CHAPTER V

HUMANITARIAN AID TO THE DISASTER VICTIMS

"The worst of times bring out the best of humanity"¹

5.1 Introduction

The idea behind highlighting the immense human and material devastations caused by various forms of disasters in the last chapter is to emphasize the need for initiating actions on several fronts. One of the important starting points is to focus on organizing humanitarian assistance for Maximum human survival and sustenance, as any kind of suffering creates considerable concern.² So post-disasters, the quick and steady upliftment of the victims' lives through well-conceived integrated aid programmes becomes the need of the time.

As is known, when disasters occur their impacts are felt more by the weaker sections of the society, who are deprived of most of the basic survival needs, like, food, water, shelter and health facilities, which cumulatively affect their quality of life which is implicit in the right to life.³ No doubt, these vulnerable sections are more resilient in nature, still there is a need for outside intervention for generation of assets and income that can turn the disaster losses into opportunities through humanitarian

² Srilatha Juwa and P. Rajendran, "Disaster Mental Health : A Current Perspective", Vol. 61, I.J.S.W., 2000, P. 528
³ "The expression 'life' assured in Article 21 of the constitution does not cannot mere animal existence of continued drudgery through life. It has a much wider meaning which includes right to livelihood, better standards of life, hygienic conditions in workplace and leisure". (Consumer Education & Research Centre V. Union of India, (1995) 3 SCC 42: AIR 1995 SC 922.)
aid and protect them from the onslaught of future disasters on a long-term and permanent basis. 4

In most quarters today, the importance of providing humanitarian aid to the disaster affected has become a bedrock principle, mainly with the primary recognition of “relief as a right and not as charity”. With the beaming stories of human sufferings, the issues of recipient rights and humanitarian aid have gained great momentum. 5 They have created adherence to social justice and equity norms, and paramount respect for civil rights and victims’ entitlements. 6 Humanitarianism which has become a keystone in the post disaster scenario has been defined by the World Disasters Report (1997) as “a way of acting: carrying out actions which are, and are perceived to be, impartial, religious or other extraneous bias” 7 So, humanitarian aid is considered to be one of the important ways to address the emergency situations by providing both immediate relief 8 and long-term solutions 9 that address the root causes of human sufferings.

In November 1997, the prime recognition of ‘relief as a right and not as a charity’ resulted in a multi-agency-sponsored 10 SPHERE project that developed the

7 P.V. Unnikrishnan and Tarun Sarwal, Supra note 6, P. 142.
8 Immediate relief activities are focused on requirements like, food, drinking water, sanitation facilities, temporary shelters, payment of compensation, etc.
9 Long-term activities include: infrastructure development, providing technical support, retrofitting damaged houses, etc.
10 Agencies such as Oxfam, CARE, the Lutheran World Federation, Save the Children Fund, the International Federation of the Red Cross and Red Crescent Societies, and the US Centre for Disease Control, under the auspices of UN, researched and drafted the minimum standards.
Humanitarian charter and Minimum standards which explicitly highlighted the right to life with dignity. The same was also recognized and highlighted earlier in the declaration of the Stockholm Conference of 1972 and the resolution of the UN General Assembly of 1991. 

Therefore, the primary aim of the States, national and international agencies and various non-government organizations is to protect and assist the victim population in compliance with humanitarian standards, and in close collaboration with the community as a whole to bring back their lives to a normal and self-sustainable level by finding appropriate and durable solutions as quickly as possible.

5.2 Immediate Aid: Basic Amenities

The first step after a disaster is to hasten the delivery of immediate aid to the victims, comprising of basic amenities that are needed to reduce the immediate threats to health and safety; and to pre-empt future serious problems. The basic amenities consist of food, water, clothing, shelter, medical care and monetary help to ensure no further loss or disintegration of life. Often these are mobilized with the help of disaster aid which is the outcome of humanitarian concern. But the essence of the

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11 The Humanitarian Charter and Minimum Standards relate to the five key sectors of water supply and sanitation, nutrition, food aid, shelter and site planning, and health services to achieve defined levels of service for people affected by calamity or armed conflict, and to promote the observance of fundamental humanitarian principles.

12 The Stockholm Conference of 1972 declared that ‘Man has the fundamental right to freedom of equality and adequate conditions of life, in an environment of a quality that permits a life of dignity and well-being.... And the UN General Assembly resolution affirmed that humanitarian assistance must be provided in accordance with the principles of humanity, neutrality and impartiality.


situation is that, in order to save lives, it is vital to deliver immediate aid in time with adequate and appropriate relief materials\textsuperscript{15} to the victims as quickly as possible within the first few \textquote{golden hours\textquote{}} after the disaster.\textsuperscript{16} So in terms of alleviating the immediate distress, the challenge is to ensure that the resources reach the neediest in the least possible time.

However, to assume that all property losses and survival needs are to be replaced and furnished from outside sources only, without identifying the local response capacity (organizational, medical and logistical resources) results in a great wastage of existing resources of relief.\textsuperscript{17} No doubt, much of the basic amenities are fulfilled by disaster aid, but involving the local communities and their resources in the affected areas save far too many lives in time also.\textsuperscript{18} And more importantly, during this critical phase, the relief bodies and organizations in their endeavor to cater to the needs of the victims should bear in mind that the majority of the hardest hits are the poor, and that relief is not a charity but their right.

So, the key objective of providing basic amenities is to ensure the immediate and maximum survival of affected communities and to simultaneously pave the way for their quick recovery.

