1	1
<b>Total</b>	<b>200</b>	<b>100</b>



(within earning age group only)

Level of Income (per month)	Total	Percentage
None	58	45
Not Notable	6	5
Upto Tk 500	37	29
Tk 500 – 1000	20	16
Tk 1000 – 2000	7	5
Tk 2000 – 4000	0	0
Tk 4000 – 6000	0	0
Above Tk 6000	1	1
Total	129	100

In general, all over Bangladesh, there is a tendency of associating disability to inactivity. PWDs are considered to be a burden for a family, especially in terms of financial earning capability. But data from table 7c reveals that 55% are to some extent, contributing to the family income. The majority of 29% are contributing to a maximum amount of five hundred taka per month. 16% are earning between Taka 500 – 1000 per month. 5% are earning between Taka 1000–2000 per month. Whatever the amount may be, what is important is that PWDs are in reality contributing to the family, the community and thus the nation. But due to a lack of information and acceptance, it is not being appropriately recognized. If PWDs are provided with the proper scopes and accepted with an open mind, then they too can contribute more in their communities and in the nation's development.

One of the 200 interviewed PWDs has an earning of Taka six thousand and more per month. This person has a visual impairment with complete loss of vision in both eyes. Fellow community people believe that he possesses supernatural powers. He lives in the slums of Cox's Bazaar, but devotees come from all over Bangladesh to receive his blessing and benefit from his healing power. Occasionally, he travels all over Bangladesh to meet the needs of his followers.

**TABLE: 8**     **Number of people in the family**

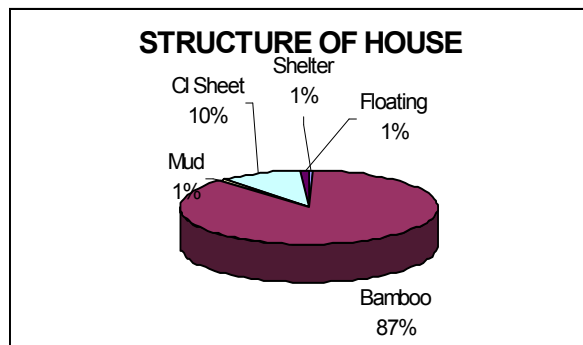
<b>Number of family members</b>	<b>Total</b>	<b>Percentage</b>
<b>1 – 2</b>	<b>13</b>	<b>7</b>
<b>3 – 4</b>	<b>20</b>	<b>10</b>
<b>5 – 6</b>	<b>68</b>	<b>34</b>
<b>7 – 8</b>	<b>65</b>	<b>33</b>
<b>9 and above</b>	<b>34</b>	<b>17</b>
<b>Total</b>	<b>200</b>	<b>100</b>

83% of PWDs live in households having 5 or more family members. The above data could be analyzed from different viewpoints. A small family may be able to allocate more in terms of finance towards providing care and support to their PWD member, but they may be stressed in providing time for the PWD member, which again is very important. Again both the parents may not be able to engage themselves in income activities, even if they have the skills and capacity, as one may need to stay at home to provide care for the PWD member. For families with larger number of family members, economic contribution towards the PWD member may be limited but there may be more members who can afford to spend time for the individual.

**TABLE: 9s**     **Housing type**

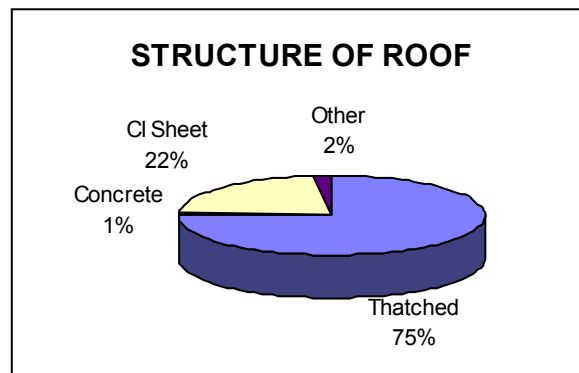
**Table: 9A**     **Structure of house**

<b>Housing type (structure)</b>	<b>Total</b>	<b>Percentage</b>
<b>Shelter</b>	<b>1</b>	<b>1</b>
<b>Bamboo</b>	<b>175</b>	<b>87</b>
<b>Mud</b>	<b>1</b>	<b>1</b>
<b>Cl Sheet</b>	<b>21</b>	<b>10</b>
<b>Brick</b>	<b>0</b>	<b>0</b>
<b>Floating/Moving</b>	<b>2</b>	<b>1</b>
<b>Total</b>	<b>200</b>	<b>100</b>



