

AUDIT COURSE - DISASTER MANAGEMENT- REHABILITATION

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INTRODUCTION

Disaster Management includes sum total of all activities, programs and measures which can be taken up before, during and after a disaster with the purpose to avoid a disaster, reduce its impact or recover from its losses. The four disaster management phases illustrated here which do not always occur in isolation or in this precise order. Often phases of the cycle overlap and the length of each phase greatly depends on the severity of the disaster.

- Mitigation - Minimizing the effects of disaster.
Examples: building codes and zoning; vulnerability analyses; public education.
- Preparedness - Planning how to respond.
Examples: preparedness plans; emergency exercises/training; warning systems.
- Response - Efforts to minimize the hazards created by a disaster.
Examples: search and rescue; emergency relief .
- Recovery - Returning the community to normal.
Examples: temporary housing; grants; medical care.

This recovery phase comprising rehabilitation, reconstruction and development processes. Disaster Recovery needs to be synchronized with rehabilitation and reconstruction efforts in order to bring about quicker and effective recovery of the affected community. post disaster phase includes recovery and pre-disaster phases incorporates risk reduction strategies

Disaster recovery phase are considered as opportunities to “build back better” after a disaster by adopting risk reduction efforts and build resilient communities. Since, rehabilitation and reconstruction operations are integral to disaster recovery, they provide a direct ‘connect’ between disaster response and long-term development.

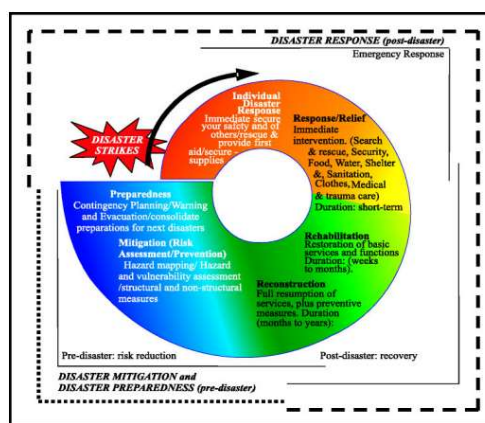


Figure: Disaster Management cycle

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CONCEPT OF REHABILITATION

Rehabilitation involves restoring local services related to the provision of immediate needs. It implies a systematic return to pre-disaster status. It refers to actions taken in the aftermath of a disaster to enable basic services to resume functioning, assist victims' self-help efforts to repair physical damage, restore community facilities, revive economic activities and provide support for the psychological and social well-being of the survivors. It focuses on enabling the affected population to resume more or less normal patterns of life. It may be considered as a transitional phase between immediate relief and major long-term development.

Rehabilitation may be defined as “an overall dynamic and intermediate strategy of institutional reform and reinforcement, reconstruction and improvement of infrastructure and services, aimed towards the support of the initiatives and actions of the affected population in the political, economic and social domains, as well as reiteration of sustainable development.” (NDMA, 2016).

Rehabilitation is the restoration of basic social functions such as providing temporary shelters, Stress debriefing for responders and victims, Economic Rehabilitation, Psycho-social Rehabilitation, Scientific Damage Assessment

TYPES OF REHABILITATION

Since social, cultural, economic and political factors provide the contours of a thorough recovery plan, we could deduce that there are four major types of rehabilitation, namely, physical, social, economic and psychological.

1. **Physical Rehabilitation-** It Include reconstruction of physical infrastructure, such as, houses, buildings, railways, roads, communication network, water supply, electricity. Also, the acquisition of land for relocation sites, land use planning, flood plain zoning, micro and macro-zonation, retrofitting (strengthening of undamaged houses) etc. It also comprises short-term and long-term strategies towards watershed management, canal irrigation, social forestry, crop stabilisation, and alternative cropping techniques, job creation, employment generation and environmental protection. It involves policies for agricultural rehabilitation, rehabilitation of artisans and small businessmen as well as rehabilitation of animal husbandry. The short-term and long-term physical rehabilitation measures should take into view: provision for subsidies, farm implements, fertilizers etc., establishment of seed banks and grain banks, scope of employment generation, availability of livelihood generation and alternative technologies, along with development of houses and infrastructure. This type of rehabilitation is economic in nature and is broadly geared towards an alternative livelihood approach that can enable the communities to withstand the disaster aftermath.

2. **Social Rehabilitation-** Social rehabilitation is an important part of disaster recovery, but this dimension is often assumed to be a community function and neglected in most post-disaster programmes. Social Rehabilitation includes restoration of social structures in the destruction areas and may emphasize upon the vulnerable groups like children, elderly, women and marginalized communities. etc. These groups are much more vulnerable to disaster aftermath due to lack of



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adequate support. In the post-disaster phase, family support systems can break down due to physical and mental trauma resulting from losses of life and property, physical dislocation, and migration of some members of disaster affected communities. These vulnerable groups would need special social support to survive the impact of disaster. Thus, construction of infrastructure such as community centres, day care centres, anganwadis, balwadis, old age homes, etc., is a vital part of social rehabilitation. There has to be an adequate provision for building this kind of infrastructure wherever it is non-existent or has been destroyed by the disaster.

3. **Economic Rehabilitation** – includes livelihood restoration and business continuity, so that income generation is restored with particular emphasis on sustainable employment/ income generation.

4. **Psychological Rehabilitation**- includes stress management with particular focus on Post-Traumatic Stress Disorders

The psychological trauma of losing relatives and friends, and the scars of overall shock of the disaster event can take much longer the victims to heal than the stakeholders (planners, governmental agencies, NGOs, international agencies, self-help groups, community). It is, therefore, essential, that social welfare and psychological support programmes be considered immediately after a disaster event so that they could be made a vital part of recovery programmes.

No recovery plan can be successful if it does not consider the psycho-cultural background of the affected site. This means that it must give due respect to the tradition, values, norms, beliefs and practices of the disaster-affected people.

For a proper rehabilitation of persons suffering from ill-health, there is a need for a systematic Epidemiological Surveillance and Nutrition Centred Health Assessment to monitor the spread of disease. A comprehensive health recovery plan should be in place to deal with the problems of psychological rehabilitation. Physical discomfort and illness could have multiple psychological effects. Also the chances of post-traumatic stress disorder are high in disaster aftermath. Efforts should be made to arrange for crisis intervention, psychological debriefing (semi-structured crisis intervention), trauma counselling and panic management.

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