\textsuperscript{15}Appropriate relief demands careful scrutiny regarding the type of disaster, existing climatic conditions in the affected area, the local needs, etc. because there are certain basic relief materials that are required immediately for the safety and well-being of the victims. For example, during the Uttarkashi earthquake (1991) in the chilly winters, truck after truck disgorged goods that were entirely inappropriate and unsuitable to the victims, like, summer clothes, high-heeled shoes, expired medicines, and so on- the spring-cleaned junk of urban households.


\textsuperscript{17}P.C. Sinha, \textit{Supra note 14}, P. 127.

5.2.1 Water, Food and Health Facilities

Disaster victims experience risks of food insecurity and malnutrition that are closely interwoven with their vulnerability to disease and epidemics. Virtually, all practical commandments of the disaster times are to arrest by all possible preventive and quick-response measures, the sudden disruption in food supply and tragic increases in morbidity and mortality.19 So the three basic things that are needed for the survival of the victims are: firstly water, which is the most crucial thing needed to live, that without it all living beings die; secondly food, which without enough of it, life becomes miserable and short; and thirdly health, without which victims become sick.20

Therefore, the primary relief measures during disasters are intended to keep the victims alive, and to avert deaths and diseases by timely action.

5.2.1.1 Water

Water, which is the basic human need and without which life cannot be sustained, is one of the attributes of Right to Life. Right to sweet/potable/pollution free water has been recognized as a part of Right to life guaranteed under Article 21 of the Constitution of India.21 It has also been highlighted by the Mar del Plata Water

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21 For instance, in Subhash Kumar v. State of Bihar, (1991) 1SCC 598 : AIR 1991 SC 420 ; F.K. Hussain v. Union of India, AIR 1990 ker 321 ; Attakoya Thangal v. Union of India, 1990 K.L.T. 580 at 583, the courts have declared that one of the attributes of right to life is right to potable water as it is one of the basic elements which sustains life itself.
Conference as follows: "All peoples, whatever their stage of development and their social and economic conditions, have the right to have access to drinking water in quantities and of a quality equal to their basic needs." 

So water, which is the prime essence of life, plays a very crucial role in the lives of disaster victims. Proper attention to safe drinking water considerably reduces post-disaster mortalities and morbidities. In spite of this awareness, during many disasters several victims suffer for days without proper drinking water. For example, during the 2005 floods of Karnataka and Maharashtra, though the affected villages were surrounded by water, the flood victims faced an acute scarcity of pure drinking water. The same is usually the situation during almost all cyclones and storms.

Thus, scarcity or lack of drinking water, due to contamination of water resources, or damage to pipelines or failure of power, which is a common consequence of disasters, has to be planned with better management of water resources like, repairs to existing wells and excavation of new ones, etc., or by providing through tankers or railway wagons to help save lives and preserve the well-being of the victims during disasters.

5.2.1.2 Food

Healthy survival with adequate and nutritious food is a part of Right to Life under Article 21 of the Indian Constitution. So post-disasters, keeping the victims

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22 This United Nations Water Conference was the first International Water Conference dealing with various water resources issues, that was held in Mar del Plata, Argentina, in 1977.
alive, and in a state of well-being is the first priority of food-aid.\textsuperscript{25} Unless adequate quantities of food materials are procured, moved, and delivered in time, to the victims they become debilitated and in some cases, die.\textsuperscript{26} Thus the quick availability of food and fodder is the next most crucial necessity for the disaster victims’ survival and sustenance.

To be fully efficient, food aid has to be sensitively donated. Locally acceptable food articles have to be given preference, with special provisions for the most vulnerable sections of the population like, pregnant and lactating women, infants, children and the infirm. Foodstuffs contrary to ones religious beliefs,\textsuperscript{27} or unusable because of their unfamiliarity in local diets,\textsuperscript{28} or inappropriate in terms of nutritional value, palatability or conservation potential are to be strictly avoided.\textsuperscript{29} But still, there are incidents where improper and unhealthy food stuffs have been distributed or rather dumped upon the victims who have no choice. The supply of substandard rice, unfit for consumption, in huge quantities to lakhs of tsunami-affected people in rice-eating states like Tamil Nadu and Andhra Pradesh, by the officials of Food Corporation of India, private millers and the local politicians of Punjab;\textsuperscript{30} and the distribution of skimmed milk/milk powder (residue of the developed world’s cheese production) as an infant feed, despite its obvious lack of the necessary protein, fat

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\item \textsuperscript{25} Reginald Herbold Green, \textit{Supra} note 20, P. 256.
\item \textsuperscript{26} Ibid., P. 288.
\item \textsuperscript{27} There are disturbing instances of distribution of inappropriate imported foodstuffs like, canned meat (pork and beef) to disaster affected orthodox communities, during the Kashmir earthquake (2005).
\item \textsuperscript{28} For example, 60,000 chapattis that were sent by one Karnataka M.P. to the tsunami victims of Cuddalore went waste due to their unfamiliarity amongst the local people, as rice was their chief food.
\item \textsuperscript{29} David Alexander, "Confronting Catastrophe – New Perspectives on Natural Disasters", New York: Oxford University Press, 2000, P. 86.
\item \textsuperscript{30} Chander Suta Dogra, "Grain of Truth", Outlook, February 27, 2006, P. 24.
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and vitamin contents, to the victims of Orissa Super Cyclone by the relief agencies, are few of the best known examples of corrupt food-aid programmes.

