

00 : 29 : 05 - Anju Talukdar (Speaker) & Ananta Jain (Translator)

Welcome everyone, to the National Conference on disability inclusive disaster management. This is organized by NCPEDP the National Center for promotion of employment of disabled people and the NDN the National Disability network. This webinar conference is in collaboration with the NIDM the National Institute of disaster management, as well as the Office of the Chief Commissioner for persons with disabilities under the Department of the persons with disabilities and the Ministry of Social Justice and empowerment with the Government of India.

00 : 29 : 40 - Anju Talukdar (Speaker) & Ananta Jain (Translator)

NCPEDP cross disability non-profit organization working as an interface between the government, industry, international agencies and the voluntary sector towards empowerment of persons with disabilities.

00 : 29 : 55 - Anju Talukdar (Speaker) & Ananta Jain (Translator)

Sp TPS National Disability network helps NCPEDP identify key problems faced by people with disabilities across all states and union territories of India, (From 00 : 30 : 05 to 00 : 30 : 35 – We couldn't recognize the voice)

00 : 33 : 31 - Arman Ali (Speaker) & Ananta Jain (Translator)

So welcome, everyone to this special conference on disability inclusive disaster management. It's great to have the state Commissioner of disability. The National Disaster Management, officers from ndrf and partners from the National Disability network and the disability sector is great to come together to share ideas and collaborate on the issue of disability inclusive disaster management.

COVID-19 proved perhaps one of the world's worst global disaster ever. And as India struggles with its deadly second wave, we must make the best of this opportunity to ensure that persons with disabilities are not left behind in **discusses** as I speak some part of parts of India is in lockdown. There are small lockdowns in towns, district or a state level. Like in Delhi, Delhi is under six days lockdown as we speak. There are curfews there are other limitations in other parts of the country. This is the need to prepare for worst things to come.

00 : 34 : 54 - Arman Ali (Speaker) & Ananta Jain (Translator)

Last year's lockdown and even stages of Unlock later use distress for persons with disabilities in access to, to access food, caregiver, medical assistance, assistance devices, livelihood losing losing livelihood at various level. Help itself is such a major concern for people disability access to any health services or even if it **leads** to quarantine or to have a COVID test done or or and so on. There are glaring cases of violence and abuse as well.

00 : 35 : 39 - Arman Ali (Speaker) & Ananta Jain (Translator)

March 27 2020, Department of persons empowerment of persons with disability, the **pwd** is comprehensive disability inclusive guidelines on COVID-19 are very important provisions. Some of them I will just mentioned for us, for all of us to remember and and I think these these guidelines were are very important for now in the present context as well. It says that all informations on COVID-19 should be in accessible format. He talked about sign language interpreters who work in emergency and health setting. He talks about persons with disability should be given access to essential water, medicine and to **extent** possible such items should be delivered at the residence or places where they have been quarantined. caregivers of persons with disabilities should be allowed to reach persons with disabilities by executives from lockdown **essentials**. It **talks** about only 7/24 helpline number at state level be set up exclusively for persons with disability with facilities or sign language interpretation and Video calling.

00 : 36 : 54 - Arman Ali (Speaker) & Ananta Jain (Translator)

the state commissioners played a key role in ensuring that persons with disabilities were taken care of and were to be declared as a state nodal authority in respect of persons with disabilities. They should be overall in charge to resolve specific issues during the crisis period. And once again, the commissioners need to play a key role in providing support to persons with disabilities. Today's conference will take and not just at COVID but other disasters too. So we can understand the various good practices and lessons learned so that we are better equipped to deal with the ongoing in the future disaster. The government of India's disaster inclusive Disaster Risk Reduction guidelines **stresses** on collaborative actions of various authorities and gives prominent role of persons with disabilities and their organizers to work together so that persons with disabilities receive necessary support and relief. they come together and learn from each other and collaborate with each other to deal with the COVID disaster and any other disaster to come.

00 : 38 : 11 - Arman Ali (Speaker) & Ananta Jain (Translator)

There is so many **extremely disable** people with disability **go through** **to which is are I am heard of**. Because I am person with disability my self. I struggle every time there is a disaster situation. I was in Delhi yesterday and this lockdown was declared in the afternoon, I had to hardly catch up, catch a flight. And then there are testing that has to be mandatorily done. **(From 00 : 38 : 38 to 00: 39 : 06 We couldn't recognize the voice)**

00 : 39 : 07 - Arman Ali (Speaker) & Ananta Jain (Translator)

People from National Institute of Disaster Management. And I mentioned here general digital himself wanted to be present here but he is **down** with COVID and hospitalizes at this

movement. And he has extended his support and he has expressed his desire to work together with the sector interact and collaborate and see how we can deal with any disaster better or persons with disabilities in time to come.

00 : 39 : 41 - Arman Ali (Speaker) & Ananta Jain (Translator)

And I must once again welcome all the state Commissioner for persons disabilities, Dr. prashad and all my fellow colleagues from the sector

00 : 40 : 01 - Arman Ali (Speaker) & Ananta Jain (Translator)

Thank you so much. Over to you Anju

00 : 40 : 06 – Anju Talukdar(Speaker)

Thank you, Arman. I now request a Smitha Sadasivan to be the moderator of the technical session. Smitha is a member of the Disability Rights Alliance, Tamil Nadu and the Multiple Sclerosis Society of India Chennai chapter. She's also the accessibility consultant to ACI and a steering committee member of UFC 2013 platform, facilitated by the World Health Organization, Smitha over to you please.

00 : 40 : 40 – Smitha Sadasivan (Speaker) & Sarah isl interpreter (Translator)

thank you very much Anju.

Hello, everyone.

Welcome to the technical session one on awkward situation in context of disaster. So why we dealing with the disability in the disasters risk deduction. We need to first understand disabilities. the barriers experienced by person with disability the legal framework and then work on various strategies. So we have a couple of eminent speakers from the Disability movement, Mrs. Poonam Natrajan & Mr. Rajiv Raturi who are mentors for many orphan on this date. Before listening to them, we would like to show you a short audio visual on the various barriers or the challenges faced by persons with disabilities during different disasters, audio visual Please.

00 : 41 : 49 – Smitha Sadasivan (Speaker) & Sarah isl interpreter (Translator)

People with disabilities are two to four times more likely to get injured or even die during disasters. And the reason women with disabilities is even higher in 2013, the UN Office for disaster risk reduction. Conduct a survey of over 5000 people with disabilities from 126 countries. the results were depressing. Only 20% said they can evacuate immediately without difficulty in the event of a sudden disaster, while the rest could only do so with a certain degree of difficulty. And 6% said they wouldn't be able to evacuate at all. 71% do not have an individual preparedness plan for natural disasters, only 31% always have someone to help them to

evacuate, whereas 13% have no one to tell them at all. Only 17% are aware of the community's disaster preparedness plan, and 14% are consulted during the preparation of these disaster preparedness plans. Just as there's a broad range of disasters, some natural, some manmade there is a broad range of disabilities as to specific requirements of these various disabilities.

Need to keep in mind. To ensure effective Disaster Risk Reduction and Management.

00 : 43 : 18 – Smitha Sadasivan (Speaker) & Sarah isl interpreter (Translator)

physical barriers, obstacles communication can hinder chances of survival. It is extremely difficult for people in wheelchairs to hold on to their desks and tables during breaks. People with sight or hearing disabilities may not be able to recognize signs of danger or orders to evacuate. Evacuation Problems includes difficulties of movement, Orientation difficulties, perception of hazards and Warnings, emergency response coordination, long distances, narrow passages, presence of Steps or other obstacles unsuitable lifts or ramps and narrow doors can reach to difficulties of movement. disasters can impede critical access to aids & appliances and person with disability who depend on electrically powered life support equipment will be in crisis if there is no electricity during the emergency. The disasters of world interacting with COVID-19 was rightly depth with in India as a national disaster. NCPEDP is (From 00 : 44 : 22 to 00 : 44 : 35 We couldn't recognize the voice) lock down and left behind document in the near future a major challenge of covid a major lack of accessible information and the lack of helpline (From 00 : 44 : 45 to 00 : 45 : 03 We couldn't recognize the voice) lockdown or mini lockdowns disrupt access to healthcare and medicines. (From 00 : 45 : 10 to 00 : 45 : 18 We couldn't recognize the voice) during the 2020 lockdown shortage of medical equipment, medicine people with disabilities that risk the nearly 50% drop in supplied and loved a blood transfusion it's extremely difficult to disrupt. disruption has access to give us and social support systems can be devastating. assistive devices could have a critical role in life and functioning for personal disability and it is essential to apply and servicing the livelihood of persons with disabilities everything devastated by the pandemic. The delay in releasing financial assistance leads to distress and many just fall through the cracks in the system. The pandemic rises to the instance violence against people with disabilities with women and girls with disabilities more at risk. People with disabilities are the hardest hit in any disaster. But as the Prime Minister Modi has pointed out, persons with disabilities are particularly prone to the brink of disasters, it is obvious our social responsibility to acknowledge and comprehend their needs and make response mechanisms adequate and as intrusive each disasters and operational disunity will to build a better recovery and reconstruction. But do this a must emphasize the importance of accessibility and recognize the need for the person with disabilities and disaster management policies and instrumentation to work together to build back better.

