

# VOICES

Integrating Hospital, School and Community Safety



SEEDS is a non-profit voluntary organization working to make vulnerable communities resilient to disasters. For this, SEEDS adopts a multi hazards locally based approach seeking to empower communities through awareness generation, training and action.

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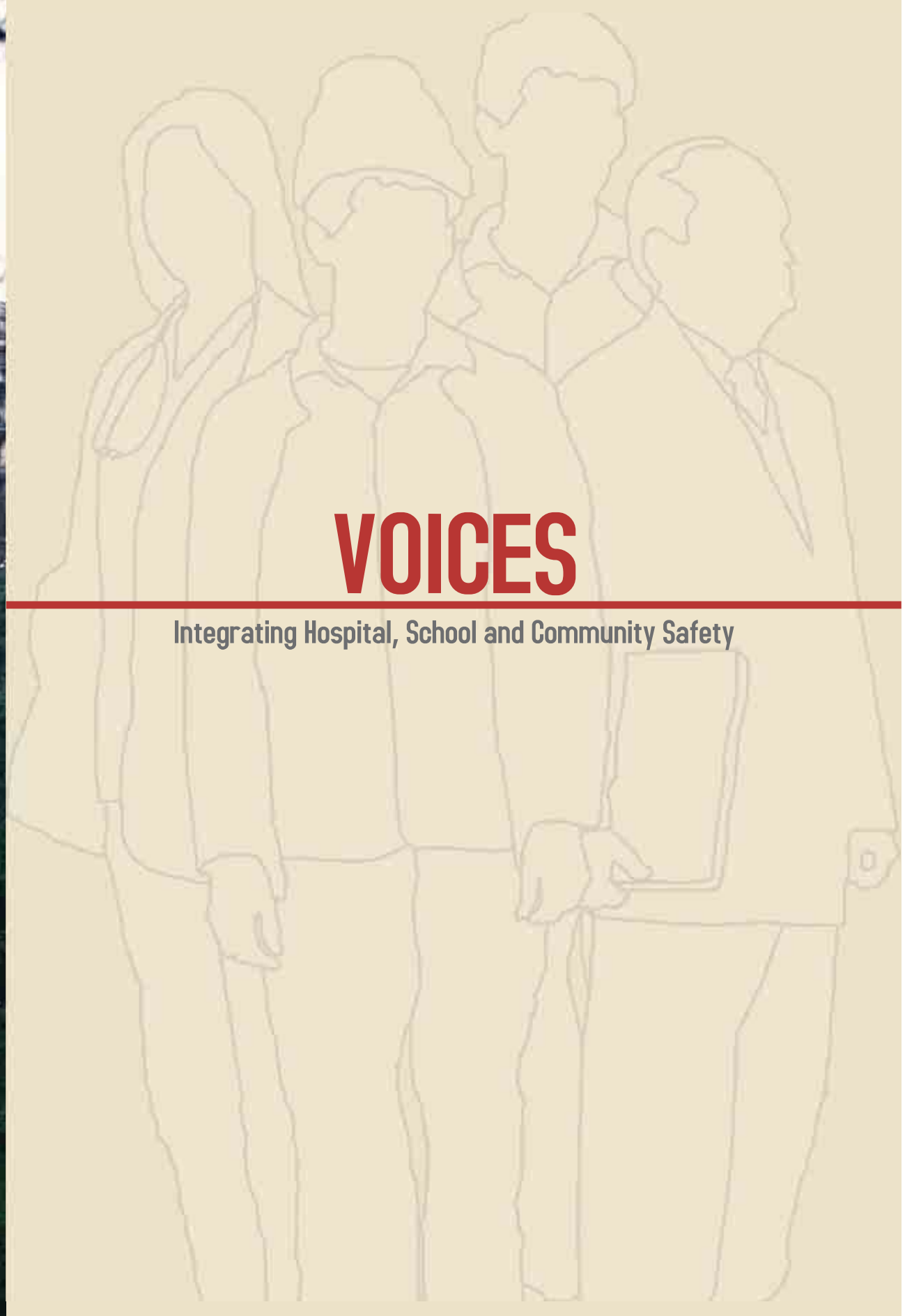
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Localizing HFA Integrated Community Based DRR through Schools & Hospital Safety



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## Preface

Located on the Indo-Australian tectonic plate, the state of Uttarakhand is highly prone to devastating earthquakes, landslides, avalanches, forest fires, cloudbursts and flashfloods. Hospitals and schools, which are a community's lifeline, assume even greater importance during these disasters. By ensuring that these lifelines are functional and safe during and after an emergency, more resilient communities can be created.