And simultaneously, along with the supply of appropriate food stuffs, attention also needs to be paid to the provision of suitable fuels, utensils and other articles to cook food; fodder to the cattle and other livestock, to maintain stable food security amongst the victims during the critical post-disaster period. To maintain proper food security amid the calamity affected families, the primary responsibility of ration and food procurement is desired to be allotted to women of households to reduce/curb the sale of nutritious food for purchase of non-food non-necessities.

Thus, proper and appropriate food aid with perceivably acceptable food needs arrests the risks to health and life of the disaster victims.

5.2.1.3 Medical Facilities

Healthy survival is a basic human right. It means not merely the absence of disease or infirmity, but "a state of complete physical, mental and social well-being". Health has been declared as a "Fundamental Human Right" by the International Conference on Primary Health Care at Alma-Ata (USSR) in 1978. The same has been recognized by the Constitution of India, where right to health, strength and hygienic conditions of life are an integral facet of meaningful Right to Life under Article 21. Indiscriminately, this holds good to disaster situations also which include

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31 P.C. Sinha, Supra note 14, P. 31.
32 Reginald Herbold Green, Supra note 20, P. 271.
all medical care to the victims, with special care for women, children, old and the infirm for upkeep of health and nutritional levels, both during and after disasters. So health facilities—preventive and primary curative are crucial in achieving the safety and well-being of the disaster victims.\(^{35}\)

In order to save lives, it is vital that medical supplies and facilities of the right type, and in the right quantities, reach the victims as quickly as possible, preferably within a few hours, for if they are slow to arrive after the event, it becomes too to deal with the fatally injured victims.\(^{36}\)

Medical aid also has to be appropriate and in accordance with the needs of the victims with safe and readily usable drugs and treatment practices. But there has been a persistent tendency to send inappropriate medicines like, unsuitable, outdated or expired drugs, or inadequately or illegibly labelled (foreign languages) drugs to the disaster victims.\(^{37}\) At times, unsafe treatments are also rendered to the victims that severely affect their health in the long run of their lives.\(^{38}\)

Medical aid, in addition to life saving drugs and treatments, should also give paramount importance to shifting the seriously injured to multi-speciality medical centers, as makeshift medical relief camps often lack in specialized instruments,
treatment facilities like post-operative care, physiotherapy, etc., and insulation against infections. Yet sometimes, due to unavoidable reasons, it becomes necessary to deal with many cases at such camps only, for a large number of injured cannot be shifted elsewhere on time.\(^{39}\) Hence, keeping adequate stocks of medical supplies, maintaining hygiene to reduce the risks of infections, and identifying quickly the possible epidemics, with immediate action for their prevention, help in averting the spread of major epidemics which create more harm.\(^{40}\)

Post-disasters, 'psychological aid' is also equally crucial to the disaster survivors to overcome the tragedy of the event, as 'wounded minds' are similar to wounded bodies.\(^{41}\) Psychosocial support to mental health is comparable to what first aid is to physical health.\(^{42}\) Early and adequate psychosocial support helps prevent distress and suffering from developing into something more severe, and to recover more rapidly to normal functioning.\(^{43}\)

However in India, the mental health aspect has received serious attention only in recent decades. The first effort of psychological intervention was made after the Bangalore circus fire tragedy in 1981, which killed 70 people belonging to 58 families. Subsequently, in various disasters like, the Bhopal gas leak (1984), the

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\(^{43}\) Ibid., P. 178
Marathwada earthquake (1993), the Bombay communal riots (1993), Andhra Pradesh cyclone (1996), the Jabalpur earthquake (1997), Orissa super cyclone (1999), tsunami (2004), the Kashmir earthquake (2005), etc., active psychological aid was provided by mental health professionals.

Systematic mental health care includes a wide range of treatments, namely: counselling in individual and/or group settings; psychological interventions like grief therapy, cognitive therapy, pharmacotherapy and psychotherapy; and other forms of anxiety management practices like, relaxation, meditation, breathing techniques, resuming family routines and social activities, and positive self-dialogue; to deal effectively with both acute and chronic psychological problems encountered in the disaster situations.

So, mental health along with physical fitness is also an important ingredient for achieving a minimum standard of "quality-of-life index" for the disaster victims. For overall feasible and cost effective results, it is necessary to systematically implement both mental and primary health care programmes together and to keep all types of emergency medical teams along with paramedical personnel, nutritionists, public health workers, and sanitary specialists, ready to offset any delays in rendering quick and safe medical aid to the victims.

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44 Post-event, individual and group counselling were provided to hospitalized survivors and those from high human loss villages through door to door survey. Services were provided to all age groups, including children with particular attention to bereaved families. Follow-up visits were also carried out periodically.


Thus, all disaster victims have equitable access to health care services, sufficient food and water, and social security, which are neither a luxury nor privilege, but are their basic fundamental rights.

5.2.2 Temporary Accommodation

With the fulfillment of the basic needs for immediate survival, the victims further need roofs over their heads for their better sustenance. As they often cannot incur the labour and financial costs of rebuilding a house immediately, they have to be moved into “temporary” shelters.47 So the next most essential necessity of the disaster victims is a safe accommodation in a healthy environment which is one of the basic rights guaranteed under Article 21 of the Constitution.48 The judicial grammar of interpretation has made the right to live in healthy environment a sanctum sanctorum of human rights, with accomplishment of all basic facilities like water, sanitation, streets, lighting, etc. as adequate to one’s health and well-being.49 Hence the disaster victims are to be ensured of a healthy living in proper shelters, for it is their right and not a privilege.