00 : 47 : 10 – Smitha Sadasivan (Speaker) & Sarah isl interpreter (Translator)

Thank you very much **team**, this presentation, this video actually reminds us of various issues face by person with disability. I can think of people with psychosocial disabilities in Kolkata who could not access their medicines and because the OP was closed during the COVID time, and one of the person with psychosocial disability was eventually killed by his own brother because he was totally violent and there was a threat to the other person's that this person would the might kill the others or harm the others and so the brother himself killed his brother with the psychosocial disability and eventually this gives us an understanding that there is no right to life or you know, the life itself is in threat during such calamities and moving on to our speakers. Now, I would like to invite Mrs. Poonam Natarajan, who will be talking about understanding various disabilities and identifying barriers in disability inclusion in disaster management. Mrs. Poonam Natarajan is founder and Chairperson of **vidyasagar**. Vidyasagar is a research centre working with children and young adults with disabilities. they in Chennai, but catering the service services across the country and in different parts of the world. And she was also Ex. chairperson for national **stress** government of India. And during her tenure, she introduced different schemes **where an** effective programs for persons with **cerebral palsy, autism, intellectual** disabilities and multiple disabilities. And currently she's working on setting up a Resource Center for Independent Living of persons with disability called bliss. Bliss stands for begin to live interdependently with support systems. Over to you poonam

00 : 49 : 24 – Poonam Natarajan (Speaker) & Sarah isl interpreter (Translator)

Yeah, Good afternoon and thank you Smitha. Yeah, The movie was fantastic. That was done just now. And I was just wondering, **because if there is** so many of the points that I was really going to talk about, were in the movies. So good. I've been very good with the wonderful visuals. And can I have the PowerPoint, please?

So, basically, I understanding various disabilities, and Identifying barriers. I need to just mentioned so many barriers in terms of the disaster risk management. Next slide please, when you look at the milestones that we have across the country, in terms of disasterous management, it is very impressive, because we have an in terms of policy, excellent, excellently done, and **he talks about relation in the rise** of People with Disabilities Act, the Sendai framework for disaster risk reduction, which was a 2015, which led to the National Disaster Management Plan in 2019, then we have guidelines for disability inclusive disaster risk reduction, and I oppose the Sustainable Development Goals. So policy wise, they didn't look really very good. And a lot of disaster management work seems to have really crossed many milestones, Next slide please, but what really needs to be done as far as **people with disability are people are more concerned, because as you go through this enormous amount**, what is missing **weldability Maddie** is we're really talking at the local level, **where** People with disabilities. Because they also have the same issue that everybody has, but they also will have specific needs nice, as these parasitic means will vary from person to person, one side that does

not fit all, one issue will not fit at all. So we need to understand, whenever we do this vulnerability, mapping, it's very important to really know where people with disabilities live, where they are, and what their needs are. Because needs will differ. There's so many different barriers and so many different needs in depending on all the different types of disabilities, we have in the right people with disabilities act. Secondly they world They're supposed to be prescribed standards for assistance, which I don't even have yet been really set up. And we really need to work on these at the local level. So to understand the barriers face by people with disabilities and to make the plan for people with disabilities as part of that community as part of that, and not as announced, I think is very, very important.

00 : 53 : 00 – Poonam Natrajan (Speaker) & Sarah isl interpreter (Translator)

So when you look at the importance of the preparation, response, recovery, mitigation priorities, and as far as when he says maybe an action plan is to understand disaster risk that this is strengthening disaster risk governance to manage disaster risk. And lot of learning during 2015 batch. I'm just share with you the chat box of link of film , and how to dieing in water for over 24 hours. there was no way he could have been moved. And I think it's very ever it's a it was it was a film that was not easy to see. I think that we need to look at it to understand what are the problems that can happen but I must say that last year when there was a lot of rain and expected floods, there was better planning and people with disabilities, there was at least attempt, see people with disabilities could be moved to shelters and things like that when they were expecting a problem. So they disasters have a way of teaching us in the future of how to work with this. And I think we will have to do that very fast. Can I have the next slide, please?

00 : 54 : 50 – Poonam Natrajan (Speaker) & Sarah isl interpreter (Translator)

So the barriers, yeah, times, barriers faced by persons with disabilities, which increase the risks during disaster have been mentioned, in the film have been mentioned by Arman. Just once again, I want to just talk about them, because these are extremely important in a planning process, and especially planning at the local level, at the local level, if the plan has to include the authorities, of course, the community, the local community, and the stakeholders. One of the most important problems as being lack of information for people with disabilities in accessible format. We just had a study done in the US actually where it's people with visual impairment, found that they were not able to get many things because of the lack of information. So information is power, rarely. So I think it's very, very important. How do we to make sure that whether it is the people with sensory disabilities like visual impairment, hearing impairment, people with developmental disabilities, or people with health related disabilities, they whatever the format requires for people to get information that has to be put in place at the local level. And because many disabled people are invisible, many times even in the local communities, people don't know that there's a disabled person living in that same block of

apartments, or that same colony. So it's very important that this vulnerability mapping is done. And we know where people with disabilities are, and when they need support, when they need help, whatever it is, they must get that and they must get the information in the way they can, they can make use of so accessible formats are very important. sign language interpreters, was a very big need, especially for people with hearing for deaf blind people, because many of them got left out and in many stories about people who are deaf **play** during the pandemic, who had a lot of trouble in terms of social distancing in terms of getting information in terms of getting their needs met, appropriate food, I mean, Arman talked about the food reaching people with disabilities, but there was also many people with disabilities who needed certain specific foods and they were not able to get that food.

00 : 57 : 54 – Poonam Natrajan (Speaker) & Sarah isl interpreter (Translator)

Like I have a there was a people with rare diseases and they have certain keys for **lysosomal** the disorder storage disorder with specific food was needed, it was not available during the first phase of the COVID pandemic. So, in that way, of course, many people found it difficult to reach the source of food, where the food was being distributed that in the rural areas we found was a big problem. The other barrier has during the COVID has been many of the disabilities have not been able to get essential medicines and this as sorry, this has been a problem in terms of like Smitha story about the person with psychosocial disability. Can I have the next slide please?

00 : 59 : 00 – Poonam Natrajan (Speaker) & Sarah isl interpreter (Translator)

So not only are people with disabilities invisible, they are also the in emotional support, they become very lonely, then some of them live alone. Some of them deeply get left out. And that has been a major source of concern that needs of peer groups and peer support groups is very, very important. assistive devices. Now, these are some of the very important, specific needs because during the 2015 floods, we found that people had while moving in a hurry, they lost the assistive devices. And then they were left with even in a more difficult situation because of not having the crutches or their wheelchair or things like that. So assistive devices for the person is very important. And many people have had trouble getting these assistive devices during the COVID pandemic. And during other disasters. can have the next slide, please?.

01 : 00 : 08 – Poonam Natrajan (Speaker) & Sarah isl interpreter (Translator)

And we also know of course, the access issues in terms of transport and infrastructure. I don't think I need to spend too much time on that. And the biggest issue is the caregiver or the personal attendants. Because this, though, the ministry did pass a government order that caregivers can go to the homes of people, but if it somehow there was, it was not always possible. We all have heard the story of **Rani Modi**, and how she got stuck without her caregiver at the house for 24 hours. And, of course, because she had access to social media and things

like that, she was able to find a solution, but it still took her 24 hours, while for other people with disabilities, it may be maybe even a lot, it's a bigger problem. So personally, anyway, we have (From 01 : 01 : 07 to 01 : 03 : 14 We couldn't recognize the voice) as an artist to thought that they should be become a part of the mainstream during the planning. Thank you very much.

01 : 03 : 29 – Smitha Sadasivan (Speaker) & Sarah isl interpreter (Translator)

Thank you Very much Poonam for the comprehensive presentation on barriers faced by persons with disabilities, and also to putting up this strategy to be adopted during different resources and for persons with disabilities. Thank you very much. And I have to announcement make anybody have any questions to ask our panelists. You can type it in your question answer box, q&a box, and we will later ask it to the panelists.

01 : 04 : 17 – Smitha Sadasivan (Speaker) & Sarah isl interpreter (Translator)

I asked the team to put it up to the chat box for everyone. Thank you very much. So now we will move on to the next speaker Mr. Rajiv Raturi, who will be talking on the legal framework on disability inclusive disaster management. Mr. Rajiv Raturi is the special monitor for persons with disabilities and elderly persons with the National Human Rights Commission of India. He has supported many persons with disabilities with free legal aid, as well as he has filed a lot of public interest litigations with the High Courts and the Supreme Court. He has developed and executed capacity building programs for many DPO's across the country, as well as at the Asia Pacific region. He's also involved in advocacy initiatives with the CRPD monitoring committee. We welcome you, Rajiv. And the floor is yours.

01 : 05 : 17 – Rajiv Raturi (Speaker) & Sarah isl interpreter (Translator)

Thank you, Smitha. Good afternoon to all.

01 : 05 : 26 – Rajiv Raturi (Speaker) & Ananta Jain (Translator)

So thank you also to NCPEDP for organizing this very, very important meeting. Now we're in the middle of the sector, COVID pandemic, and people with disabilities have suffered a lot in the past and are likely to suffer again. So I think very timely you organize this meeting, congratulations for that. I will be speaking on the legal legal framework on disability inclusion, as far as disability induction reduction is concerned. So we have the National Disaster Management Act of 2005. This Act requires the Constitution of authorities at the National at the state or district level. One of the important tasks of the National Disability authority is to late down policies on disaster management for the country. They are also required the national plan drawn out in case a country is affected by disasters. guidelines are to be laid out also for

the state authorities to draw the state plans. plans have to be approved which are made by the various ministers.

01 : 07 : 13 – Rajiv Raturi (Speaker) & Ananta Jain (Translator)

So guidelines have to be made down for the state, state authorities so that state guidelines can be drawn out. Class made by ministries and departments have been approved by the National Disability authority. And very importantly, the NDMA has to coordinate and enforce the implementation of policies and plans. Now we did. Mondale speak about the very, very comprehensive guidelines that the Department of empowerment of people with disabilities had come out with. But across the country, we saw that it varied during its implementation varied across a lot of states. So one of the very important tasks of the IDM is also to ensure the enforcement of the guidelines.