**Table: 9B Structure of roof**

Housing type (roof)	Total	Percentage
Thatched	152	75
Concrete	2	1
CI Sheet	43	22
Bamboo	0	0
Other	3	2
<b>Total</b>	<b>200</b>	<b>100</b>



87% of the houses are built of bamboo, while 75% have thatched roof. These houses are in danger of collapse or destruction in any severe cyclone or disaster. Data reveals that 55% of PWDs reside at home during disasters (see table 18) and so if they reside in these homes, their homesteads can be totally destroyed at times of disasters. On the other hand, 10% houses are built with corrugated iron (CI) sheets while 22% use CI sheets as roofing material. Apparently, these may be stronger, but during disasters these are not only putting their own residents in danger but the total

community as well. During strong storms, these CI sheets fly about at random with an immense danger of hitting people and causing severe disabilities.

**TABLE: 10** Family housing

Family housing	Total	Percentage
Owned	109	55
Rented	10	5
Other	78	39
None	3	2
<b>Total</b>	<b>200</b>	<b>100</b>

55% of the PWD families are owners of their own house and land. These people are not expected to change their residence. As such, disaster preparedness and rehabilitation agencies will be able to reach them easily. These 55% families will also be able to provide information on other PWD families in their respective communities. 39% shown in the table as 'others' mostly live in 'Cluster Villages', beside dams, government land etc.

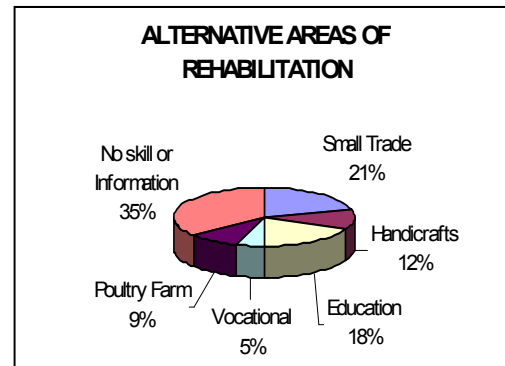
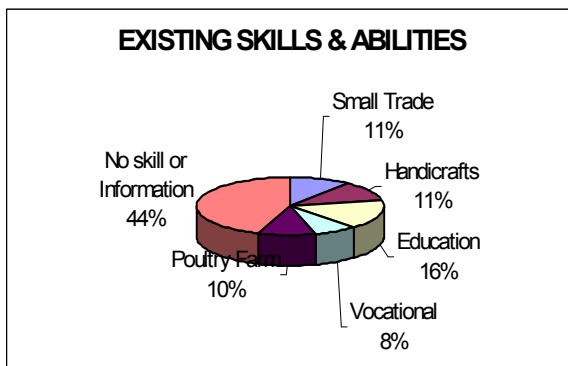
**TABLE: 11** Head of household

Gender of household	Total	Percentage
Male	183	92
Female	17	9
<b>Total</b>	<b>200</b>	<b>100</b>

Female heads of households represent 9% of the PWD families. These female heads are encountering numerous problems. At the same time they have to act as both the principal bread earner as well as the principle caregiver for the PWD member and other members of the family. At times they are faced with the dilemma of choosing between having to stay with the PWD member or questing for finance for livelihood --- both of which are fundamental needs of a family with disabled member.

**TABLE: 12 Skills and abilities**

Areas of skills and abilities	Existing skills and abilities		Alternative areas of rehabilitation	
	Number	Percentage	Number	Percentage
Small Trade	21	11	41	21
Handicrafts	22	11	23	12
Education	33	16	36	18
Vocational	15	8	10	5
Poultry Farm	20	10	18	9
No skill or Information	89	44	72	35
<b>Total</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>



During the survey, apart from collecting information on the specified questionnaire only, the surveyors also assessed the existing skills and abilities of the PWDs, and along with the PWDs, looked up alternative areas which they could take up for rehabilitation. PWDs were also inquired on their expected assistance (from external sources) if they were to be rehabilitated under the existing or alternative areas. However, it should be kept in mind that amongst the 89 PWDs that are under 'No skill or Information' group, 48 are within the age group of 0 – 10 years. What is encouraging is that out of these 89 PWDs, 17 are either interested to or they can be rehabilitated in different areas. Small trades seem to be a feasible option for the PWDs within the surveyed area as 21% have shown keen interest or possess the ability. 18% PWDs are interested to pursue further education.