Sustainable Environment & Ecological Development Society (SEEDS) along with Emmanuel Hospital Association (EHA) in partnership with European Commission Humanitarian Aid Department and Christian Aid introduced a project called '**Localizing the Hyogo Framework for Action (HFA): Integrated Community-based DRR through School and Hospital Safety**'. It was implemented in two blocks across Dehradun, covering 10 villages, 10 schools and two hospitals in the area. Task forces were set up in areas such as first aid, fire safety and search and rescue, while separate volunteer groups worked on advocacy, awareness and action.

The programme demonstrated how school, hospital and community safety initiatives can be integrated into a comprehensive approach to build local level disaster preparedness. While the schools became a hub for disaster reduction activities such as village watching, the hospitals served as centers for disaster response and preparedness. On-site and off-site activities in both locations created horizontal linkages with the neighbouring communities. This outreach included engagement with public officials at both the block and panchayat level, as well as all respective State Directorates on incorporating the DRR approach into ongoing health and education programs. Vulnerable groups such as women and the differently-abled were paid special attention in the structural designs and disaster management plans.

Capacity building aside, the initiative helped the local community really imbibe the values of risk reduction, sowing the seeds for a more empowered population.

This dossier is a collection of people's experiences with the program, those who participated, supported and built a community that considers risk reduction a part of their everyday life.



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**JOT SINGH GUNSOLA**  
MLA, Mussoorie

Any DM policy should focus on prevention and mitigation of disasters rather than just relief and emergency services after the calamity has taken place.

## Disaster Mitigation, Not Disaster Management

His eyes light up at the mention of local history and traditions. The raconteur in him is always ready to engage in a discussion on current trends in global economy, society and development. Yet beneath the intellectual demeanour and imposing personality, Jot Singh Gunsola is a people's MLA whose heart beats for the common man.

Gunsola's biggest concern today is to secure Mussoorie district and Uttarakhand from the ravages of climate-induced calamities. "The recent tragedy in Bageshwar underlined the consequences of an inadequate Disaster Management (DM) policy and disaster resilience on schools and other vulnerable institutions in the state," he says, referring to the death of 18 children who were buried alive when the roof of a primary school collapsed following heavy rains in Kapkot area of the state's Bageshwar district. "Also, the deadly cloudburst in Leh has shown that such events are becoming widespread across the entire Himalayan range and the Uttarakhand Government should not be caught on the wrong foot when such a calamity happens."

Natural catastrophes will continue to claim "precious lives and property" until disaster-prone states like Uttarakhand "stop reacting to disasters and start building preparedness to tackle them," says the 55-year-old leader, who has spent more than two decades in public service. "Any DM policy should, therefore, focus on prevention and mitigation of disasters rather than just relief and emergency services after the calamity has taken place."

While the National Disaster Management Act (NDMA) can only lay down the broad norms for disaster management, every state will have to frame its own DM policy—in tune with the ecological and geographical realities of the region, he says. "I will raise the issue for a separate DM policy for

Uttarakhand in the State Assembly soon. This should be a policy that clearly spell out the rules, regulations, building and safety norms."

Till such a policy becomes a reality, he suggests that Uttarakhand's Disaster Management ministry should launch a programme to train local people for a special force on Disaster Risk Reduction (DRR). "Under this scheme, each district could have a task force of around 30 people who would get remuneration for their services from the state government."

Alongside, Gunsola recommends routine drills and workshops in schools as one of the best ways to prepare children for disasters. "SEEDS and EHA have already begun that initiative in some schools in Dehradun and Mussoorie as part of their DRR localization project. Even though their current project is coming to a close, they should consider staying here for some more time. They should now work on a longer term project to connect schools, hospitals and citizens of the state in an awareness link."

In the broader list of goals for the state, Gunsola also aspires to make Mussoorie a "model district" with disaster-resilient practices in housing, construction and civil works. "Indeed, we are a highly disaster-prone district. But we also have some of the best minds, institutions and sustainable knowledge in the country. All we need is a bit of initiative and drive from the community and support from organizations like Dipecho and Christian Aid to make that dream happen."