01 : 08 : 20 – Rajiv Raturi (Speaker) & Ananta Jain (Translator)

So interestingly, while NDMA act talks about orphans and widows, people with disabilities have not been mentioned and they're probably part of the other vulnerable groups in the act. In 2019, the Ministry of Home Affairs came up with the disability inclusive Disaster Risk Reduction guidelines, which Merman was also talking about, and it provides practical directions to support implementation of **DIDR**. It also enables all **Stake holders to implement carry forward the process** of disability in disaster management. So this is a very, very important guidelines. If you look at international **paper called DRR, you have the insurance** strategy for making rights return. And then you have the **Sendai framework disaster reduction**, 2015 as well, which recognizes that people with disabilities and their organizations are very, very proactive stakeholders in the entire process of risk management. Then we have the 2030 Agenda for Sustainable Development Goals, which recognizes and resolve the urgent needs to reduce the risk of disasters across the globe. According to the Sustainable Development Goals, disability should be included as a cross cutting theme in all DRR policies. And also an DRR strategy **Supports include** suggestions made by people with disabilities. **Because of situation**. If you look at the legal framework, which protects rights of people with disabilities, in disasters, you have the UN CRPD. And then you also have the Rights of Persons with Disabilities Act 2016 of India, which formed the overarching legal framework to protect disability rights. The UN CRPD has **incorporated the concepts** in disability inclusion in risk reduction. And these are the concept of legal capacity, the concept of equal recognition, reasonable accommodation, accessibility, and adequate standard of living and social protection. So these concepts all are becoming also applied in situations of risk and disasters. article for the convention is on gender obligations and displaces obligations on the states to protect and promote human rights of persons with disabilities in all policies and programs. Reframe from engaging in any Act, which is not inconsistent with the convention, ensure that public authorities and institutions work in

conformity with the convention provide accessible information to persons with disabilities, against Disaster as well promote the training of professionals and staff working with persons with disabilities. So all these obligations also come into play when we talk about persons with disabilities in situations of risk and reduction of risk factors. Article 11 of the UN convention, specifically is on situations of risk and humanitarian emergencies. It states where state parties are obligated or the international law including international humanitarian law and international human rights law, to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk in situations of armed conflict, as well as humanitarian emergencies and natural disasters. Very, very important provisions in the UN CRPD. And quite a lot of this is translated into action as far as the Rights of Persons with Disabilities Act is also concerned. And the RPD act also has several provisions with ensure non discrimination, safety support to people with disabilities in situations of disaster in situations of risk. And I just share these with you as well. section 8 is very, very important. It is talking about the responsibility of the national, state and district disaster management authorities. And section 8.1 says that people with disabilities will have equal protection and safety in situations of risk armed conflict and humanitarian emergencies and natural disasters 8.2 of the Act and this that places and obligations on the national and state Disaster Management Authority. And they're supposed to take appropriate actions to ensure that persons with disabilities are included in all disaster management activities and they are provided the safety and protection in all circumstances. So there is a big responsibility of the NDMA. The state DMA, as well as the district disability Management Authority to take care of people with disabilities in situations of risk. 8.3 I find is a very, very important section because it the district Disaster Management Authority says that the DDMA the district Disaster Management Authority, which has been constituted under Section 25 of the Disaster Management Act is to maintain a record of details of persons with disabilities in the district and take suitable measures to inform such persons or situations of risk so as to enhance disaster preparedness. Now, we saw in the first phase of the COVID impact the pandemic when you take the country last year that hardly any of the states had any information on persons with disabilities accurate information and I don't think any of the state district disaster management authority, or any of the states had to read, with the exception of the state of Kerala, where I'm involved in fact, the NCPEDP indicated remote and documented it is that people with disabilities could be reached out to in the state of Kerala during the impact the COVID because the listing of people with disabilities exists doubt in the panchayat level. So this was indeed a very very congratulatory effort of the Kerala government to document people with disabilities, and to have this list ready with them. And in the process, we found that people with disabilities in Kerala were able to receive cooked food dry rations right at the doorstep. So it's very, very important that all district disaster management parties comply with this provisions of the Rights of Persons with Disabilities Act. In addition to this, of course, in all reconstruction activities, the conditional disabilities have to be constructed to

ensure that people with disabilities have accessible infrastructure post disaster reconstruction. Section 24 of the Rights of Persons with Disabilities Act talks about support during natural manmade disasters are in situations of contact to persons with disabilities. So this support has to be provided to people with disabilities, section 24 and again, section 25 talks about healthcare. So they say that you need to ensure that health care is provided to people with disabilities during the type of disasters and other situations of risk. Here again, if you look at the various reports, which have impact, documented the impact of COVID and people with disabilities, and which Poonam Ma'am also spoke about, there were a lot of challenges which people with disabilities faced. As far as health is concerned, **policymakers** will not get blood for blood transfusions, **Evo Felix** did not get the age factor. People with muscular dystrophy, their grades deteriorated because they were not able to access rehabilitation, people with multiple sclerosis could not get the injections they deserved. So help was another very big consideration in the pandemic. And this, again, has been very clearly mentioned in the Rights of Persons with Disabilities Act. So this roughly covers the provisions on disability as far as situation of people with disabilities and risk and disaster is concerned. There is another guideline, which I would like to talk about, which has been covered by the National Disaster Management Authority on psychosocial and mental health services to people with disabilities. These guidelines are dated, I think, these guidelines related to situation of people with disability their mental health situation. After that I would suggest maybe we should also look at these guidelines being implemented. Why is the pandemic in effect, because a lot of people with disabilities have faced stress and mental health issues. And pandemic continues. So Thank you so much this is what I had to share in terms of legal provisions, **the questions I'd be happy to take on.**

01 : 17 : 40 – Smitha Sadasivan (Speaker) & Ananta Jain (Translator)

Thank you very much, Rajiv. That was a really comprehensive and simplified manual, explained everything in a simplified manner touching upon the specific aspects of efficiently, **Tikal** famous, not only the area, but all the associated legal instruments also. And you also talk about the implementation status of implementation in different states across the country. With regard to the idea, thank you very much for that. Team. Do we have any question for the panelists?

01 : 18 : 24 – Smitha Sadasivan (Speaker) & Ananta Jain (Translator)

are we having any questions, comments for panelists or close the session?

01 : 18 : 39 – Smitha Sadasivan (Speaker) & Ananta Jain (Translator)

Thank you very much. So we have come to the end of this technical session one. Now I would hand over to Dr. Shruti Mohapatra, who is handling technical session two, and she's also my colleague in the national code for disability inclusive disaster risk reduction. She is a TEDx speaker, and has also conceptualized several innovative programs for youth and children like

Anjali, Suksham, Sasha, etc. She's the founder of Swabhiman, is a leading cross visibility organization in the state of Odisha. And she's also the founder of state disability network for collective disability advocacy in Odisha over to you shruti

01 : 19 : 29 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

Thank you Smitha.

Good evening, everyone. And it is it is good, it all of us have come together to deliberate on our very important and pertinent issues. These are uncertain times, and we have all we do not know anything we did not know about the virus, we do not know its impact its nature and how we deliver sort of one individual to the other, we do not understand the vaccine and the mutations and countries are grappling to create a balance between loss of life and loss of livelihood and people not going home. We also know that at all of natural disasters, it is increasingly day by day, and whether it is economic loss, or the loss of life, it has increased 151% between 1998 to the year 2090. Poverty is a major underlying driver of this disaster risk. And it consists no surprise to the countries like india, I see is a disproportionational share damaged & lost of lifes, we do not have much of statistics in india every year. But United nations, the government shows that of every eight people of every age 10 people who went to the hospital after infection , we will impression one non disabled who died, whereas eight disabled people died. This brings more than the necessity of all stakeholders, government, non governmental organization all coming together to create a structural approach addressing humanity responses. We all know the national disaster management authority has a deal is a process and they didn't know exactly how to address a natural disaster,when deciding peoples what to do first what to do next, (From 01 : 21 : 41 to 01 : 22 : 04 We couldn't recognize the voice) So when we look at this kind of a scenario, even when we are talking about relief material, the basic necessities, like a battery, like a cushion or diaper catheter, or assistive devices are not included in the regular relief material during any humanitarian response, but the best thing that happened during COVID-19 was the ACP these being addressed as the nodal officers for all people with disabilities for COVID-19. And I've seen in Orissa, how the creation of this kind of structure led to an ease of relief for those who are suffering from COVID those who needed any kind of relief or any kind of a question or any kind of information.

01 : 19 : 29 – Shruti Mohapatra (Speaker) & Sarah isl interpreter (Translator)

I have a galaxy of state commissioners of disability with me, and I would like to introduce them one by one. And first of all, I would invite. Shri. Jhonny tom berg is the state Commissioner for persons with disabilities from Tamil Nadu. Mr. Berg is joined the Indian administrative services in the year 2014. And has been in various assignments to manage disasters like the Gaza Cyclone and COVID-19. Presently, as state Commissioner for persons with disabilities, it is with

the welfare and rights of those disabled in the state of tamilnadu. Welcome. **Mr. Johnny tom berg**. we would like to hear you.