Most of these PWDs have the potentialities to be rehabilitated in different areas except for the severely disabled ones. But they have to be armed with essential skills

and material resources imperative to be successful in their initiatives. It is very important for them to succeed in their efforts. Failures could, on the one hand, further augment their existing inferiority complex (which most of them are currently suffering from) and at the same time reinforce the family's and the community's belief that disability is a symbol of inactivity and burden for others. However, if they succeed and can be contributive to the family, then their importance will heighten and will pave the way for them to establish themselves in a decision-making role in the family and eventually in the community. These successful PWDs could also act as role models for other PWDs and their families. They can be very strong instruments of community education initiatives. One real case within the community does carry a much more weight of authenticity and credibility in community education rather than tales of ten successful PWDs somewhere else.

**TABLE: 13**    **Disasters faced**

Face any disaster	PWDs and families	Community people	Development organizations	Government agencies	Respondent %
Yes	200	60	37	40	100
No	0	0	0	0	0

This table reflects the proneness of disaster in the surveyed areas. 100% respondents informed that they had encountered disasters of some sort.

**TABLE: 14**    **Type of disasters faced**

Disaster type	PWDs and families	Community people	Development organizations	Government agencies	Respondent %
Cyclone	198	60	37	40	99
Tidal Surge	198	60	37	40	99
Flood	13	0	0	0	4

The table shows the most common type of disasters to be cyclones and tidal surges. These are disasters with potentials of immense destruction and havoc. They can

destroy entire communities causing severe problems to PWDs and their families. These disasters could also be the cause of new cases of disabilities in the affected areas.

**TABLE: 15s Preparedness taken before disasters for disabled people**

**Table: 15A Preparedness taken before disasters**  
(By PWDs and Families and Community People)

Preparedness	PWDs and families	Responden t %	Community people	Respondent %
Yes	169	84	60	100
No	31	16	0	0

**Table: 15B Preparedness taken before disasters**  
(By Development Organizations and Government Agencies)

Preparedness	Development organizations	Responden t %	Government agencies	Respondent %
Yes	37	100	40	100
No	0	0	0	0

The above table gives us information on whether any special preparedness measures were taken for PWDs during previous disasters from the perspective of the four surveyed groups. We have some contradictory data here between the group of PWDs and their families with the others. While the other three groups indicated a 100% agreement that preparedness were taken, 84% of the PWDs and their families agreed so. However, a significant 16% of this group mentioned that such measures were not taken at all. So, whatever steps were taken, it required to be assessed whether such preparedness measures were appropriate, adequate and timely.

**Table: 16**      **Preparedness taken before disaster**  
(By PWDs and Families)

<b>Preparedness Made</b>	<b>Total</b>	<b>Respondent %</b>
<b>Taken to shelter</b>	<b>14</b>	<b>7</b>
<b>Assigned people for help</b>	<b>0</b>	<b>0</b>
<b>Helped with equipment</b>	<b>0</b>	<b>0</b>
<b>Taken steps at home</b>	<b>5</b>	<b>3</b>
<b>Taken to safe place</b>	<b>20</b>	<b>10</b>
<b>Advised for preparedness</b>	<b>165</b>	<b>83</b>
<b>No Preparedness</b>	<b>31</b>	<b>16</b>

The table above gives us information on the different types of preparedness measures taken so far during the disasters in the previous years. Only 17% of the PWDs' families were taken to disaster shelters or to safe places. 83% were advised for preparedness but only 20% have taken some sort of preparedness measure in pre-disaster period. What is alarming is that even though a large portion was advised on adopting such measures only a nominal had taken steps. There are varied reasons for this. Over the last few years, many forecasted disasters, especially cyclones and tidal surges, did not ultimately hit. Some cyclones, even at the last stage, suddenly changed course and did not ultimately hit the coastal belt of Bangladesh. As an effect, the local community loses its faith in the disaster warning system and does not take any preparedness initiatives in anticipation that ultimately the disasters will not occur. Another reason for their not going to the cyclone shelters can be attributed to a number of unpleasant experiences the community people have faced in the past. It has happened more than once that on returning home from the safe places, people found that all their belongings had been looted. Inaccessibility to most of the shelters is also a major problem, especially for families with disabled members. Lack of safety and security within the over-crowded shelters, especially for grown up women is also a major factor that discourages families to move in there. The problem increases if the woman also is disabled. Socio-culturally, the communities in the coastal areas of Bangladesh are extremely religious minded and highly conservative. In an over-crowded situation like what prevails in a cyclone shelter during a disaster period, and immediately after it strikes, it becomes extremely difficult for the women to maintain their 'purdah', which also discourages elderly women from going to these shelters. Lack of proper sanitation facilities compounds the problems. Families having members with severe disabilities (who have no control over their urine and bowel movements) face a bigger problem as other people do not want to tolerate this in such a crowded atmosphere. All these problems, combined together, do discourage the families from leaving their homestead and going to cyclone shelters or to other safer places, unless it is



absolutely necessary. It also is common that by the time they decide to move, it becomes so late that they ultimately decide to stay back and surrender to their fate.