Post-disasters, before planning permanent accommodations for the homeless survivors, they have to be primarily provided with temporary shelters with immediate effect to prevent chaos and further casualties. For instance, during the Kashmir earthquake (2005), after days of the event, in remote hamlets especially, the situation was so pathetic due to lack of accommodation facilities that many homeless and

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47 Michael M. Cemea, Supra note 7, P. 25.
48 The 'right to healthy and adequate housing' is also recognized by the U.N. Covenant on Economic, Social and Cultural Rights (CESCR) as one of the basic human rights.
49 In the cast of Olga Tellis V. Bombay Municipal Corporation (1985) 3 SCC 545: AIR 1986 SC 180 (popularly known as Hawkers case), the Supreme Court expanded the horizon of Right to Life by guaranteeing wholesome environment under it.
injured survivors cohabited in fields and playgrounds used as helipads and braved thrashing rains in the open.50 While a few men stitched polyethylene sheets together to pitch tents for women and children; several people refused to leave the hospitals and medical camps even after treatment, for the fear of spending the nights in the open fields in chilling cold.51

The temporary relief centres/ shelter homes have to be of adequate size and appropriate design with required support services and essential commodities like, food items with cooking set-up, suitable clothing and beddings water supplies and sanitation facilities,52 logistical and communication networks, generators, first-aid kits, tool kits, temporary ration cards, etc., with additional care and security for women and children.53

But the history of disasters is full of dismal incidents regarding poor facilities and services provided to the victims in the name of shelter homes. For example, many victims of the Marathwada earthquake were given ‘temporary sheds’ which were in disrepair and roofless, and their relentless construction had led to an acute water shortage with miserable sanitation and makeshift electrical connections razed 100 houses;54 whereas several tsunami survivors of Tamil Nadu and Andaman Islands were provided with cubicles made of corrugated tin sheets that scorched them.

51 Tariq Bhat, "Their World is Flat", The Week, October 23, 2005, P. 41.
52 The concentration of population and poor housing at relief camps create massive health risks to their inhabitants. These risks can be ameliorated with proper sanitation and water management, by providing essential items like, lime or other chemicals for water disinfection; soaps, detergents and disinfectants; material for establishing temporary latrines; supplies for vector control; water treatment units; generators; etc.
53 Special shelters, like mamta gruhas, need to be set up for orphaned children, widow and destitute women, particularly to take care of their needs and safety, and to help them to get over the shock.
and forced them to stay outdoors; while many a flood victims of north Karnataka were accommodated in tiny tin shelters, each packed with three families, with no sanitation facilities at the shelter sites; and the victims of Uttarkashi earthquake, under *Operation Warmth*, were simply given a tarpaulin and a blanket, as temporary accommodation, to keep themselves warm in the fearsome winters. Such and similar instances are found in abundance during many disasters.

Thus, many of the disaster victims express unhappiness and helplessness over the quality of shelters provided to them and the amenities given therein, who have lost almost everything to disasters.

So, a safe and secure accommodation for a healthy living is the right of every victim which has to be given proper heed.

**5.2.3 Financial Assistance**

Financial assistance to the victims is in the nature of a remedy to lessen the direct and secondary effects of disasters. It is highly relevant in the context of cushioning the consequences of disasters, and the costs and losses generated by the course of events.

Besides food and medical aid, and accommodation facilities, the disaster-victims have to be provided with various kinds of financial aid packages to support their lives, such as: cash compensations and ex-gratia payments for deaths, injuries loss of agricultural produce etc.; monetary help for reconstructing damaged/
destructioned buildings or for installing income-generating equipments/assets, or to buy new livestock; subsidized rates for building materials, power, seeds and fertilizers, and fodder, etc., or providing them for free; concessional rates for food grains and their price stabilization; grants for fresh loans, or waiver of existing loans, or conversion of short-term loans into long-term loans to farmers and small/medium entrepreneurs; exemptions of tax; waiver of educational fees for disaster-affected students; waiver or concessions on medical fees for treatments; and so on. So, financial assistance, in one or various forms to the victims, helps them to overcome the adverse conditions created by the disaster events to a great extent.

Unfortunately, the victims are frequently found at the mercy of rigid administrative processes for gaining financial assistance of which compensation is the most important one. Compensation is an arrangement to replace or counterbalance the loss of life, health, property, employment etc. of the victims. But regretfully, while determining the quantum of compensation, the intensity of physical pain and suffering, the depth of mental agony, the loss of amenity and access to common properties, are not taken into consideration.

In India, the norms relating to the amount of compensation to various categories of affected persons were formalized by the government in 1986, and the same are being followed with modifications but with no kind of uniformity. For instance, in the case of Gujarat earthquake (2001), the state government compensated with Rupees 1 lakh for each adult death and Rupees 60,000 for each death of a minor; while the tsunami (2004) victims received Rupees 2 lakh for each death. Likewise,

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59 Ranjit Nayak, Supra note 46, PP. 101-102.
the distribution of compensation has also been quite unsatisfactory in many respects. The procedures for its disbursement are felt to be tortuous and thoroughly unjust, and its administration is believed to be riddled with corruption and misappropriation that the claimants inability to pay bribes frequently results in denial of compensation. In addition, several of the victims often experience manifold problems in receiving compensation like, several visits to the concerned officials and delay, irregularities in payment, payments in installments over a long period of time, non-handling of compensation to women, problem of proving causation, and so on.