01 : 24 : 16 – Mr. Jhonny Tom Berg (Speaker) & Sarah isl interpreter (Translator)

I would like to thank the moderator of this panel discussion and the National Conference on disability inclusive disaster management for organizing this special event for this to discuss matters that happened during the lockdown and is continue to happen as the threat of COVID or the situation that is caused by COVID continues. Thank you very much for this opportunity, I would like the administrator to please play the PPT the presentation that we have forwarded if you could, so that we could take it forward from there

01 : 26 : 37 – Mr. Jhonny Tom Berg (Speaker) & Sarah isl interpreter (Translator)

I think one of the as soon as the news of lockdown reached this stage in tamilnad. one thing I thought of was to begin a helpline. move ahead. We were looking for guidelines on how to deal with COVID. And if you could go ahead and actually be WHO suggested action for government if we can, which are essentially availability of essential service accessibility to information, financial assistance, flexibility of work, institutional capacity building and special assistance for specific needs of different people. Next slide please. In Tamil Nadu, what we identified was during a lockdown during a disaster, any disaster, people should be able to reach out to a reliable number, a reliable contact number from which from critical health. Therefore the call center was started the helpline started for people who need assistance with sign language interpretation, video call facility began and that's also attached to the helpline. **(From 01 : 28 : 07 to 01 :28: 33 We couldn't recognize the voice)** request of groceries, medicines, request for passes, request for caregivers, request for physio therapists, therapists who could go to their houses request for speech therapists etc. so that their patient could continue at their houses etc. Well entertained and completed and closed in a very closely monitored system. At the highest level, the chief secretary was responsible for monitoring that this happened and those helps were delivered orders to separate queues and home delivery of supplies was announced. In tamilnad ordered a ration to be supplied and given free of cost. But for differently abled. The facility of home delivery was given in the districts where the village officers and the tasks does have the responsibility of getting across to homes were definitely able people were caregivers a moment passes were issued, mentally ill wandering people on the roads were rescued and rehabilitated to one three a number. Next slide please.

01 : 29 : 47 – Mr. Jhonny Tom Berg (Speaker) & Sarah isl interpreter (Translator)

The accessibility to information was the second suggested action by WHO 24/7 PWD helpline, as already mentioned, what we wanted to do was sign language interpretation had to be there for communication from the chief minister. So videos that went on social media of the chief

minister had a sign language interpretation attached to it. We tried to intervene in all departmental activities of other departments where social media communication and other communication were made accessible in Unicode, etc, that which is accessible. Also, we tried to go on Twitter, Facebook and other mediums, social media as well as print media and also TV to reach out to people. When it came to education kalbi TV which is a channel by the Tamil Nadu government for education was made accessible. Tamil Nadu would be one of the few states according to my information, if not the only state which had a containment zone plan specifically for differently abled persons, persons with disabilities. This word This was activated throughout the 34 districts. So these were given and followed up in all containment zones announced by the district administration Next slide. information and orders were passed in accessible formats, the health department was requested to make all the advises in accessible format where is not be interfered to make it right. Arogyasetu app was developed and launch. Tamil Nadu is a first state if you see the picture to pilot a transparent face mask This is when we realized that persons with disabilities who depend on Sign Language communication or lip reading etc would need a transparent mask at close to one lakh masks were given not only to the person with disability but also to their family in separate packages. Next slide please. Tamil Nadu is one of the states which gave 1000 rupees to all persons with disabilities in tamilnadu which is close to 13.35 lakhs It was announced for 13.35 lakhs which is the total number of cards issued we were able to give it to almost 6.89 lakh differently abled people which would be the rough estimate of after all the after the true number of differently abled in tamilnadu that the another thing that we did was the maintenance elements was given in advance to the accounts of the persons who are receiving maintenance alert so that they could use the money when they wanted to. Next slide please.

01 : 32 : 56 – Mr. Jhonny Tom Berg (Speaker) & Sarah isl interpreter (Translator)

government issued orders for exemption next, in schools, homes etc. The health monitoring and health protocols are followed next, Tamil Nadu we gave therapy material kid play material therapy material was delivered to the children at their home you will see the photographs next. physiotherapy and therapeutic services was given to the people who requested home delivered. The vehicles with therapy units were used during this time to go around to people who needed the help. Special kits were available for children especially Arvin which is a milk produced package Next please. One thing led me to medicines spinal cord is all free of cost. air and water beds to the persons Next. Next slide. Next slide please. Next slide. Next slide please. Do the patch personal protective kits were home delivered again next. Next slide. Next slide please. Next slide. Next slide please. This was an exercise like this is about a report on the caste system. Next slide please. One thing that when the government interfered is when we got to know that bigger Bratton 500 NGO's was unavailable. We took the effort to get it from countries other countries like Hong Kong and Dubai, to make it available to people in Tamil

Nadu who needed the drug because it was short available in short. Next slide please. These are some of the testimonials that we received from the people we helped to reduce which is the very encouraging factor to us next slide about things like slices, excellent.

01 : 35 : 49 – Mr. Jhonny Tom Berg (Speaker) & Sarah isl interpreter (Translator)

Cocked food is made available to almost 5.2 lakh people throughout the time by two passes through the period next slide, please.

01 : 36 : 08 – Mr. Jhonny Tom Berg (Speaker) & Sarah isl interpreter (Translator)

Now, think about the orders that were passed by the court of the state commisioner. We have given us passes for caregivers thoughts on the issue of taxes, it was was an order that it was given a priority to definitely the containment zone plan the access to guidelines by arogyasetu (From 01 : 36 : 30 to 01 : 37 : 20 We couldn't recognize the voice)

01 : 37 : 21 – Shruti Mohapatra (Speaker) & Sarah isl interpreter (Translator)

invite the state Commissioner disability from Karnataka Shri v. Mooni Raju, is the director of Department of empowerment of differently abled and senior citizen and is the in charge state Commissioner. As state Commissioner. He has implemented several disability inclusive disaster management practices, like dissemination of the guidelines from both the state and central government in regional language to reach everyone families and people with disabilities. He has also taken up Disaster Risk Reduction planning, in collaboration with panchayati Raj institutions and upon local parties. He has made sure that disaster management training is conducted to all stakeholders. So, Mr. V Mooni Raju I invite you again to kindly make your presentation. We are very short of time so I would request you to kindly do it in five to six minutes.

01 : 38 : 23 – Mooni Raju (Speaker) & Ananta Jain (Translator)

Good Afternoon Everybody, can you show me that PPT. So next slide. It is. So adopting inclusive disaster management for pwd. So Karnataka proactively promoting inclusive disaster management in collaboration with multiple slake stakeholders such as Department of Health, Department of Revenue, local bodies, voluntary organizations, disability experts, and others. So accessible and disability inclusive approaches, in fact of benefit to many others, elderly, persons, children, human etc. providing information in multiple formats via texts such as oral, sign language, gestures, etc, are important. Next slide, please. So there are the major challenges in our state, but due to lack of experts that timely and comprehensive support is very difficult for accessibility of physical infrastructure, information communication technology that is ICT resulted delay in extending the needy support to payor duties, non availability of vocational counselor to support the focus always on visible disabilities, not an invisible disabilities like speech and hearing impairments, intellectual disabilities, etc. Some persons may

depend on caregivers, family members, but the carers can remember themselves may be hurt, so unable to support non availability of essential assistive devices, such as wheelchairs, crutches, hearing aids, case etc. So lack of privacy even forced you to change clothes in the open tent itself. Next, please. Next slide, please. So there are the major measures and the challenges taken by the government of Karnataka for pwd followed the guidelines issued by both Central and state governments and other authorities to reach out to deputies carers and families capacity building and creating awareness and sensitization program telecasted across the state through Doordarshan improving mental health in covid pandemic through taken from department of family welfare measures to tackle the educational needs of **Sierra bloodies**. So 10 to 12 standards in the state provided the necessary support and the staffs were trained to assist them adequately. emergency help and material support to frontline workers and COVID warriors in collaboration with the leading NGOs for the grocery and medical kits issue to **peer buddies** and their families in collaboration with the NGOs and donors during a time of flood and COVID situation. More than 15 different information booklets and video clips have been prepared and circulated to all the districts during the time of flood situation as well as in COVID duration in Karnataka. Next slide please.

01 : 42 : 33 – Mooni Raju (Speaker) & Ananta Jain (Translator)

To provide necessary medical facilities to pwd and carers on time in collaboration with the district authorities, Asha workers and village rehabilitation workers. That is called weird abuse during a time of flood situation in Karnataka, effectively addressing the issues of 29,000 total one PWD with regard to non receipt of disability pension, and ensure timely disbursement of pension to PWD provided telephone consultation, text messaging and video conferencing for the delivery of health care for PWD. Hello friend services. divisional vice Google meet where Google meets for conducted to the NGO was regarding steps taken to tackle the needs of PWD **bed solving research** reserved in the hospitals and treatment on priority basis was also provided to PWD disabled friendly special wards are being established in COVID-19 hospitals. Government of Karnataka provided work from home opportunity to employees with disability working in state government, state government departments. Next slide please. Thank you.

01 : 44 : 00 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

thank you so much. **(From 01 : 44 : 05 to 01 : 44 : 22 We couldn't recognize the voice)** They established this module in Karnataka by working in close collaboration with NGOs and **shgs** To address the Covid situation right now.

01 : 44 : 35 – Anju Talukdar (Speaker) & Ananta Jain (Translator)

Sorry to interrupt you. Can I just make a little announcement before we introduce the next speaker? Just one thing, just to request all the participants, please send your questions or

comments on the q&a button. There's a q&a button can send your questions or comments on the q&a button. All the speakers if you have any questions or comments, please put that on the chat section of your screen. all your questions and comments in the chat section. This is for speakers, participants, please go to the q&a button. Thank you.

01 : 45 : 11 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

So now I would like to invite the next speaker, our very own D. Nakhro from Nagaland.

D. Nakhro is a leading voice for disability rights in the state of Nagaland and was appointed as the commissioner in the year 2019. She has become deeply aware of the atrocious conditions in the state. And she worked hard for creating disability awareness and understanding in the Naga society generally leaves people with disabilities excluded and deprived of their rights as a disability campaigner as a now as a state Commissioner she is doing amazing work in the state of Nagaland and let us hear what she has to share with us today.