It is very important that appropriate measures are taken in preparation for the particular disaster. Community people need to be motivated with appropriate information regarding disasters and disability issues. It must be ensured that follow-up activities are undertaken to facilitate the community to undertake necessary measures after they are advised for preparedness – advise must be followed by action.

**TABLE: 17 Who have taken care of PWDs for preparedness**

Who have taken care of PWDs	Community People		Development organizations		Government agencies	
	Total	Respondent %	Total	Respondent %	Total	Respondent %
Family	60	100	37	100	40	100
Community People	56	93	30	81	36	90
Preparedness agency	56	93	35	95	36	90
Relatives	20	33	2	5	8	20
Local organization	0	0	0	0	2	5
Community leaders	4	7	0	0	3	8
Neighbor	2	3	5	14	0	0
Other	0	0	1	3	1	3

During any crisis situation, like disasters, the three broad groups that can, on an emergency basis come forward with assistance are the family, the community and the preparedness agencies. In the above table we can see encouraging data in these aforesaid broad groups. But what is discouraging is the response seen in the groups of community leaders and especially neighbors. Neighbors are geographically the closest and can be safely presumed to come forward first in any need and crisis. A reason for this low response could be that the neighbors were included by many respondents under the group of community people. Except for the government, no other group of respondents informed that the local organizations were involved. It may be so as because there are only a handful of local organizations working in the surveyed areas. It was however communicated by the

respondents of the development organizations that, even if their respective organizations did not have such preparedness programs, they assisted on an individual level.

These findings again call for awareness on disaster and disability issues in the community.

**TABLE: 18**    **Location of PWDs and families during disaster**  
(PWDs and Family Members)

Location during disaster	Total	Respondent %
At home	109	55
Safe place	29	15
Disaster shelter	14	7
Relative's house	37	19
Other	46	23

According to this table, in the past, only 7% of the PWDs had moved to disaster shelters during the time of disasters. A total of 45% moved from their house to different safer places while the majority of 55% had stayed back. These 55% are the most vulnerable during disasters, as we have seen that their house structures are not adequately strong enough to withstand any severe cyclone or tidal surge. The PWDs will have to struggle more to survive, as other members might be busy saving their own, and we have seen that at least 30% of PWDs are totally dependent on others during disasters. A section of the 45% that moved from their homes again had to face numerous problems. Some had to be carried. A negative attitude of others also acted as barrier during certain times. However, if some of these PWDs had assistive devices or equipment, or if the safer places were more accessible, movement might have been easier.

**TABLE: 19** Situation of PWDs and families during disaster

Situation during disaster	Community people		Development organizations		Government agencies	
	Total	Respondent %	Total	Respondent %	Total	Respondent %
Was in safety at home	26	43	3	8	19	48
Not with proper care but at home	18	30	7	19	5	13
Taken to shelter	15	25	1	3	10	25
Taken to safe place	14	23	4	11	11	28
Assigned people for help	8	13	7	19	17	43
Advised for preparedness	53	88	30	81	30	75
Helped with equipment	0	0	0	0	0	0
No preparedness	0	0	0	0	0	0
Left at home	0	0	0	0	0	0
Careless	1	2	0	0	0	0
Other	0	0	0	0	0	0

This table gives some contradictory pictures of the situation of PWDs during disasters. While on the one hand, the government agencies and the community people opined that 25% of PWDs and their families were taken to disaster shelters during the major disasters, the development agencies said only 3% and the PWDs said only 7% had been taken to such places. 16% of PWDs recollect that they had received no help for adopting preparedness measures, not even advise, however the other three groups commented, all had adopted some sort of measures for disaster preparedness. 43% of government respondents informed that people were assigned to help the PWDs and their families, but the PWDs expressed that no one was assigned to help them. Such contradictory statements could be attributed to a general lack of information relating to disabilities among the people assigned to help as volunteers during pre-disaster period. Had they been aware of the special needs of PWDs during such times, they probably could help the PWDs better.