**PARAG TALANKAR**  
Project Manager,  
School & Hospital Safety,  
SEEDS

Normally, one would think that creating awareness would be enough to build preparedness in any community. Our experience shows us that unless awareness is followed by advocacy, it will not lead to concerted action.

## Mainstreaming DRR in Development

The mountains have always held a special attraction for Parag Talankar. “I like the peace of the hills and love working with the people here,” says the SEEDS India’s Project Manager (School and Hospital Safety) who has spearheaded the organization’s Disaster Risk Reduction (DRR) Localization initiative through schools and hospitals in Dehradun and Mussoorie.

Parag, who earlier anchored a Earthquake Safety Initiative in Himachal Pradesh, was initially unsure whether he could pilot a project that was more complex than what he had ever done before. “This was the first time any organization in India was attempting to link up three different entities—schools, hospitals and communities—through the theme of Disaster Risk Reduction (DRR) and in line with the Hyogo Framework for Action (HFA). So I had my apprehensions on how to get this going.”

However, once the project was up and running, Parag began to see the big picture and the small components that complemented it. “As the program evolved, we were able to settle on an integrated model that would effectively establish linkages among the entities,” he says.

Since the model was built on the premise that hospitals and schools were the lifelines for any community during a disaster, “we decided to link up one hospital with five schools and five villages within a radius of 10 km,” says Yezdani Rahman, Contract Manager, SEEDS India. “Our choice of hospitals (Herbert Christian and Landour Community) were easy since they belonged to our project implementation partner, Emmanuel Hospital Association (EHA). After that we began to zero in on the schools and villages.”

Realizing that DRR was a new concept for its audiences, SEEDS began to work on a

two-fold strategy. One was to have separate volunteer groups for creating awareness, advocacy and action. Two, to form separate task forces for training people—in areas such as first aid, fire safety, search and rescue—through workshops and mock drills (see Task Forces and Volunteers box). “Normally, one would think that creating awareness would be enough to build preparedness in any community. Our experience shows us that unless awareness is followed by advocacy, it will not lead to concerted action,” says Parag.

The strategy has paid off in many villages in the project area, where local communities have become “sensitized and emboldened” to approach the district administration and state government on reducing disaster risks. “It could be anything as simple as a request to cut a tree (that could fall over a cluster of houses) or a proposal to raise a boundary wall across a school. But they have made the beginning.”

Also heartening for SEEDS and EHA is the fact that women have participated enthusiastically in these workshops and drills. “Quite a few of these women are from backward classes, lower economic strata and minority communities. This clearly shows the inclusive nature of our project,” points out Parag. “Interestingly, events like drills and workshops have brought the community to the hospital, rather than the hospital going to the community (as in the case of health camps),” adds Shivangi Chavda, National Coordinator, Program Implementation Unit, SEEDS India.

On the flip side, a model of this kind will face challenges and roadblocks, says Parag, as it deals with different kinds of complexities. “It will also take some time to work since it is not easy to break mindsets and attitudes.” Adds Shivangi: “The model needs to be sustained over a

longer period so that we learn the lessons, plug the gaps and improve its delivery. Only then can it be institutionalized.”

In a wider context, Parag sees this project as another opportunity to “experiment with social concepts and learn about new cultures.” More importantly, it marks

another step forward towards his goal “to bring DRR into the developmental fold.”

With the project coming to a close, Parag is getting ready to move to a new assignment. “Hopefully, it will bring me back to the mountains, again,” he quips with a shy smile.

## Task Forces and Volunteers

For its DRR localization strategy in Uttarakhand, SEEDS & EHA are using the help of both task forces and volunteer groups to reach out to the beneficiaries and communities.

While volunteers mobilize and sensitize communities for advocacy, action and policy-level changes at the local level, task forces have the key responsibility of training communities and transferring knowledge to the public.

Task force teams have been set up in schools, hospitals and communities to train people in Search and Rescue, First Aid and Fire Safety.

For schools, the total number of members in the task forces ranges from 6 to 15, depending on the student strength.

Communities usually have 15 members per team. In hospitals, the numbers range from 15 to 20 for each task force.

Volunteers, on the other hand, belong only to communities. The average number of volunteers—who are links between the hospital, school and community—in a village is usually 15. The volunteers are further divided into groups of 5 for activities like awareness, advocacy and action.