So the whole process of recovering compensation and other financial aid is fraught with peril, with terms like ‘compensation neurosis’ and ‘litigation neurosis’ entering the lexicon of disasters. But it is fair enough to expect that the financial assistance ought to enable the victims to shed their victim status and help them weather the tragedy as painlessly as is possible.

61 More than 90 percent of the Bhopal gas leak claimants had been paid a sum less than Rs. 25,000 each as compensation for personal injuries, out of which nearly Rs. 10,000 had been routinely deducted against interim monetary relief paid by the government from 1990. While the remaining did not even cover half the medical expenses borne by the claimants in the last several years, let alone provide for future expenses.

And in response to an official announcement in December 1996 for fresh registration of claims, over 400,000 claims had been filed, a majority of them by persons residing outside the gas-affected area, including elite neighbourhoods. As a result, genuine victims were the ultimate losers in the disbursement of compensation.

62 After the Gujarat earthquake there were several complaints regarding a lot of corruption in the entire process of paying the housing compensation because it was to be paid in installments. Many people got their first installment easily, but the second one was not released without a certificate from an engineer stating that the building under construction had incorporated all the hazard resistant measures. Hence, it was alleged that unless bribes were given, the certificate was not issued. Thus, receiving the entire amount of housing compensation from the government was not an easy affair for the families who still had to undertake considerable expenditure to rebuild their houses.

63 The problem of proving causation troubles the victims of mass disasters because epidemiological deaths and their identification generally receive no immediate attention.


65 Usha Ramanathan, Supra note 58, P. 114.
Thus all immediate aid, consisting of every basic amenity like, water, food, primary health care, financial assistance, and so on, are very crucial for the prevention of post-disaster mortalities, morbidities and impoverishment of the victims. The whole exercise of the immediate humanitarian aid is to provide scores of disaster-victims with at least the bare minimum of the necessities consistent with human dignity ensured under Article 21—Right to Life, which means something much more than just physical survival.

For the immediate aid to be highly beneficial to the victims, appropriate and adequate items have to be deployed and delivered speedily in time with special concentration on the most vulnerable. But to the contrary, the history of disaster aid is replete with moral outrages. Many a times, the items distributed are found to be unfamiliar to the local people or simply unusable by them, or fast distribution methods, such as air dropping from helicopters, give no understanding as to what the items are and how to use them. And at times, there are also incidents of inequitable distribution, with the neediest being unreached, ignored or neglected.  

So it is highly desirable to strive for an efficient distribution of disaster aid with proper coordination between different players and the disaster victims to achieve successful recovery and to avoid unnecessary adverse consequences, like disruption of local economies and creation of a state of dependency in the local population due to excessive and prolonged disaster assistance.

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66 Such incidents are found in plenty. For example, during the Gujarat earthquake, voluntary organizations complained that the oppressed and exploited sections of society were ignored when relief was distributed as there was some kind of tacit pressure on the lower caste groups to remain inside the village and not to meet the relief teams; while post-tsunami, despite an agreement between the government and NGOs that those who got boats wouldn’t get compensation, some got both whereas some people got nothing; and worst still, the victims of remote areas of Kashmir earthquake and Orissa cyclone had not received even a bottle of water, let alone tents, fuel or medicines, as they were not in the focus of the media.
5.3 Long-term Aid: Rehabilitation and Reconstruction

"We must act so that poverty will be alleviated, our environment protected, social justice extended, human rights strengthened............."

James D. Wolfensohn\(^67\)

Long-term aid, that consists of recovery activities like, rehabilitation and reconstruction is a part of disaster management, and is a larger strategic approach to disasters that transcend reactive response.\(^68\) Rehabilitation and reconstruction activities are expected to provide for readjusted stability and restore previous privileges to the disaster victims. They involve the following weeks or months after the event during which the priority is to encourage the area to begin to function again normally, and put back things together permanently, as far as possible, in an improved form: because insulation from life-threatening situations by way of rehabilitation and reconstruction is an inarguable right of the victims that goes much beyond immediate aid. So the battle moves from survival to subsistence.

Long-term aid is intended to achieve some prime objectives, namely:

a) To restore the traditional livelihoods of the affected populations;

b) To facilitate work for community-based rehabilitation and restoration activities;

c) To provide with wage / food-for-work programmes capable of reaching the most vulnerable and marginalized;\(^69\)

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\(^{67}\) Michael M. Cernea, *Supra* note 7, p.11.

\(^{68}\) Emergency relief, which is a reactive and response period to disasters, is followed by rehabilitation and reconstruction activities which are known to be an integral part of the country’s developmental and welfare goals; because, more the funds are invested in them, rather than relief, greater is the possibility that the disaster aid will bring longer-term development benefits to the victims.

d) To create new opportunities for development, both in terms of physical structures and/or social patterns and attitudes;

e) To recognize, formulate or imbibe new, long-term development programmes in the rehabilitation and reconstruction projects;

f) And to heighten awareness concerning disaster risks by providing with risk reduction and preparedness measures.\textsuperscript{70}

These objectives are achieved generally, on the basis of a thorough assessment and appraisal of the technical and social issues involved, with main thrusts on reconstruction of the victims' lives on the original sites themselves because their relocation whether total/partial to new sites causes unnecessary tensions and hostilities with the host populations.