**TABLE: 20** PWDs receiving assistance during evacuation

Received assistance	PWDs and families	Respondent %	Community people	Respondent %
Yes	115	58	46	77
No	2	1	2	3
Not Applicable	83	42	12	20

Received assistance	Development organizations	Respondent %	Government agencies	Respondent %
Yes	36	97	38	95
No	1	3	2	5
Not Applicable	0	0	0	0

Though the representation figures differ, from a maximum of 97% in development organizations to a minimum of 58% in PWDs and family group, it can be generally observed that majority of the PWDs received assistance during disaster. It is important that PWDs receive assistance during evacuation, as high percentages of them are dependent on others.

**TABLE: 21** Who provided assistance to PWDs during evacuation

Who provided assistance	PWDs & Fam.		Community		Dev. Orgs.		Government	
	Total	%	Total	%	Total	%	Total	%
Family members	110	55	45	75	36	97	38	95
Community People	40	20	35	58	22	59	28	70
Preparedness agency	92	46	43	72	25	68	30	75
Other	0	0	25	42	6	16	6	15
None	0	0	0	0	0	0	0	0

It is interesting here to compare the data of the PWDs & family group with others. 97% from the development organizations and 95% from the government agencies responded that families helped the PWDs. It is very natural for any one to presume that family members would be the principal ones to assist in evacuation phase, but data reveal that only 55% of the PWDs received assistance from them. It is the same case for community people. While 72(or 75)% of the community members feel that they had assisted, only 20% of the PWDs informed that the community assisted them.

**TABLE: 22** If PWDs face any notable problems during disasters

Notable problem	Total	Percentage
Yes	198	99
No	2	1
<b>Total</b>	<b>200</b>	<b>100</b>

The above table gives an alarming data. 99% of the PWDs and their families informed that they faced major problems during disaster situations due to their having a PWD member. Problems were encountered before, during and after the disaster periods.

**TABLE: 23** Attitude of family members towards PWDs during disasters

Feeling of family members	PWDs & Family		Community		Dev. Orgs.		Government	
	Total	%	Total	%	Total	%	Total	%
Cooperative in all aspects	174	87	60	100	37	100	35	88
Helping attitude	194	97	59	98	37	100	40	100
Feeling of obligation/liability	20	10	6	10	1	3	2	5
Not responsive	1	1	0	0	0	0	0	0
Feeling burden	0	0	0	0	0	0	1	3
Totally negative attitude	0	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0	0

Efforts were made to know about the feelings of the family members towards the PWDs during disasters. 97% of the PWDs informed that their family members had a helping attitude. However table 2 reflects that 55% families assisted their PWD member during evacuation. 10% PWDs expressed that their family members felt them to be an obligation (or a liability). It is interesting to see that, none of the PWDs thought that their families had a truly negative feeling towards them even during the times of disasters. This could be seen from a different angle. The interviews of the PWDs were carried out in front of their family members. And it can be anticipated that none of them would, at least in front of their family members, say that they (the family members) possessed a very negative attitude or had no helping attitude towards them. It would also not be appropriate for the interviewers to interview the PWDs alone as this might have given rise to curiosity and confusion.

**TABLE: 24 Attitude of community people towards PWDs during disasters**

Attitude of family members	PWDs & Family		Community		Dev. Orgs.		Government	
	Total	%	Total	%	Total	%	Total	%
Cooperative in all aspects	81	41	54	90	27	73	32	88
Helping attitude	169	85	59	98	37	100	40	100
Feeling of obligation/liability	97	49	7	12	6	16	5	13
Not responsive	9	5	0	0	0	0	0	0
Feeling burden	32	16	0	0	2	5	1	3
Totally negative attitude	0	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0	0

49% of the PWDs felt that communities received them as obligations/liabilities while 16% as a burden. But from the responses of the community people it was felt that only 12% considered them as obligations/liabilities and none took them to be a burden. No one opined to possess a totally negative attitude towards the PWDs. This is difficult to perceive. But, it is human nature, not to admit negative attitude towards sensitive issue, especially disability.

**TABLE 25: Post disaster support for others**

Post disaster support	PWDs & Family		Community		Dev. Orgs.		Government agencies	
	Total	%	Total	%	Total	%	Total	%
Medical Assistance	156	78	53	88	32	86	29	73
Emergency relief	160	80	56	93	36	97	34	85
Survival package	141	71	51	85	30	81	27	68
Shelter material	1	1	2	3	1	3	1	3
Food grain	165	83	54	89	29	78	31	78
Clothes/bedding materials	4	2	18	30	0	0	14	35
Cash relief	1	1	7	12	0	0	4	10
IGA Support	0	0	3	5	0	0	0	0
None	4	2	0	0	0	0	0	0