Most volunteers are also task force members, but all the task force members, are not volunteers. Volunteers comprise of social workers, ASHA (Accredited Social Health Activist) workers, social leaders and senior citizens.





Dr DANIEL RAJKUMAR  
Medical Director,  
Herbertpur Christian Hospital (HCH)

We have also realized that hospitals have to become safe, disaster-resistant institutions first to provide quality health care and emergency services to its patients.

## Safe Hospitals, Better Health Care

Hospitals, undoubtedly, are the most important lifelines that provide health services to its local community in the aftermath of any disaster. The health staff of a hospital—doctors, nurses and hospital administrators—are usually the first responders in an emergency. Ironically though, most hospital buildings in India are found to be structurally vulnerable to hazards and are likely to become dysfunctional during a calamity.

“The DIPECHO project on DRR has alerted us to such contingencies and improved our preparedness for disasters,” says Dr Daniel Rajkumar, Medical Director, Herbertpur Christian Hospital (HCH). “We have also realized that hospitals have to become safe, disaster-resistant institutions first to provide quality health care and emergency services to its patients.”

In line with the new realization, HCH has taken several measures to secure the structural and non-structural (doors, windows and fixtures) safety of its buildings. “For one, we have covered all the windows (in the buildings) with film. Also, all the cupboards and fixtures have been fastened into the walls. “But, as pointed out by the Rapid Visual Assessment (RVA) report of the project, we still have work to do on strengthening and retrofitting our old buildings, which are nearly 75 years old,” says Dr Daniel.

While disaster mitigation through structural changes is one of the long-term aims, HCH has already started training its staff on disaster management through workshops and drills. “The implementing agencies’ participatory style of teaching has helped make the learning more interesting and

effective,” says Dr Daniel. “Their emphasis was always on giving us a problem and making us come up with solutions—rather than the other way round.”

Guided by the project, the hospital has also chalked out evacuation maps, formed teams and assigned roles to its staff to “respond more proactively” to disasters. In doing that, HCH is ensuring functional readiness during times of calamities and mishaps.

Integrating the three pillars—schools, hospitals and communities—under a DRR umbrella within the Hyogo Framework for Action (HFA) is not going to be easy, says Dr Daniel. Yet he is hopeful that the project has set the stage for disaster management to become a crucial part of the community agenda. “For one, HCH's community health development programs will have DRR as one of the awareness themes. Also, mock drills and workshops will be a regular feature even after the implementing agencies move away from the scene. Without these, we won't be able to nurture the learning and knowledge gained from the project.”

For HCH's youthful and committed medical director, his mission to “work in a rural area and provide medical care to the local people” began three years ago. While DRR has added a new dimension to the meaning of community health for a hospital like HCH, Dr Daniel sees it “placing greater responsibility” on him towards the welfare of hospitals, schools and the larger community.



**GEETA NAUTIYAL**  
District Education Officer,  
Dehradun

We require drafted DRR policy at the state level and trained teams at the district and block level to deal with disasters, which is so far missing in our system.

## Disaster Risk Reduction for School Safety

Every time the monsoon sky over Dehradun turns dark with clouds, Geeta Nautiyal, District Education Officer, fears the worst for the schools in her area. Flash floods and landslides—triggered by heavy rains—are a looming threat in her district. “Such calamities can wreak havoc on schools and put the lives of small children in grave danger,” she says, referring to a recent event which flooded 25 schools in Dehradun. “To make matters worse, most of the schools, including teachers and students, are hardly prepared for such eventualities.”

To reduce the full-blown impact and casualties of climate-induced catastrophes, it is imperative to frame a Disaster Management (DM) policy both at the state-level and district level as soon as possible, says Nautiyal. “Once such a framework is in place, then it is easy to form DM committees and teams for safety of schools for each district.”

Lauding the Disaster Risk Reduction (DRR) localization project of SEEDS and EHA for showing the way for an integrated approach to ensuring safety of schools, hospitals and communities, she underlines the need to look at various aspects of disaster management such as first aid, fire safety, and search and rescue. “And in the case of schools, every facet of safety—the alarm systems, structural vulnerabilities of buildings, evacuation plans and doctors on call for emergency services—has to be incorporated in the DM plan.”