Thus, long-term aid, in the guise of rehabilitation and reconstruction activities, is planned and provided to the disaster victims under the categories of; \textit{livelelihood} (agriculture, wage employment, etc); \textit{habitation} (shelters, housing, water, sanitation and ecology); and \textit{infrastructure} (health, education, social services and communications).

\textbf{5.3.1 Livelihood}

Rebuilding livelihoods of the disaster victims follows once their survival is ensured. Providing the affected populations with steady income-generating employments is one of the priorities of the rehabilitation and reconstruction projects. The projects plan to make them independent, secure their future and build self-reliant communities resilient to shocks by addressing the needs of all categories of victims with special focus on marginalized and vulnerable groups.

\textsuperscript{70} P.C. Sinha, \textit{Supra} note 14, P. 261.
The projects make effort to provide stable sources of livelihood by giving long-lasting aid in cash/ kind to the victims, such as, agricultural implements, machineries, cattle, seeds, etc. for small farmers and land holders; boats, nets and yarn to fishermen; tools and equipments to artisans; milch animals, poultry, essential, commodities or grants to petty vendors, traders and landless victims to prevent them from post-event impoverishment.\(^{71}\) The projects also initiate food/ wage for work programmes under community-based recovery and restoration activities that are normally dovetailed with employment generation and long-term protection measures.\(^{72}\) Apart from these activities, the plans organize skill-based training and skill upgradation programmes for the disaster affected populations to make them able to earn an income.\(^{73}\) So the rehabilitation and reconstruction plans strive hard to bring about sound economic security to the victims as early as possible.

Similarly the victims too itch to secure their economic lives and yearn to start afresh after disasters. After the initial days of the event, they no more want free milk packets, food or other articles of charity but desperately want to get back to their previous lives and earn their livelihood which is one of their basic rights.\(^{74}\) Such cravings are often seen amongst almost all the disaster victims. For instance, the villagers, during the Uttar Pradesh floods (1996), emphasized that they did not want

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\(^{71}\) In the aftermath of the tsunami (2004), monetary and material grants by government and various NGOs enabled hundreds of families, especially women, to restart their lives with petty businesses like, tea shops, laundries, fruit / vegetable stalls, poultry or dairy farms, hotels, home based industries, etc.


\(^{74}\) The right to livelihood was recognized by the Supreme Court of India in Olga Tellis V. Bombay Municipal Corporation where it was declared that depriving a person of his right to livelihood is depriving him of his life... similar view has been held in the cases of rehabilitation of environmental migrants, tribal / forest dwellers, and disaster victims.
handouts but payback loans in the form of good quality seeds; \textsuperscript{75} while the tsunami victims demanded boats, nets and other self-sustaining means to kick-start their lives anew.

Therefore, supporting local economic activities is known to be the best and one of the foremost of rehabilitation supports.

5.3.2 Habitation

After disasters, with houses gone, the affected families are found running from pillar to post for help. And it is repeatedly confirmed that impoverishment through worsened habitations can be effectively prevented through fair recognition of proper ‘housing’ \textsuperscript{76} arrangements. Better shelter conditions always bring relatively quick improvements in the victims lives who usually display a strong propensity to improve their living standards over past levels, with more durable homes, in one or more ways, like: better-quality housing materials, particularly for roofing; connection to various basic services; safer sanitation facilities; space for day-to-day activities; etc. \textsuperscript{77} So, reconstruction of the affected families’ houses is often one of the first steps on the way to post-disaster recovery which involves both, making the houses disaster-resistant and building them in a more better way.

Generally, reconstruction projects are planned in two ways to deal with the crisis: either to build houses and give them to the victims, or support them to rebuild their houses by giving them the necessary material or and financial aid. \textsuperscript{78} The former


\textsuperscript{76} ‘Housing’ has been promoted as a fundamental human right by the UN under the Commission on Human Settlements and recognized as such by the Constitution of India too.

\textsuperscript{77} Michael M. Cerna, Supra note 7, pp. 38-39.

Method was adopted for the tsunami victims while the latter was conceptualized during the Marathwada and Gujarat earthquakes as an ‘owner-driver effort’ with cash and material assistance, and technical support, comprising of an engineer to plan and supervise earthquake-safe construction, to every affected household. Whatever method be adopted, the reconstruction projects are to bear in mind the local needs, habitat conditions and suitability of building materials, without ignoring the traditional construction patterns of the victims.⁷⁹

Often, reconstruction of habitations, which is linked directly to physical progress of the victims’ lives, is found to be a difficult process—financially, technically and emotionally.⁸⁰ But in sum, evidence universally confirms that homelessness is not an unavoidable risk of impoverishment; in fact, house reconstruction allows room not just for restoring prior standards of living, but for reconstruction at improved levels.⁸¹

5.3.3 Infrastructure

A modern welfare state has every responsibility to develop the backward regions and to help them improve their lot and stand on their feet.⁸² Similarly, the disaster affected people also have a right to development: the right to develop by preserving their style of living and cultural identity.

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⁷⁹ For instance, the traditional houses of villages are designed to accommodate a family’s working and living needs with personal designs that are incorporated in the house according to individual characteristics, like: the shepherds have a large compound area to safely enclose their sheep and goats; farmers have a cattle shed joining their house and a specific area for storing their grains; carpenters and craftsmen have large courtyards as their working area; while senior members of the village have traditional reception areas or a hallway for quests, etc.; and so on.


⁸¹ Michael M. Cernea, Supra note 7, p.40.