The table gives us a picture of the nature of post disaster support that were distributed or provided to a disaster-affected community. After disasters the primary concerns are survival for affected people and minimizing the risks of certain diseases reaching epidemic proportions. It can be seen from the table that most of the affected people received survival packages, emergency relief, medical assistance and food grain. However, in any of the relief/rehabilitation items that were distributed/provided, the PWDs got a far less share than the general community people. For example, while 30% of the community people received clothes or bedding material, only 2% of the PWDs received it. Again, while 12% of community people received cash grants, only 1% PWDs received it. 5% of community people received some support to start up some IGA after the disasters had hit them, whereas, not a single PWD received such support. The difference of assistance received between the general community people and the PWDs in the areas of Medical Assistance, Emergency relief, Survival package, and Food grain were 10%, 13%, 14% and 6% respectively. This clearly shows a discrimination against the PWDs, either intentionally or non-intentionally. For sake of argument, if we say that this was done absolutely non-intentionally, even then it calls for attention, as these people cannot always stand in the long queues waiting for the supplies like other community people can. Special attention should be given to them while distributing relief material in the post-disaster periods.

**TABLE 26: Special support for PWDs and families immediately after disasters**

Special support for PWDs and family	PWDs & Family		Community		Dev. Orgs.		Government agencies	
	Total	%	Total	%	Total	%	Total	%
Yes	5	3	0	0	4	11	0	0
No	195	98	60	100	33	89	40	100

Only three percent of the PWDs and Families received some form of special support in the post disaster periods in the past. 11% of respondents from development organizations opined that they knew about PWDs receiving some sort of special support. The government officials and community people had no information in this regard. This special support mainly came in the form of a greater amount of relief material rather than any separate or additional items. For example, instead of 5 Kgs of rice (which was given to the general families in the community) some of the families (with PWDs) received perhaps 7 Kgs.

Special support to PWDs and their families, again on the other hand, may result in creating a negative impact within the community. Communities may try to interpret that the family with the PWD received some extra relief just because they had a disabled member. This again might create a negative attitude on disability issues as a whole. Attention must be provided to prevent any such possibilities.

**TABLE 27: Post disaster support for PWDs and families**

Post disaster support	Community		Dev. Orgs.		Government agencies	
	Total	%	Total	%	Total	%
Medical Assistance	44	73	32	86	27	68
Emergency relief	47	78	36	97	32	80
Survival package	45	75	28	76	25	63
Shelter material	1	2	1	3	1	3
Food grain	49	82	27	73	30	75
Clothes/bedding materials	25	42	0	0	13	33
Cash relief / IGA	12	20	0	0	4	10
Others	0	0	1	3	0	0
None	2	3	0	0	1	3



PWDs had to stand in queues for hours to collect support, which was at times extremely difficult. Adult PWDs, especially on whom the family is dependent, faced different problems in collecting such support. Sometimes, they were forced to send neighbors to collect the relief on their behalf. But this help did not come without its price. PWDs had to share their quota with their neighbors as a commission for taking the labor to collect support on behalf of the PWDs.

**TABLE 28: Special post disaster rehabilitation support for PWDs and families**

Special support for PWDs and family	PWDs & Family		Community		Dev. Orgs.		Government agencies	
	Total	%	Total	%	Total	%	Total	%
<b>Yes</b>	0	0	0	0	1	3	0	0
<b>No</b>	200	100	60	100	37	97	40	100

Except for the 3% of respondents from the development organizations, all of the other respondent groups informed that there were no special support for PWDs and their families.

**TABLE 29A: Post disaster rehabilitation support for PWDs and families**

Post disaster rehabilitation support	PWDs & Family		Community		Dev. Orgs.		Government agencies	
	Total	%	Total	%	Total	%	Total	%
<b>Food Stock</b>	105	53	34	57	24	65	21	53
<b>Housing Material</b>	7	4	0	0	0	24	11	28
<b>Medical</b>	76	38	28	47	15	41	23	58
<b>IGA</b>	0	0	0	0	0	0	0	0
<b>Cash Grant</b>	13	7	0	0	0	0	0	0
<b>Cash Loan</b>	8	4	0	0	0	0	0	0
<b>Others</b>	2	1	0	0	0	0	1	3
<b>None</b>	68	34	25	42	5	14	11	28