01 : 46 : 06 – D. Nakhro (Speaker) & Sarah isl interpreter (Translator)

thank you very much Shruti for that introduction. Yeah, my presentation also like the others it will be focused mainly on the COVID 19 lockdown situation last year. Because it was truly an eye opener for us. on many fronts, I don't have a PPT I will just try to stick to the limit of five to seven minutes that was given to me. First of all, it must be noted that disability in Nagaland is a sector that has been badly neglected for the past many years. There is plenty of blame to go around. But of course, we are not. Here to discuss that today. I bring this up to point out that disability inclusion in disaster management is not something that has been a strong focus at all in our state. To be brutally honest, even the state Commissioner's Office became properly functional only in this tenure, that is 2019 so we were just getting our bearings and beginning to review and streamline various areas when the pandemic situation the pandemic lockdown hit us. Our state disaster management plan is generally quite robust. However, it became abundantly clear as the lockdown began and response operations started that disability inclusion was nowhere in the picture as we hardly move to manage the situation. We discovered that not to speak of the disability commissioners of disability Commissioner, even the nodal department for disability that is the social welfare department was not included in the state Executive Committee, which means there was zero input on disability inclusion, right from the level where decisions were being taken for action. There was of this persistency under heavy global relative but bangarra emergency situation, the priority will simply take care of people with disabilities. So I wrote a several letter directly to chief secretary , who is the chairperson of the STC response fortunately positive at that level, but in mentation and wrong was not always optimal during training, for understanding disability, disability issues, and so on and so forth. Another point to be noted is that the SOP, and the directive that will be issued from the central level, will not specifically mentioning people with disabilities at all, unlike

groups like women, children and senior citizens who worked particularly and rightly being included in Various consideration groups, the pandemic being an all consuming massive disaster, the states were operating directly under the central authority, and in many cases no mentioned the disabled People specifically make the task that much In any case, we just had to do whatever we could under the circumstances.

01 : 49 : 25 – D. Nakhro (Speaker) & Sarah isl interpreter (Translator)

And so my office is started to go During the district disaster, and other relevant departments. To summarize, some of the main measures taken directly by us in that emergency lockdown situation are as follows COVID-19 support helpline was set up for persons with disabilities. Separate WhatsApp number was also made available for persons who are deaf or hard of hearing for sign language support. email id was also provided for people who prefer to write in with their queries and or problems. As mentioned, we coordinated directly with all the DDMs to ensure that persons with disabilities in need were provided with essential food supplies. In this endeavour, we worked closely with partner organizations, DPO and NGOs in the disability sector and even students and youth bodies and church groups in the various districts to coordinate with village councils and village leaders to identify disabled people with who needed assistance. rations were delivered to the doorsteps to the extent possible in collaboration with these local partner organizations. The same was done for those in need of medicines and other medical and assistive needs. In addition, my office also wrote to all the churches of Nagaland affiliate number, member churches can be found in all the villages, and therefore it makes perfect sense to motivate them to partner with us in making sure that no disabled person or family is left and cared for in such a entire situation. And further record, there was extraordinary cooperation as judges across the state reached out to disability families during this period. It is an example of the many things that can be achieved through building successful partnerships between the government and the civil society. ISE materials on COVID-19 were brought out in audio as well as video in local language and sign language. observing that escape COVID dashboard was not accessible. I wrote directly to the SEC chairperson, after which positive efforts will make the make a compliant Web Accessibility Guidelines. The COVID-19 briefings by the state government and video lessons brought out by the education department were interpreted into sign language. These were a result of direct intervention by my office. So this was a main majors that are carried out. And as I mentioned earlier, the situation was truly an eye opener for us. Number one, it obviously in glaringly exposed the deficiencies and gaps in terms of disability inclusion and disaster management plans and operations. Number two, in our interactions with disaster authorities and officials and NGOs on the ground, we found that it was basically about not knowing what and how to do to do it in most cases, due to lack of training, sensitization and lack of disability inclusion in the structural processes of the disaster plan. Also, the interventions carried out by us revealed that a good partnership with NGOs and civil society

organizations is absolutely crucial to ensure inclusiveness in disaster management, from preparedness to rescue and response and recovery

01 : 53 : 02 – D. Nakhro (Speaker) & Sarah isl interpreter (Translator)

Yeah. Okay. One minute from the situation. My office has already initiated consultations with the state disaster authority and we are working with **real escape** plans and preparing guidelines and training modules. Yeah, so that is basically what it is. A survey is also been carried out now in our state, and I hope we can come up with some practical steps to ensure that this is this disability inclusion becomes reality. In today's conference, thank you very much.

01 : 53 : 35 – Shruti Mohapatra (Speaker) & Sarah isl interpreter (Translator)

Thank you, **Jothana**. I think that which we are aiming for, again, quite reflected in the work you have done. We must have successful partnerships between government and non governmental organizations, and DPO for reaching out to all families which have members with disabilities. Thank you very much. now I would like to invite **scpd**. Delhi air commodore. Ranjan Mukherjee is a multifaceted officer having over 38 years of distinguished service to the nation is a decorated senior air commodore Presidential Award of **Vishesh Siva Medal**. He has worked as officer on special duty to LG delhi, he has been an advisor to the union agriculture minister, and presently in his role as State commissioner of persons with disability is easing life for all those disabled out there. **Welcome commodore, you'd like to get you now**, it justifies appreciate if you can finish **Entire early**,

01 : 54 : 46 – Ranjan Mukherjee (Speaker) & Ananta Jain (Translator)

Thanks to all of you, Good Evening and NCPEDP, all other stakeholders and my Colleagues from Tamil Nadu, Karnataka, Nagaland who spoke before me and others who are ready to speak. And thank you very much. I'm grateful for this opportunity to share my views and you know, participate in this very important issue. Undoubtedly, the COVID pandemic has imposed restrictions visually to the likes of PWD, I will not dwell into the COVID specific things as such is a very challenging time and I feel that it is a national disaster, which has been declared also in India and all the states. So, this is an extraordinary time and the solutions also need to be extraordinary during this extraordinary times seniority is a key between different agencies, we are talking about that tackle to the current situation and section eight of the rights to Persons with Disabilities Act 16 also guarantees protection of safety were to that PWD it mandates all the risk a disaster provided same treatment as others but I actually feel you know the people with disabilities are more vulnerable than everybody people and they need extra care. And today's topic I feel has got you know, two aspects one is action during the COVID period. The second aspect is what actions are required during any disaster like flood, fire earthquake, we need to dwell on that we have seen some photographs was very nice. A Tamil Nadu **STDP** also

showed how they acted during 15 on 13 flood and flood last year. I just have five points on this particular issue if that can be just flushed. I've seen those five Only points. Now, I want to project these extra words disability inclusive you know disaster risk reduction and management and collaboration of all stakeholders to ensure safety of PWD in any disasters, is indeed that continuous process of preparation and engagement among all the stakeholders in the pwd. So, without going into what we have done in Delhi also like the Tamil Nadu, like Karnataka, like nagaland we have dealt with ration other issues and all that related to the Delhi you only state that in the country which is maximum Amount as tools to the monthly budget is 2500 per month. Now, five points I want to talk about the most important is it I think data have a high support at the PWD and all other PWD and resource mapping here about the Miniters to you know, state of delhi, we have one lakh, 101750 disabled people living in 11 different districts of Delhi, we have the data. And now also we are collecting the data for UD ID cards. And so far we have been collect 23,574 Now, here is an anomaly. So, what we need to do, what I'm trying to tell is this that we need to know the location address contact details of all the persons with disabilities in district wise, local area wise in fact, the first session also person from Tamilnadu, the speaker from Tamil Nadu spoke on this particular issue, which is local ward wise and local office we should know the nodal agencies could be the social welfare department of the district authority whatever, in case of any type of disaster. Now, each and every pwd will require a different kinds of you know, actions and help. So, in earthquake it will be different, fire will be different clouds will be different and will differ for all the 21 different types of disabilities that we have the pwd now, who now this particular team will have to actually know them and with their respective special beings, that is the visually impaired person will have several requirement that 100% mobility problem with any pwd is there. And in case of people with high support the attendance also the caregiver also should be included in that list so that they can be known to the nodal agencies for better coordination, we are talking about better coordination and you know, that is very, very important. So, the district and local bodies should prepare the list of all a map all the pwd data with name, type of disability contact details police station, and accordingly we should go ahead that's a very important factor. And I think if we can achieve this 50% of the battle is already won. And now, remaining is various I just finished off within another minute or so, basically planning, execution and standard operating procedure, we need to actually make a standard operating procedure for each different type of disabled disability 21 times and in the particular state in the district in the locality, if we know who are the pwd state, and accordingly if we can make those standard operating procedure. And then when we have the regular awareness campaigns, and we must involve each and every stakeholder in the state, besides the Disaster Management Authority, the police, the civil defense, the head, the fire, the local RWS is and the NGOs working in that particular sector. This is very, very important. And along with the relative the caregivers, awareness campaigns are in mobridge we actually give that bonhomie or the comradery and they need to know each other

with each other to do the high support needs and others and the campaign's should go on through ABS audio visuals besides banner pamphlets, and newspaper advertisement. Then getting the search and rescue evacuations.

02 : 01 : 27 – Ranjan Mukherjee (Speaker) & Ananta Jain (Translator)

And here I want to just say that we need to keep all the equipment while in serviceable State Fire extinguishers, floods, blood vessels, board, infected boats, plenty of other things and very very importantly we will also spoken the needs of the pwd is also some catheter in the diaper integral other issues. So there and from knowledge and early experience we can only build capacity thank you very much.