Such a plan will also entail regular meetings of stakeholders like district administration, the fire and health departments, hospitals

and the school administration, she adds.

As a priority, Nautiyal suggests that schools in the state should include modules on DRR as part of the curricula—even if it is taught only once a week. Her first choice would be the GOLFRE (Global Open Learning Forum for Risk Education) course developed by SEEDS. “The learning material is excellent, and covers almost everything that one needs to know. It would be good if a modified version of this course is made available for schools in Uttarakhand—preferably in Hindi, which is the language of instruction.”

Nautiyal feels her perspectives on disasters changed completely after doing the GOLFRE modules. “The lessons made me conscious of the fact that our own office building is not disaster-resistant and also made me think of an alternate exit route for our office staff, in the event of a catastrophe like an earthquake. If it can change my perception, I am sure it can make a world of difference to the awareness and preparedness levels of kids in schools.”





**Ms ABHA SAILI**  
Principal,  
Mussoorie Girls Inter-College (MGIC)  
Mussourie

We are not waiting for a disaster to change mindsets. Our girls can do that better by continuing to educate people about DRR by taking the message to the community and the rest of the society.

## Building Secure Learning Environments

For Abha Saili, Principal, Mussoorie Girls Inter-College (MGIC), her school has been a constant factor in her life since she was a child. She completed her schooling here and later joined the teaching staff before scaling the academic ladder. As head of her alma mater, she is keen to provide a safe learning environment to these girl students, all of whom come from poor families. "Good education can happen only if the institution and the students are protected from disasters."

Saili's big worry is that the school building, which belongs to the Mussoorie city board, might not be able to withstand a natural calamity. "Most of the school structure is more than 100 years old and is collapsing anyway," she says. "We used to think the biggest threat to our buildings would come from earthquakes. But this year, we find that we face hazards from rainbursts, floods, landslides and mudslides. These events can probably do as much damage and devastation as earthquakes."

Saili feels the first step for schools towards managing disasters is to build awareness and preparedness among its students. "The mock drills and workshops organized by SEEDS and EHA in our school have been an enriching experience for the children," she says. "They are now conscious of disaster risks and want to know more about techniques to handle them."

In the longer term, sensitization to calamities will also help students understand the wider ramifications of catastrophes on people, habitats and livelihoods. "The initiation process will help students relate better to news and features on print and television media about disasters," says the MGIC principal.

SEEDS has also helped MGIC set up a Disaster Management Committee and task forces for specific focus areas like fire safety, first aid and rescue. "We have students, right from class 7 to class 12, in these task forces. This way, we want to ensure that the knowledge gets passed on from older students to their juniors."

With SEEDS and EHA getting ready to hand over the Integrated DRR project to the beneficiaries in Mussoorie and Dehradun, schools like MGIC will have their work cut out. "After implementing agencies move from the scene later this year, we would have to try and sustain the momentum with regular meetings, workshops and drills," says Saili. "And we are hoping that the hospital (in Landour) would take the initiative forward and work with us in organizing drills and health camps that have a DRR component."

Saili, for sure, does not want the school to lose the opportunity given by the project. "We are not waiting for a disaster to change mindsets. Our girls can do that better by continuing to educate people about DRR by taking the message to the community and the rest of the society."



**NEENA KALYAN  
SHEFALI CHOUHAN,**  
Students of Class XII,  
Barotiwala Government School

I share the knowledge that I have gained with the members of my family, my fellow students and others in my village.

## Becoming Alert to Disaster Risks

Schools play a key role in building disaster resilience in communities comprising of students, teachers, parents and school staff. “As institutions, they are powerful catalysts of change and empowerment,” says Parag Talankar, Project Manager (School and Hospital Safety), SEEDS India. “And school children can be the most effective agents of information and action in the public domain on any issue.” When steered by children, disaster risk reduction (DRR) programs can often help families, villages and communities reduce their risks.

With this premise, the DRR localization project of SEEDS and EHA in Uttarakhand—covering ten schools in Herbertpur and Mussourie—has aimed to educate students about risks and vulnerabilities related to natural calamities. “Thanks to the workshops and mock drills, I have become more aware of hazards in my neighbourhood— whether it is a large tree close to my house, or a canal near my school (which could overflow during the monsoon),” says Neena Kalyan, a student of Class XII, Barotiwala Government School, near Herbertpur in Dehradun district. Her classmate Shefali Chouhan says, “I share the knowledge that I have gained with the members of my family, my fellow students and others in my village.”