**TABLE 29B: Post disaster rehabilitation support for others**

Post disaster rehabilitation support	PWDs & Family		Community		Dev. Orgs.		Government agencies	
	Total	%	Total	%	Total	%	Total	%
<b>Food Stock</b>	105	53	37	62	24	65	24	60
<b>Housing Material</b>	7	4	2	3	9	24	11	28
<b>Medical</b>	76	38	28	47	16	43	23	58
<b>IGA</b>	0	0	0	0	0	0	0	0
<b>Cash Grant</b>	13	7	0	0	0	0	0	0
<b>Cash Loan</b>	8	4	0	0	0	0	0	0
<b>Others</b>	2	1	0	0	0	0	0	0
<b>None</b>	68	34	20	33	3	8	9	23

After the relief distribution phase immediately following a disaster is over, the important phase of rehabilitation starts, which is the period of rebuilding and reconstruction. Tables 28s narrate that the major form of rehabilitation support in the surveyed areas in the past came in the forms of food stock and medical, with a distribution of some cash grants and loans. But during this phase one needs to reconstruct his living arrangements and re-establish his economic ventures. From the tables it is evident that these two areas did not receive adequate attention.

With regards to disability issues it is important to remember that if houses in the locality need to be reconstructed or renovated, that it be done keeping in consideration of the accessibility of the PWD family members, if any. Again if support are provided in economic ventures, PWDs and/or their family members must be considered. It is well experienced that if a PWD family member is able to contribute economically, his/her importance in the family enhances, as well places the PWD in a decision making role. It also has a positive psychological effect on the PWD him/herself, and also the community.

## Case Study

**While every one was praying to survive, Jamal had to pray to die.**

Jamal is a full grown 25 years old youth. He lives in the remote village named Harishpur under Sandip thana of Chittagong district. Physically disabled Jamal always keeps himself isolated from others because of frustration for his disability in movement. He got high fever and was subsequently polio affected while he was a one year old baby. Both of his legs were affected. This gradually caused deformity to his backbone. He can only move in close surroundings by crawling.



Jamal is from a poor fisher folk family. His father Samsul Alam and two other brothers depend on fishing in the sea. Jamal can not contribute to minimize their family hardship.

Jamal recalls with despair and frustration the painful days of disasters that he faced several times. Sandip is a disaster prone area where cyclone and tidal surge hits almost every year. In April 1991, Jamal was 17 year's boy. Cyclone and tidal surge was hitting the area. He was hearing the panic of the crowd. People were evacuated to safe place and cyclone shelter. He was watching the wariness of his family members. Every one can move to safe place but what to do with Jamal. Finally his father and two brothers carried him to the shelter. The shelter was two kilometers away from their home. While every one was praying to survive, Jamal had to pray to die to release the burden of his family and neighborhood.

The cyclone and tidal surge affected the area and caused death of hundreds of lives and damage of houses and properties. The post disaster situation was terrible. Jamal and his family along with hundreds of affected people had to stay couple of weeks at the shelter. While survival of normal able people was under threat, question does not arise to look for little facility for Jamal, which was essential for his daily living activities. Jamal's feeling was not to claim favor rather a sense of guilt to for being a burden to others.

## Case Study

### **People reacted rudely with negative attitude and did not welcome them at the shelter**

Shamol Mali, a menial staff of a health complex offered all of his sincere services to the destitute disaster victims but could not provide even a minimum care to his daughter Silpi. Silpi is now running 12 years. She got cerebral palsy from her childhood with multiple disability like speech problem, and intellectual disability. Her mother looks after the family and also takes care of Silpi. Silpi has a 5 years old younger brother.



Mali and his wife have been trying their best to have special care and treatment for Silpi but turned back with big frustration due to poverty and finding no improvement. They took it as their fate and somehow acquainted themselves with the daily living activities of Silpi. Their sufferings and struggle has been terrible during the disaster period, the worst they faced so far.

Amtali of Barisal, the area where they live is a disaster inclined area. Cyclone and tidal surge hits the area almost every year. In many disasters they had to move to a school building to survive. Many people from their community used to take shelter to that school.

Silpi's mother had to take shelter with Silpi and her younger son, where she experienced a bitter learning of having a CP child at the shelter. Silpi had problem for activities of daily living such as use of toilet, dressing, feeding etc. Drooling was another problem. All these caused an unpleasant environment for other people at the shelter. People reacted rudely with negative attitude and did not welcome them at the shelter. More over, Shilpi got sick and had high fever. Silpi's mother had to struggle single while her husband was in duty to serve other victims in the health complex. Finding no other alternatives, they had to return home with all the inconvenience of staying at home in post cyclone situation.

## Case Study

### **Habib and Jahangir could not avail the post disaster relief benefit because of their mobility problem.**

Two brothers in a family are polio affected since boyhood. They are Habib and Jahangir. Habib is 30 years old and have 4 children. Jahangir is 32 years old with 2 children. Both have problem in one leg and they can only move with crutch. They are from fisher folk family and depend on fishing only. Although they can't catch fish as like as other but can survive with a minimum level of income.