02 : 01 : 55 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

Thank you so much. I think two interesting things which you mentioned and you must always keep in mind is preparing a showpiece as per individual disabilities as we move ahead in humanitarian responses. Thank you so much I would now like to invite a SCD Madhya Pradesh, Sandeep RAJAK. Mr. RAJAK is working successfully as the SEPT since 2018 is a registered senior professional a rehabilitation Council for India and has been in the field for the last 30 years. He was the chairman for the state and Secretary of central zone of national organization working with the disabled. He has vast experience and we will all like to hear from him. The state Madhya Pradesh has interventions as far as the disabled in the state are concerned. Thank you so much.

02 : 02 : 52 – Sandeep Rajak (Speaker) & Sarah isl interpreter (Translator)

Thank you Madam, सभी को नमस्कार करता हु और इस कठिन दौर में जब पूरा देश पूरा विश्व जब कोरोना महामारी से पीड़ित हुआ है. इस ऐसे वक्त में हमारे जो दिव्यांगजन है. उनके लिए हम सब के जो प्रयास है. भारत सरकार के जो प्रयास है हमारी स्टेट गवर्नमेंट मध्यप्रदेश शासन के जो प्रयास है और इसके अलावा जो हमारे स्वतंत्र संघटन और NGO है और हमारे जो सोशल वर्क्स है विशेषकर हमारे जो डीपीओ disabled people organizations है. इस समय में जो है डिसेबल्ड लोगो की मदद करने के लिए बहुत तेजीसे आगे आ रहे है. ऐसा जबरदस्त माहौल जबमें मध्यप्रदेश में देखता हु और हम सब ने मिलकर जो भारत सरकार की जो guidelines मध्यप्रदेश में दिव्यांगों के लिए लागु करने के लिए दिव्यांग जनोको इस कोरोना कल में भी उनको उनके सुखद क्षण जिनेके लिए उनको स्वस्थ जीवन जिनेकेलिए और उनको इसके बचाव के लिए जो प्रयास किये है उसके कारन ऐसा कोई भी स्थिति बनी है जिसमे दिव्यांग जनोको कठिनाईओंका सामना करना पड़ा है. हमने कैसे ये किया है और कैसे आगे हम planning कर रहे है. इस समय कठिनाईया और बढ़

गयी है इस सम्बन्ध पे मई आज चर्चा करना चाहता हु. हमने जो सबसे पहले जो स्टेप उठाया जब भारत सरकार की guidelines २३ मार्च २०२० को हमे प्राप्त हुई उसके पहले हमारे स्टेट की जो टीम है हमारे जो ऑफिसर्स है उन सबने मिलकर के एक व्हाट्सअप्प ग्रुप बनाया स्टेट लेवल का उसमे हमारे जितने भी district के जो ऑफिसर्स है जिसमे हमारे social justice department के जो हमारे जॉइंट डायरेक्टर्स है और हमने एक स्टेट का एक बड़ा व्हाट्सअप्प ग्रुप बनाया और regularly हमने उसमे दिव्यांग जनोंकी समस्या लाकर हल करने का प्रयास सुरु किया उसमे हमने जो हमारे दिव्यांग जनोंके एक्सपर्ट्स है ऐसे एक्सपर्ट्स को भी हमने जोड़ा इसके साथ साथ हमने कुछ जो बड़े अचे से परफॉर्म कर रहे है हमारे जो NGO है उनको भी हमने जोड़ा और धीरे धीरे समस्याओ को लाकर हमने सबसे पहले उनकी समस्याओ को हैंडल करने का काम सुरु किया और सेकंड स्टेप में हमने district लेवल पे भी जा करके एक व्हाट्सअप्प ग्रुप बनाने का काम किया जिसमे हमारे district के जो nodal ऑफिसर्स है उनके साथ से वहा के NGO, सोशल वर्कर्स और डिसेबल्ड जो दिव्यांगों के लिए काम कर रहे है और उनकी समस्याओ को बता पाने में और उनसे आपसमे connected है तो इस प्रकार से स्टेट लेवल पर और district लेवल पर हमने एक प्लेटफार्म तैयार किया और प्लेटफार्म के माध्यम से जब ये काम सुरु हुआ तो बहोत ही आसानी से दिव्यांग जनो की समस्याओ को हम ला पाए और उनकी समस्याओ को हल करने के लिए सारे जो प्रयास है वो हम सबलोगो के द्वारा किये गए है विशेष कर दिव्यांगजनों की समस्याएं आई है उसमे सबसे पहले तो फूड की समस्या जो ऐसे दिव्यांग जन है जो किसी एक district से दूसरे district में जा करके एजुकेशन ले रहे थे ट्रेनिंग ले रहे थे और कोई जॉब कर रहे थे या ऐसी स्थिति में थे जो कही किसी कारन से गए थे और वहा वो रुक गए थे या फास गए थे और lockdown लग गया था उस परिस्थिति में दिव्यांग जनोको उनको भोजन प्राप्त करना और उनके लिए मेडिसिन जो सबसे बड़ी बात है ऐसे बहोत हमारे दिव्यांग जन है जिसके उनको सीरियस डिसऑर्डर आते है या अन्य कोई इस प्रकार की समस्याएं हो तो उनके लिए दवाओं की उपलब्धता करना और इसके साथ साथ उनको एक मनोवैज्ञानिक उनको बात मन एक अच्छा देना जैसेकि वो चिंता न करे उनके साथ में disability कमिशनर है साथ में पूरा स्टेट गवर्नमेंट है सेंट्रल गवर्नमेंट है हम सब मिलकर के इस लड़ाई को लड़ेंगे और हम इस लड़ाई को जीतेंगे मनोबल बढ़ने का जो काम है जो हमारे सारे लोगोने मिलकर किया है वो बहोत ही अच्छा साबित हुआ और एक टीम जो टीमवर्क के रूप में जो काम हो रहा था उनकी समस्या दूर हुई और इसके साथ साथ मई यहाँ बताना चाहूंगा की

02 : 07 : 35 – Sandeep Rajak (Speaker) & Sarah isl interpreter (Translator)

और इसके साथ साथ विशेष रूप से देखने में आया की हमारे जो ब्लड रिलेटेड जो डिसिस है जो थेरेसिमिया है सिकलसेमिया, हिमोफेलिया है जिनको ब्लड की आवश्यकता पड़ती है बहुतसे केसेस आए थे और उस समय में हमारी टीम ने बहुतही अच्छेसे काम करते हुए और ऐसे बहुत से दिव्यांग जन थे जिनका बाकायदा कुछ ही बचा हुआ है और उनको हम लोगो ने ब्लड जो है हमने उनको दिलाने का काम किया और उनकी जान बचानेका भी काम किया है और विशेष रूप से याहा mp में एक्सपर्ट्स के वीडियो बनाकरके sign language में वीडियो बनाकरके और उसको भी यहाँ पर जो है उनके सोशल मीडिया के माध्यम से उनको जो है उनतक पोहोचाये गए और एक जो हमारे जो parent organization है विशेष कर हमारे जो नेशनल ट्रस्ट disabilities है जो disabilities है सर्वपालकी है multiple डिसेबिलिटीज है और स्पेक्टर डिसऑर्डर है इनके साथ थोडासा ज्यादा केयर करने की आवश्यकता होती है तो इसमें हमारे जो परिहार जो हमारा नेशनल आर्गेनाइजेशन है उसमे हमारे उनके जो परिहार के प्रेजिडेंट है और जो टीम है उनको भी हमने यहाँ पर जोड़ कर के और उन दिव्यांगजनों को घर पर रहके कैसे देखभाल उनकी की जा सकती है कैसे हम उनको केयर कर सकते है कैसे हम उनको अन्य प्रकार की समस्याओ से बचा सकते है इसको लेकर भी हम लोगोने जो है बड़े अच्छे प्रयास किये और उसमे सफलता प्राप्त हुई में इस समय में एक बात जरूर कहना चाहता हु की जो vaccination का जो काम है इसको लेकर भी हम प्रयास कर रहे है की हमारे जो दिव्यांगजन है उनको priority पे लगे और सरे दिव्यांगजन vaccinated हो जायेंगे सायद उनको हम और आसानी से कर पाएंगे इस विषय में मैं चाहता हु की आज की जो विशेष मीटिंग हो रही है इसके माध्यम से vaccination का जो plan है जो हमारे दिव्यांगजनों के लिए भी एक विशेशरूप से हमे आज recommendation करनी चाहिए इसके माध्यम से और उनकी घर पर रहकर एजुकेशन और घर पर रहकर ट्रेनिंग और उनकी जो घर पर रहकर एम्प्लॉयमेंट और कुछ रोजगार यहाँ कैसे कर सकेंगे इसके बारे में भी अब शायद लगता है ये कोविड का ये सेकंड वेव है हो सकता है आगे और वेव आएंगी तो इस विषय में दिव्यांगजनों को शामिल करने के लिए सोचना चाहिए और उनको हर प्रकार से हम dihabitation की बात करते है इस कोरोना काल में भी करेंगे. Thank you.

02 : 09 : 51 – Shruti Mohapatra (Speaker) & Sarah isl interpreter (Translator)

Thank you, sir. Your partnerships with NGOs, DPO and social workers for implementing occupant of India guidelines is exemplary. And your WhatsApp groups are definitely innovative

mechanisms that District levels in reaching out to people and your reference to videos on priority. So that will **receiving** definitely be taken forward by the **troop**. I would now Invite srimati **v selesa** acpd of Telangana. She has received the National Award Best placement officer for providing placement with maximum number of disabilities in her state. She has also been recognized for taking special pride towards making election processes accessible as well for senior citizens and under her leadership, Telangana has received **rested** for promotion of empowerment of the disabled. Welcome Ma'am, kindly make your presentation. We have just five minutes to complete it.