While the weak structure of their school building is a cause for concern, Neena and Shefali are happy that their school

administration has already put in place a post-disaster strategy, which includes critical areas like evacuation, search and rescue, and fire safety.

Neena, a member of her school's task force on first aid, is confident of providing post-disaster basic-level care and treatment to victims. “We have the requisite skills to give basic treatment to people with body and head injuries, and fractures,” adds Shefali, who also is a member of the first aid task force. Both of them are keen to learn more about other aspects of DRR, such as fire safety and search and rescue.

Neena and Shefali also have a common aim to become doctors and serve the poor and vulnerable sections of society. “We would also like to do relief work in disaster-affected areas.”

At one level, the DRR project of SEEDS and EHA has made these girls aware of disaster risks and their role as contributors to school safety. At another, the 'new awareness' has also kindled in them an aspiration to pursue a career in medicine and, possibly, disaster management.



VINOD KUMAR  
Deputy Pradhan,  
Attenbagh Panchayat, Dehradun

This awareness will mean nothing much for the people unless it is followed by positive action to minimize the impact of disasters. While positive action can come from voluntary work, it cannot move forward without availability of funds.

## Villages Need Bigger DRR Budgets

As in other parts of the country, village panchayats in Uttarakhand are at the centre of development decisions and action at the local level. However, most of them are unable to do any substantial work in Disaster Risk Reduction (DRR) for want of funds. "Nothing much can be achieved unless the State Government increases the budgets of local governments for disaster mitigation measures," says Vinod Kumar, Deputy Pradhan, Attenbagh Panchayat.

Kumar considers floods as the biggest threat to the villages in his panchayat area, which is around 35 km away from Dehradun. "Every year, waters from the nearby rivers and canals overflow, damaging property and assets," he says. "But we can't do much (beyond erecting wire and stone grids) to prevent these mishaps because we just don't have the funds to undertake construction work for mitigation."

While Central Government schemes like NREGA provide money for repair work (building roads, embankments), there is a time lag between sanction and disbursement of funds. "So, even if we tap that scheme, we would not be able to get the resources for meeting the immediate requirements," says the Deputy Pradhan.

Kumar also fears that an extreme calamity like an earthquake could test the resilience of health services in his panchayat zone, which is served by only one hospital. "And

even this hospital is not equipped to take on the full impact of a catastrophe like an earthquake, he says. "It needs to scale up its disaster resilience with safer buildings, better medical facilities and more staff."

At the community level, Kumar feels, the state government and district administration should introduce schemes and incentives to encourage building of earthquake-resistant houses. "The Centre-sponsored Indira Aawas Yojana sanctions a budget of Rs 35,000 for building a small house for Below Poverty Line (BPL) families. That kind of money is barely enough to lay the foundation of a disaster-resistant house."

The DRR project of SEEDS and EHA, Kumar says, has created new awareness of disaster threats among the community. "But this awareness will mean nothing much for the people unless it is followed by positive action to minimize the impact of disasters. While positive action can come from voluntary work, it cannot move forward without availability of funds."



**MAMTA JOSHI**  
Buraskhanda Ward,  
Sila Gram Panchayat, Mussourie

As a group, we are learning to use advocacy with the government to build disaster resilience in our villages.

## Sensitizing Rural Women to DRR

**B**uraskhanda village on the Mussoorie-Dhanaulti road is a sleepy little habitation of a few hundred families spread across a hilly terrain. Most men in the community work as daily laborers in the nearby areas of the Mussoorie district. Though women here are predominantly illiterate, they have a strong yen to empower themselves through learning and innovation.

26-year-old Mamta Joshi, a resident of this village, is trying to convert this latent desire for progress into an opportunity for development. A few years ago, she launched a women's Self-Help Group (SHG) to inculcate the savings habit and provide short-term micro-credit to needy members. Today, there are 60 women in the group, which has a joint account in the Mussoorie branch of the Allahabad branch. "I am trying my best to help them learn to operate the account," says Mamta, who moved from Tehri to Buraskhanda after her marriage.