Since they are from disaster inclined areas, especially cyclone and tidal surge, they have encountered immense problems and difficulties during disaster period. During monsoon, it is difficult to move out of home with crutch because of sticky soil. During cyclone in rainy season, it becomes worse for the mobility of people like Habib and Jahangir. The cyclone shelter is quite far away from their home. It was really difficult for them to reach to the shelter. While there were warning announcement for cyclone, people normally become busy with their own survival and it was extremely difficult to find people to help them.

The post disaster situation was rather more difficult to survive for them. Normally the climate does not permit to go for fishing. It takes couple of weeks, some time even more for everything become normal. Habib and Jahangir could not avail the post disaster relief benefit because of their mobility problem, as they could not attend in relief queue.

## Recommendations

1. Interventions must be undertaken to create a positive environment for People With Disabilities (PWDs) and their families. This requires enhancement of the general awareness level of communities on disability issues. One of the ways of achieving this could be by integrating disability-related information and messages into the existing community education programs of development organizations.
2. Inclusive Education should be initiated in both Non-formal and formal education to raise the existing education percentage of people/children with disability.
3. Greater awareness raising initiatives should be taken in the communities on pregnancy care and birth related issues. The skills of Traditional Birth Attendants (TBAs) on safe delivery and pre, ante and post natal care should be developed to reduce the high incidence of disability cases as an effect of congenital or birth related problems.
4. Scopes and opportunities to income generation could be created for PWDs. Micro credit facilities should be made available for eligible PWDs. They should be integrated into rural saving groups of development organizations with access to equal facilities as other group members. In cases, family members of PWDs could also be considered as credit recipient.
5. Families with disable people should be in priority list to get access to the Government rural housing program (Cluster village, Thikana project) to ensure safety and easy living of the disabled persons. Slight modification of the housing structure considering the special needs of the disable person will allow them to have barrier-free leaving environment at home.
6. Awareness-raising initiatives is essential in all coastal belt to sensitize all concerned on the issues related to the situation of disabled people in disaster situations, with emphasis on the role of community people. NGOs in particular areas may be developed and assigned for executing such awareness raising programs.
7. Thana level workshops may be arranged with the participation of local Government officials, Union Parisad Chairmans, NGO leaders and disaster preparedness and management committee members and workers to make the issues related to disability at the different stages of disasters more comprehensive and clear.

8. Attempts may be taken to identify the disabled people of all disaster prone areas and a list prepared indicating the type/level of disability and their special need. This can be reviewed in any disaster preparedness planning and management efforts.
9. Disaster preparedness announcement should be made indicating the preparedness of the disabled people such as special measures and priority of evacuation of disabled and elderly people.
10. Attempts could be made to create accessibility for disabled people in disaster shelters. Disabled people should get priority to the disaster shelters along with their caretakers. A positive attitude of the neighborhood towards disabled people should be developed through counseling and motivation.
11. The service delivery mechanism for post disaster relief and survival program should carefully consider the case of people with disabilities as many of them are not in a position to get access to the existing relief system.
12. Disaster affected people with disabilities should get priority for post disaster rehabilitation program. The post disaster rehabilitation assistance is considered focussing on the common needs of the victims. As the needs and requirements of the disabled people are different, there should be case basis analysis to support people with disabilities in post disaster rehabilitation programs.

## Policy Implication

1. Issue of disability and handicap should be clearly incorporated into national policy on “Disaster preparedness and management”.
2. An environment of positive attitude and understanding is essential at level if the issue of people with disabilities in disaster situations is to be adequately and appropriately addressed. All issues related to disability and handicap need to be integrated with all policy matters, program design and interventions.
3. Sensitization at local level is imperative on situation of people with disabilities in disaster situations.
4. Interventions are essential to aware people with disabilities on their role in disaster situations.
5. Data of people with disabilities in disaster prone community should be prepared, updated and kept for reference at times of need.
6. Disaster preparedness inventions need strengthening with special emphasis on people with disabilities.
7. Disaster preparedness should include follow-up mechanism to ensure activities essential and recommended are carried out.
8. Accessibility of people with disabilities should be considered with emphasis into all essential infrastructures (especially disaster shelter) including program interventions.
9. Service delivery mechanism for disaster affected people should be designed to benefit the people with disabilities.
10. Construction materials that will not endanger people in disaster situations should be used.
11. Greater emphasis is to be laid on prevention of preventable



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