Post-disaster infrastructure development involves the creation or strengthening of local capacities to reduce physical vulnerability to hazards. The aim is to repair/replace damaged structures and services and/or build new ones that are essential to the society, and to protect them against future risks. The effort at this stage is to increase access of the victims to various resources to help them improve their standard of living. So, infrastructure development is all about improving, strengthening and upgrading of physical infrastructure, which are resistant to hazards, by way of better communication systems, power and water lines, irrigational canals, drains and sewage systems, health care centers, educational institutions, cultural assets, cold-storages and market areas, emergency shelter homes, etc. It also includes creating some additional facilities like flyovers, high-power transformers, helipads, state of the art multi-hazard shelters, and other necessities in disaster prone/affected regions.

But re-creating community structures and resources is a complex endeavor that cannot be accomplished overnight. It requires huge amount of man power and technical support well beyond the initial weeks of the relief phase. Therefore, infrastructure development plans need to dovetail long-term protection measures with employment generation for the disaster victims.84

Post-disasters, rehabilitation and reconstruction plans also have to invest in other longer term preventive measures like, disaster awareness and preparedness programmes in disaster prone areas to remove the false sense of security under which the region’s people usually live.85 The programmes include intense information and

83 P.C. Sinha, Supra note 14, p.261.
84 Dunu Roy, Supra note 72, p.153.
85 Kanjiv Lochan and Sanjay Awasti, Supra note 40, p. 162.
education drives with active involvement of civil society organizations and vulnerable communities to create awareness about disaster risks and preventive measures, and their legal rights and eligibilities through mobile exhibitions, fairs, plays, films, slide shows, etc.  

Thus, long-term aid consists not just of giving away land and building houses, but involves all those activities that bring stability, progress and prosperity in the lives of the disaster affected populations, and make them self-reliant and independent.

However, most of the disaster experiences are contrary to these plans. Despite considerable attention that any disaster attracts, rehabilitation and reconstruction activities have so far received the least attention in the disaster response in the country. In this regard, relief experts have an adage: “For the survivors of a disaster, a second disaster is also seen looming – the rehabilitation”. Often, the disaster-affected are left to fend for themselves once the initial, reflexive phase of relief, delivered by the State and by ‘God-fearing citizens’ is over, and they and their needs start to recede from the headlines of the media as well. Whereas in the longer run, the disrupted lives of the individuals and communities need equal, or more care and attention. Rehabilitation and reconstruction projects need to bring about stabilization, improvements and new developments in their lives. But at times only lip service is paid to this as communities under disaster distress are often seen as too

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86 For instance, after the Marathwada earthquake, several teachers lecturers and students volunteered for Lok Jagar, an information campaign network of street plays, songs, skits and village camps that interconnected 1300 villages, and officials of various departments, elected members and women groups helped the victims to participate in Payawat, a disaster mitigation training programme on earthquake safety measures and safe construction practices. Similarly, the Gujarat Legal Aid Services conducted legal literacy camps in 1800 earthquake affected villages to educate people about their eligibility for assistance, legal rights and mechanism for redressal of their grievances.

87 Dunu roy, Supra note 72, p.154.

88 Vaasanthi and M.G. Radhakrishnan, Supra note 1, p.38.

turbulent and unlikely places to promote and initiate institutional changes and long
term developments. The governments view rehabilitation and reconstruction work as
a piecemeal job, as the responsibility of its revenue department with ignorance
towards public participation. The overall perspective of the administration is to view
people as passive recipients of government largesse rather than as valuable partners in
dealing with disasters.

But to the contrary, people do not crumble under the impact of disasters; adversity often increases cohesiveness within the community which enables them to
not merely attend to their immediate imperatives but also to chart their own ways out
of adversity and restore their lives and livelihoods on which can be built a long-term
and sturdy survival process. Therefore, poor participation of communities is one of
the major factors behind the failure of several rehabilitation and resettlement schemes,
as little attention is paid to public involvement, and views of technically well-informed experts are counted upon more heavily.

For example, Tamil Nadu’s post-tsunami rehabilitation plan was a total
disaster, largely because the beneficiaries had not been consulted and the work had
been driver by the priorities of contractors and government’s policies, which
embodied quixotic priorities and double standards, and who failed to appreciate even

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92 Within a week of the Marathwada earthquake, Several affected villagers constructed make-shift huts from salvaged Materials and a number of families began with their own reconstructions. Such self-motivated and community actions bring an immediate lift to the lives of people towards a sense of normalcy.
93 S. Parasuraman and P. V. Unnikrishnan, *Supra* note 91, P. 159.
95 The beneficiaries had little say in the kind of houses they wanted to live in. No doubt, they were
given a choice of designs, in effect they did not have an option because houses within cramped
settlements were allocated only after they were constructed, and since no family knew exactly which
house it was going to occupy, it didn’t really care how it was going to be built.
the basic need of most of the victims that fishing communities had to be close to the
sea for their very survival.96 Similarly the tsunami survivors of the Andaman and
Nicobar islands who moved from relief camps to permanent shelters landed in 12 ft. x
14 ft. rooms made entirely of corrugated galvanized iron sheets, defined as “hell
holes”, which were designed and built without involving the beneficiaries and without
paying heed to their local knowledge, ideas and experience.97 Such contractor – based
reconstructions cause great discomfort to the affected people with feelings of
alienation and redundancy which almost always leave them as vulnerable as they
were, and lead to debilitating dependency and unfocused development.98