Over the past year, the spunky community leader has shown a similar zeal in mobilizing the women in her panchayat (comprising nearly 5 villages) to attend meetings on managing disasters. "In these meetings held every month, I teach them about disaster risks and threats in my own style," says Mamta, who is also a post-graduate in history. "And thanks to the GOLFRE course and workshops that I attended, I also make use of charts and maps to make the learning as easy as possible."

As an 'action volunteer' and member of the First Aid task force, Mamta has rallied nearly 25 women to attend the workshops of the organization. "Initially, it was difficult to bring them together, since their husbands were not comfortable with the women moving out of their homes," she recalls. "But things changed once they realized that their wives were learning

useful information that would help the well-being of their communities."

The DRR localization project along with the women's SHG has been instrumental in empowering women in Buraskhanda and adjoining villages. "Today, we have the support of the men in our community for our initiatives. And best of all, the wives are educating and enlightening the men and kids in the households about issues ranging from gender and health to disasters and climate. Going forward, I would also like to invite men for our meetings."

As SEEDS and EHA wraps up its DRR project, Mamta's next big challenge is to nurture the task forces (for first aid, fire safety, search and rescue) in the village panchayat. "We have to train more women for these teams, so that members can change every six months. And we also have to meet regularly for some positive action to happen."

The sensitization to DRR has already had its spinoffs. In a proposal to Uttarakhand's Department of Disaster Management, the members of the SHG have sought a community hall (to serve as shelter during disasters) and a forestation scheme to arrest landslides in their area. "As a group, we are learning to use advocacy with the government to build disaster resilience in our villages."

Two months ago, tremors in their region set the community on alert mode. "They were ready to take necessary action to face the calamity, if it happened," says Mamta. "But each tremor is also making us more determined to use every means—awareness, advocacy and action—to mitigate disasters as much as possible."



**SEEMA SINGH**  
Volunteer & Task Force Member,  
Chandalgarhi Village, Mussoorie

I hope this trend will increase the number of people getting trained in DRR. More trained people, in turn, will lead to higher level of knowledge and information-sharing, which will further result in better preparedness.

## Helping Hand for the Vulnerable

Wife, mother, daughter-in-law of an extended joint family, health activist, social worker, head of an SHG, disaster volunteer and a student. Life for Seema Singh seems to flow effortlessly through multiple roles and duties every day of the week, even as she fits the disparate parts into an overarching goal to help women and other vulnerable groups in her community.

An Accredited Social Health Activist (ASHA) worker belonging to Chandalgarhi village in Mussoorie district, Seema has shown that Disaster Risk Reduction (DRR) can add an important element to community health services for women. “DRR workshops and drills have made me conscious of the impact of disasters. But more importantly, it has opened my eyes to problems and dangers faced by vulnerable populations—especially old and disabled people—during calamities.”

Despite her tight work-life schedule, Seema has become a member of the first aid task force and joined a GOLFRE course to enhance her knowledge of disaster management. “Today, I can say for sure that I am prepared for any calamity and I know what to do when it happens.”

As a volunteer, Seema has already created awareness of DRR in her extended community, which comprises of her own family, friends, relatives and the ASHA

family of 1,000 women. “Since I am well-aware of these issues, I am in a good position to share my knowledge with other women in my area,” she says. “The big challenge for me, however, is to tell them about disaster threats and risks in a language that they can understand—often it is a mix of words, charts and pictures. And once they get the basic grasp of the issue, they want to know more about how disasters could affect their lives, livelihoods and health.”

Inspired by Seema, quite a few of these women have joined the GOLFRE course and many more are willing to join them. “I hope this trend will increase the number of people getting trained in DRR. More trained people, in turn, will lead to a higher level of knowledge and information-sharing, which will further result in better preparedness,” she says.

For Seema, learning about DRR has also made her more responsive to disability issues. Through a combination of advocacy and action, her group of volunteers has sent a proposal to the state government to accord priority status to disabled people and pregnant women in civil hospitals in her district. If and when that proposal becomes a reality, Seema would have seeded a new, empowering movement for the vulnerable in her community.



**Dr JUBIN VARGHESE**  
Programme Manager,  
Anugrah Project,  
Hebertpur, Dehradun

Through their workshops and drills, SEEDS and EHA has been able to intricately connect disaster and disability at every level—from Anugrah and other HCH community health programmes to the village panchayats, NGO workers and the communities.