02 : 11 : 28 – V Selesa (Speaker) & Ananta Jain (Translator)

thank you. Yeah. Good afternoon. distinguished guests, speakers, state commissioners of persons with disabilities of various states. Were participated in **eminent** NGOs and participants. It is Thank you very much. It is a great pleasure and honor for me to share this platform, especially when second wave of COVID-19 is spreading like a wildfire. There is an urgent need to reactivate previous measures with greater **Jewell** and at the same time, share our learnings and challenges of last year COVID-19 lockdown to improvise our services to pwd the government of Telangana has implemented all the measures suggested by the ministry in row letter and spirit we have established a helpline number that is 24x7 exclusively for persons with disabilities, wide publicity of toll free number through all media platforms, attending sign language interpretation service helpline and provided an online **distance facilities** issue of passes, caregiver **(From 02 : 12 : 43 to 02 : 12 : 51 We couldn't recognize the voice)** This is free of cost at the doorsteps of the pwd timely disbursement of pensions that is **it 3016** rupees This is very high This is very highest payment attention across India disbursement **(From 02 : 13 : 08 to 02 : 13 : 23 We couldn't recognize the voice)** active participation of NGOs and community social organic social impact group or they were participated very actively in this Telangana.

02 : 14 : 05 – V Selesa (Speaker) & Ananta Jain (Translator)

In these those days, frequent online meetings were also conducted with the association members and pwd members and other departments, a separator isolation wards, etc provided for pwd center COVID centers, all these facilities were provided, because this department is this woman and child welfare department. We have anganwadi workers still remote villages, we could easily reach the pwd I would like to focus on some challenges we face time how we resolve and some suggestions to improvise. There are four big challenges before has during covid 19 pandemic can turn out in lockdown. First one, festival is the allocation of budget to meet a special needs of PWD of all 21 categories. And second one is soliciting data for sensitive to high support needs. Third one, is a competent **attorney** to certify videos in sign language. fourth one is a list of special recruitment. Sorry is the special requirements of all 21 categories

of disabilities in terms of medical, non medical and other general including the regular medicines, transfusions, etc. to meet about a faster challenge, like luckily Telangana state has constituted the state fund for the pwd which was utilized in emergency to meet the critical needs of the persons with disabilities to a tune of rupees 3 crores 50 lakhs. The requirement of funds will be very huge if one has to catch up the need of the other pwd so the ministry may think of recommending allocation of funds from National Disaster Management funds for pwd and other needs. It will help in improvising services to pwd. The ministry also may provide some financial assistance to states from management funds for pwd as we all have to request allocating special funds to the states to characterize specific disability related requirements during this pandemic other than medicine, medical medicines and medical department. The second challenge we faced was to identify the persons with the high support needs the absence of reliable data of persons with the highest support needs. The government has constituted a committee of experts or this Telangana government to study probably special requirement of persons with the High support needs and document is preparing and this is properly preparing, we are enlisting the medical, non medical and gender need of person with the high support needs and if the government of India plans to export special ID cards with the geo tapping to persons who are of high support needs, it will easy to reach them during emergency disaster management. That was not the third challenge before we was waiting for videos which had sign language. Insert windows eyes There are a number of areas in sign languages, ASL, BSL, singing, hand, double hand science, etc. There is a need to have a competent authority to vet videos before bringing them out to public. The ministry may think of appointing Indian sign language to the Research and Training Institute, New Delhi, our National Institute for hearing impaired to facilitate states in developing videos during disaster management emergency. Before challenge before us was authentic document in listing special requirements of all 21 categories of disabilities because the special needs of persons with 21 categories is varied and large and documented special requirements of all 21 categories of disabilities, including the assistive aids medicines transmission trimax with guides available, it will give the disaster management authorities an edge to capture the specific needs of the pwd in large scale.

02 : 18 : 53 – V Selesa (Speaker) & Ananta Jain (Translator)

The state of Telangana is preparing one list of The ministry also consults with the Association of member of various categories, upgrade abilities, and share valuable inputs in this the Lister could be made more effective and accessible to all states. In the light of second wave, the ministry may issue special circulars to medical and health department to cover all the PWD notice about 18 years under President vaccination program. Thank you very much.

02 : 19 : 25 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

Ma'am, thank you so much. Thank you so much for identifying all the challenges that your government's had in hand yet how you have gone ahead in identifying people with high support needs, which is such a priority need right now. With these words, I would like to now invite our last speaker, the **scpt** of government of puducherry Mr. C Uday Kumar joined Andaman and Nicobar civil service in the year 1993. He has held various positions like SDM in Delhi, Deputy Director of dairy development authorities etc. presently, he is the secretary like to be seated. Now, I would like to invite Mr. C Uday Kumar.

02 : 20 : 36 – C Uday Kumar (Speaker) & sarah isl interpreter (Translator)

Good evening to all thank you for giving the opportunity to be in the **midst** of this conference. Most of the state government speakers explain the details of the arrangements made or how we handle the the COVID situation as an emergency response in the case of specially disabled people in case of puducherry, to start with, we gave sensitization to the disabled people by giving do's and don'ts. Secondly, as done by other states, we give the video calling facilities so that people in distress can call us immediately bearer, landline as well as mobile numbers were given one separate exclusive Exclusive line was given for the purpose of visually impaired, sorry, hearing impaired. So that we can understand and appreciate their problem through sign languages. Then the caregivers were given easy access by giving special passes another aspect is that to provide difference in treatment in the hospitals available with us, then the disabled pension were also given to them through the anganwadi workers in their **poll**, so that they did not move out of the home during the time to discuss them, we also ensure that there is the pradhanmantri the free **rice** scheme was given for nearly six months. And we ensured that the same was delivered to their doorsteps, at least for initial three months, we ensured that we went to home to home and delivered to their home. In addition to that, those who are in need of food for initial two months, nearly 1000 foot pockets were prepared through NGOs and also in coordination the district administration, we ensured that that is also delivered to the needy, disabled, this is done for nearly two months. Then, **Iran**, six nodal officers were upon appointed by the social welfare department, so that anyone further in need of support, they can contact our nodal officers. And we use the schools fund special school for disabled teachers also to ensure that they are available and any round the clock support whenever required, we are able to reach them. These are the special steps we have taken during the time of the first wave.

02 : 24 : 20 – Shruti Mohapatra (Speaker) & sarah isl interpreter (Translator)

Thank you, sir. Thank you. There are two things which we can take up from your presentation as we plan for our structured humanitarian response. One is the do's and don'ts that we distributed for sensitization of people with disabilities, and the appointment of the nodal officers. We have received a couple of questions, and I'm going to read them out. I would request the **scpd** to choose any question that they want to answer to. But we have very little

time. So I would request you to please answer in one minute or at the most one and a half minutes.

02 : 25 : 03 – Shruti Mohapatra (Speaker) & sarah isl interpreter (Translator)

There is a question from Nira Chawla, who says what kind of support can be provided to the families of people with intellectual disabilities in case of the main caregiver becoming positive? And what are we doing for persons with intellectual disability? Who become positive and need hospitalization, but also need a parent or a caregiver in the hospital? So who'd like to answer that?

02 : 25 : 45 – Shruti Mohapatra (Speaker) & sarah isl interpreter (Translator)

So many of our previous speakers

02 : 25 : 52 – C Uday Kumar (Speaker) & sarah isl interpreter (Translator)

In the case of puducherry, I would like to add that such **bizarre** situation we are capable of handling it by providing help teacher assistance from our special schools. And also we have got a robust NGOs will be able to chip in and we'll be able to provide services therefore, it's no difficulty as far as puducherry concerned, where we will be able to give an alternative support in case the primary caregivers become positive. And we have a special request with the medical department where they are given special treatment, preferential treatment in admissions in the special words. Thank you.

02 : 26 : 37 – Shruti Mohapatra (Speaker) & sarah isl interpreter (Translator)

Thank you. This is a question from Renuka **lacquer**, who is the National Secretary Multiple **Sclerosis** Society of India, to all disability commissioners, you are doing very commendable work, but it will be very helpful. If you can please give me specific inputs on thoughts of formulating a simple method for people with disability, who do not have a disability certificate to get a temporary certificate to enable them all the support and services and benefits that are being presently announced during the COVID time. And the second one, she says, What can an organization like skrill Multiple Sclerosis Society do to effect you to act in the spirit for each for which it was created? So then you have the **scpd** is like to address this question.

02 : 27 : 32 – Ranjan Mukherjee (Speaker) & sarah isl interpreter (Translator)

I can click on the first part of the question.

It is very, very important. And I can you can take example from the three chapter here, what we do is, we have got designated hospitals are authorized and online because the COVID online certification is a request that, you know, Whosoever needs this particular certificate anywhere

in the country, they can actually state the government, hospitals, our list of hospitals, to our surprise, certificates of pwd. And they can approach online and request an answer.