However, if genuine attempts are made to involve beneficiaries, especially
women99, in rehabilitation and reconstruction project plans, like the Bhuj model100, a
large number of problems can be avoided.101 A people–centered approach allows

96 The government enforced the rules pertaining to the Coastal Regulation Zones strictly, bringing ruin
to many fishing villages, though it conveniently relaxed the rules for prosperous people whose
livelihoods were not remotely dependent on the sea.
97 The same was experienced by many villagers of Marathwada earthquake when their houses were
planned according to modified versions of Mumbai slum housing projects. The new houses were
designed in uniform box structures which, in no way accommodated the lifestyle of villagers, with no
separate cooking area and no facility for keeping livestock or storing grains.
99 Although often less visible, women carry out various important disaster – related functions that often
reflect their traditional gender role of caregiver. They make great contributions in disaster prevention,
preparedness, response and recovery efforts, to ensure the safety of their own, their loved ones and as
well as that of others.
For instance, over 1000 women came out and participated in the self-help house construction
programmes after the Marathwada earthquake. Several were trained to supervise earthquake – resistant
constructions and few women leaders linked with Gram Panchayat members to solve common
problems such as, water, transport, availability of masons and materials coupons, uncooperative
neighbours and corrupt engineers.
100 The distinguishing feature of Bhuj Model was that, beneficiaries, particularly women were
involved at all the critical stages of recovery activities, and the entire process was people–centred with
the participation of the civil society also. It laid emphasis on hazard – resistant constructions and
capacity building with beneficiaries themselves rebuilding with government assistance and facilitation.
To make the rehabilitation and reconstruction project packages available to the public and the NGOs,
they were widely disseminated through newspapers and other means at regular intervals in local
language.
them to become advocates of their own change. Community-based rehabilitations, humane in their outlook, are the most cost and resource effective options, and work best in the long run, since they enable efficient functioning of local democratic processes, ensure rapid recovery of community self-reliance, and protect the interests of the weakest sections.

Thus in disaster situations, governments and NGOs need to involve communities in the planning and implementation of the rehabilitation programmes to ensure that the affected don’t end up as ‘hapless victims’ but as active partners in the process of recovery.

5.4 Conclusion

Providing humanitarian assistance is a long-term phenomenon through which the affected communities are brought back to normalcy. It includes both, immediate aid and long-term aid, which ideally involves restoring life sustenance systems, and, as well as rebuilding social fabric of the affected communities. Primarily, their aim is to secure the victims’ lives and livelihoods, and to raise their living standards above pre-disaster levels; for mere restoration of previous standards of living would only worsen their condition. And in order to achieve this aim, there is an urgent need to recognize ‘relief as a right of the affected and not charity’. This realization alone

102 Prema Gopalan, Supra note 78, P. 210.
103 S. Parasuraman and P.V. Unnikrishnan, Supra note 91, P. 170.
104
i. From landlessness to land-based resettlement
ii. From joblessness to reemployment
iii. From homelessness to house reconstruction
iv. From marginalization to social inclusion
v. From increased morbidity to improved health care
vi. From food insecurity to adequate nutrition
vii. From loss of access to restoration of community assets and services
helps to develop minimum standards and a code of conduct which will help to improve the situation of the vulnerable people.

The first major step in this direction is to involve the people who face the risk of disasters in the preparation of relief and recovery policies, based on their experiences and felt needs. Community participation is critically needed in all the stages of post-disaster management because after an event, before any outside help reaches the victims in time, it is always the local resources and communities that mobilize the first and foremost aid to the victims. The basic key to the success of post-disaster project lies in popularizing the aid concepts amongst the unorganized beneficiaries—the millions who are hit by disasters every year—and to ensure the voicing of their needs and wants, and their rights and standards for healthy survival.

But unfortunately many a times, post-disaster sustenance do not go beyond salt, candles, matchboxes, some kilograms of grains, few litres of fuel, blankets, uninhabitable dwellings and other redundant stuffs. Providing aid is still considered a short-term, supportive measure, and the most crucial needs of recovering pre-disaster living standards remain unattended. Even after years of disasters, people are still found looking for relief, due to frequent changes in rehabilitation policies, and vulnerable groups like the landless, women and others, who have little bargaining power—continue to be the worst sufferers. Interviews with victims bring forth long lists of complaints of being left in inhospitable environment, of lack of various basic amenities, gradual economic ruin, and so on.

Disasters, no doubt, bring death and destruction in their wake, but they also provide with a “window of opportunity” for mitigation and development strategies in disaster prone regions. They offer major opportunities to execute land reform
programmes, to improve the overall housing stock, to create new jobs and job skills, and to expand and modernize the economic base of the community—opportunities that would not otherwise be possible. Therefore, linking disaster mitigation measures with on-going development efforts is a commendable act which recognizes the need to approach disasters from the angle of development strategy.

But lack of proper planning and coordination, and unexpected fallouts on the part of governments and NGOs often bedevil efforts of restoring normal lives to the victims. So, socially responsible policies alone do not automatically result in successful relief and recovery activities: socially responsible implementers and administrators of policies are also of crucial significance. Therefore well coordinated efforts from all concerned authorities help to not only provide necessary aid to those badly affected but also to prevent or mitigate the effects of disasters by reducing the physical, social and economic vulnerability of the populations.

Thus, the stress has to be on increased community participation with efficient rescue, relief, rehabilitation and reconstruction plans that reflect the culture, tradition, needs and aspirations of the local people.