## Connecting Disaster and Disability

Normal human beings, with sufficient awareness, can at least control and decide their response to disasters,” says Dr Jubin Varghese, the effervescent and cheerful Program Manager of Anugrah, a centre for special children run by the Herbertpur Christian Hospital (HCH). “But mentally-disabled people usually have no such control over their responses, leave alone the awareness.”

Dr Jubin, a psychologist by training, has been working with the center since 2001. The hospital, which is located about 35 km from Dehradun, is run by Emmanuel Hospital Association (EHA), partners for the 'Integrated Project on Community-Based DRR Through School and Hospital Safety'.

Anugrah, with guidance from the project, has been training its staff and field practitioners on better ways to respond and evacuate disabled children during disasters. The centre is also working with grassroots workers (belonging to Anganwaadi and ASHA) and volunteers to infuse the DRR component into their community health programmes. “For us, it is better to link up with field workers from other NGOs who already have access to the communities, rather than trying to reach out to them on our own,” says Dr Jubin.

As of now, Anugrah is focusing only on training care givers. It later plans to hold special workshops to sensitize parents about helping and securing mentally-disabled kids during a disaster. “As a rule, mentally-disabled children are not usually seen as persons in their own capacities and are the easiest to forget when disaster strikes,” says

Dr Jubin. “There have even been instances when villagers have chosen to abandon their autistic children during a calamity and bring the normal child to the hospital for first aid and care. We will try and change that attitude.”

The learning from the DRR component in Anugrah's special children's initiative has been incorporated into HCH's other grassroots community health projects, Pehal and Shifa. “We have also been approached by the Central Government for help at the grassroot level for its Uttarakhand chapter of the Disaster Risk Program, which is being jointly implemented with UNDP,” says Dr Robert Kumar, Director, Community Health, HCH.

“Through their workshops and drills, SEEDS and EHA has been able to intricately connect disaster and disability at every level—from Anugrah and other HCH community health programmes to the village panchayats, NGO workers and the communities,” says Dr Jubin. “Thanks to these agencies, we are not only prepared to respond to a disaster, but are actually ready with an evacuation strategy. We are hoping that we will respond better to any eventuality and be able to carry differently-abled children to safety during such exigencies.”



**FEROZE ALI KHAN**  
Youth Volunteer,  
Jharipani Village, Mussoorie

Getting the youth interested in such issues is tough, but I will try and pull as many of them into DRR as I can. A person like me could probably be successful in creating awareness among them, since I belong to the younger generation.

## Tapping the Youth Force

A chance meeting with a SEEDS & EHA volunteer in 2009 got Feroze Ali Khan acquainted with the concept of disaster management for the first time. Since then, the quest for knowledge has led this graduate from Mussoorie deeper into the world of DRR. After having attended four workshops, three mock drills and a GOLFRE (Global Open Learning Forum for Risk Education) course, Feroze can see a new door of opportunity opening for him. "I want to become a DRR trainer and get more people to join the volunteer groups and task forces," he says.

The 22-year-old volunteer from a backward Muslim community is also keen to spread awareness about disasters among the youth in schools and colleges of his district. "Getting the youth interested in such issues is tough, since most of them are keen on doing professional courses like IT and MBA. But I will try and pull as many of them into DRR as I can. A person like me could probably be successful in creating awareness among them, since I belong to the younger generation."

As a beginning, he has organized a mock drill in the school where his brothers study and also initiated a few campaigns in his neighbourhood youth club. "The best way

to draw young people into DRR is by exposing them to a combination of workshops, drills and learning modules. A subject like disaster management needs a blend of practical and theory, followed by some real experience in disaster relief."

With a B.A. degree in hand, Feroze is now planning to do a course in physical education. Having attained a good knowledge of disaster issues and reasonable expertise in search and rescue skills (SEEDS sees him as an expert for bailing out victims from high-rise buildings), he would also like to look also at career options in disaster management. "The elders in the family do not like the idea of me spending so much time on DRR-related events and want me to look at other options. But I would like to follow what my heart wishes me to do."



Hospital staff in the 'duck, cover and hold' position during the hospital mock drill.



Non-structural mitigation done in the hospitals as part of the project.



Students being given first aid after safe evacuation from the classroom during a school mock drill.



The search and rescue team marking the outside of the classroom to indicate that the room has been searched.



Fire extinguishing practice during the community drill.



The first aid safety team in action during the community mock drill.