02 : 28 : 24 – Shruti Mohapatra (Speaker) & sarah isl interpreter (Translator)

thank you on behalf of ncpedp and the National Disability network, I would like to profusely thank all our state commissioners for disability for the commendable job that they're doing in their respective states and hope in future, we will all be able to come together and create a robust mechanism, where humanitarian responses take up as Poonam the the said take up real relief, restoration, rescue and rehabilitation of people with disabilities on priority as a regular action and not an afterthought. Thank you so much. As we are running out of time, we will not be able to take the other questions that have come. And now I would like to introduce my next moderator. Narender Paul is serving as Chief Operating Officer in chinmaya organization of rural development in Himachal Pradesh. God's vision is to transform needy and marginalized people's lives in rural India, built on the four core principles of participation, integration, sustainability and networking, which Panchayat as a unit of implementation, under his leadership part has won two national awards. He has also authored a book with shama mhatre, Dr. Shah matrei, chinmaya saiba. Now, I invite Narender to kindly take over

02 : 29 : 04 – Narendar Paul (Speaker) & Ananta Jain (Translator)

thank you to Shruti, the experiences of seven state disability commissioners. It was a great learning experience specially for her organizations and the people who are serving in a civil society organization like ours in court. This third technical session is basically focusing the good practices by disaster management authorities in securing inclusive disaster management. We have a speaker This is Mr. Joe John George who is a state project officer from Kerala State Disaster Management Authority. Kerala is always one of the leading state in the country where, which shows, in part to the development for the national development in many ways, by bridging the gap between the policy and practices. And again, it's from the top to bottom up processes. In fact, I had opportunity to look into the some parts of it. But I, we all are looking forward from listening from George, who is who is who actually implements various projects of Disaster Management Authority, especially disability inclusive Disaster Risk Reduction and school safety, and mainstreaming Disaster Risk Reduction into the development planning. He is also the nodal officer of the UN sustainable development goals for Akila state Disaster Management Authority and a focal member for NGO coordination. So, George, it's over to you, you all are looking forward to listen the best practices and time to listen, because we are running short of time. So due to paucity of time, but still, we love to listen to the best practices, what Kerla has adopted under your leadership and in convergence. So we look forward for 8 to 10 minutes kind of listening to your experiences over to George,

02 : 32 : 19 – Joe George (Speaker) & Ananta Jain (Translator)

thank you Mr. Narender Paul. And Good evening, one and everyone who is attending the conference online. And now, I at the outset would like to thank and congratulate ncpedp for organizing this event, this conference which is a brand new mountains. Without much comments, can I see the presentation please LIKE TO straightaway go to the presentation, what I am going to present this not much about COVID but about disability losing disasterous production, which the Kerala State Disaster Management Authority has been doing since 2015. The Sustainable Development Goals came into force since 2016 in India, then very one, the motto of the Sustainable Development Goals is leave no one behind. In this pretext, we initiated the project. Can I see the next slide initiated the project on disability inclusion. As you are aware, the Rights of Persons with Disabilities chapter two specifically directs the state disaster management authority to take necessary action to safeguard the persons with disabilities. And also the Disaster Management Act. 2005 also directs the state disaster management authority to safeguard the vulnerable sections in the society. And with this background, we started the project. We have also done a household survey in 2015. first of its kind in the country, where the social justice department of the state conducted a survey wherein we found that 2.23% of the population in Kerala that is little less than eight lakhs and persons with disabilities Next slide. So the project titled the strengthening of emergency response capabilities with emphasis on persons with disabilities, according to the census that we did in 2015, there are 22 types of disabilities which we covered. Next slide. This is the brief overview of the project that we are running now is a milestone. In 2016. The state level launch was conducted and handbook on persons with disabilities and the disaster risk reduction how we can include the disabilities were released by the Honourable Minister for disaster management and revenue. And one goal year 2017 we spent to prepare appropriate materials. So presently we have materials in sign language, we have materials and Basic formats for men. We have materials in Braille. And we have various other all inclusive materials, which we have it online on our website as well as on our YouTube channel. And in 2017, we conducted a training of trainers programs for the NGOs as well as the government officials working in the disability sector in 2018 and 2019. As you are aware, we had severe floods and landslides in the state and In spite of the floods and landslides, we conducted the training programs in all the 14 districts of Kerala where in four days each in each district, we could invite the persons with disabilities, right Right at the venue physically, they were coming and attending our sessions on disasterous production, prostate and survival skills, many of them came in for the first time for such trainings and they were invited. They also mentioned that they were invited for the first time in 2020 and 2021. Our functions were really on COVID response wherein we had 24x7 helpline inclusive early warning mechanism dissemination and all that next slide. So, this is the handbook which I was referring to is available online in English and the same same handbook is

also available in Braille more than 300 pages, this was circulated widely in the state with the stakeholders. Next slide, please.

Yeah, this is another brochures that another brochure that we we prepared on the probable hazards which can get to the stage like fire, flood, then heatwave, then drought like that with this are available in Braille in our office, this is related to the blind schools as well as the schools for the persons with disabilities and the Federation of blind NGO. So the sign language, which is all inclusive, we have the sign language, people who are interpreting it, we have the text, we have the audio as well as we have the graphics also along with the videos, we have six different videos online as of now. So, what as we did the training programs, we distributed these DVDs to each and every participant, which contained all these materials. So this is the Daisy player has a signature we converted all the audio files into a Daisy format also. So the certificate photograph of the training session, we had around 50 maximum participant for a particular session. And the training was conducted by the inter University Center for Disability Studies and that they are mahatma Gandhi university on the university 56 days of training we put conduct in all the covering all the districts. So many of them as I told earlier, many of them came for the first time and they could really do a hands on training on CPR and other first aid skills which benefited them much. So the YouTube channel the way that we have that we run the case DMA page, we saw that during the floods in 2018, we saw a spike in the viewing of the flood related sign language video. And last year when the lightning was peak, we saw that lightning video is also watched by many of the persons with disabilities next. So our website is also made friendly to persons with disabilities as you can see the icons there. So 2018 floods and its impact on persons with disabilities. We did a study we did a post disaster needs assessment by the United Nations as well as we did the study by the government also Next slide. Next, there's a special mention about disability inclusion in the post disaster nature assessment. I would skip these slides lack of time. Next slide. There were special rescue services in ernakulam district by an NGO called tunnel wherein they specially emphasizes rescuing persons with disabilities and elderly. They rescued around 160 people with disabilities and elderly next. This is special financial assistance that we gave for persons with disabilities who lost their houses. So as special assistance of 25,000 was given provided over and about the actual norms according to the notes. Next, the speed was known as the planet. So Evernote brochure was prepared, which mentioned how you should be preparing your toilets how you should prepare a ramp. And this was given along with the ministers letter to each and every provider to around 4569 people with this special assistance. So we provide that the letter of minister along with the processor They know how they should be preparing, you know, all the toilets and pathways and all that next we also have a blind schools in Kerala. So we provided the school safety guideline the MDMA which was contextualized into the state state perspective, and the same was they were given to and circulated in Braille for the blind schools. We also have provided the

handbook in Braille with regard to prostate skill 711 prostate skills, which we had in print, the same was translated into Braille and provided to the students next.

02 : 41 : 41 – Joe George (Speaker) & Ananta Jain (Translator)

Yeah. So, coming to this few slides on disability inclusive next slide kerala was the first state to declare overt as state specific disaster in the country. Next. So, this February 2020, we have we prepare sign language video, which is which as you can see, which is available online, showing the do's and don'ts in a COVID response next. So, the helpline was also on we received 400 next slide, we received 400 calls in the helpline where we had experts and other sorts of things. So we had a video call facility in the printer is there and the expert is there and the person is the person with disabilities also, this was operated with the help of national Speech and Hearing during the next weekend. During the lockdown, one of the major concerns was to provide the batteries for the hearing aids and also cochlear implants, repairing and all that so, we with the help of an issue and also the state Disaster Management Authority order that the repairing shops as well as the battery shops may be opened next, and the batteries could be delivered wherever it is needed and delivered delivered to persons with disabilities in remote locations in the state next, lockdown relaxation was also given to visually impaired as some of the states also have done next. Early Warning signs here I just wanted to highlight other states may also want to stick their attention because the apart from COVID during the monsoon times, early warning messages are generally given disseminated by the disaster management authorities. Now, how friendly are these messages to the persons with disabilities? Since 2020, state Disaster Management Authority initiated a special tribe called whenever there is a orange alert and the power the messages will be disseminated via online by way of audio and video services with sign languages that is what we are showing. So when there is a alert by the IMD the state Disaster Management Authority with the help of nation provides the messages in sign language as well as in audio format next.

02 : 44 : 23 – Joe George (Speaker) & Ananta Jain (Translator)

this is the last slide. So what we are planning next is to mainstream the disability this project into the existing projects, programs and also various institutions which are functioning in the state. The training of the first responders. This also is one of the key areas where we need training because rescuing persons with disabilities is not easy. And we need training for the first responders for that and the training NGOs working on disability issues with various materials are to be provided. And also we are starting to specially map we all already have done one. One map which the multi hazard as well as the special distribution of persons with disabilities what the panchayat level at the local level as mentioned earlier, we have the details of persons with disabilities available. And the last one being which is not written here. We are also starting to provide sign language basic functional training to first responders like fire department ndrf sdrf

and other voluntary organizations who would be going for rescue to communicate with persons with disability especially speech and hearing impaired and high end to do a successful rescue operations during the time of an emergency. So that is all from outside. Thank you for this opportunity.

02 : 45 : 39 – Narender Paul (Speaker) & Ananta Jain (Translator)

Thank you very much George. I really this was wonderful. I mean in terms of the doing part of it. I mean it's like you know many states and all of us can do we need not to reinvent the wheel kind of stuff right so the there are many things which we learn from kerala model, right all wrapping up person with disability to sensitization to training to our wellness Handbook, very, very comprehensive. And I think you're the one that stayed where your comprehensive mapping of what our RPGs guidelines talk about all 21 22 types of disability when we talk about and the conversion that is a very good, great initiative in terms of the universities and taking into the ground, when bridging the gap. If I understood it correctly, I just have a one question I do not be able to take question from others. But there is a one question which, if I understood it correctly, it is regular that you have a very proactive what we call the distinct interagency groups. That's what I understood. What would a state interagency group are they know, the kind of coordination and good leadership provided from the street or there is a stern sale not need to be more proactive response from SAAG.

02 : 47 : 00 – Joe George (Speaker) & Sarah isl interpreter (Translator)

Yes, Mr. Paul, are you correctly said that we have a very active interagency group since 2018. With the help of India, we have initiated in all the 14 districts we have 421 district level interagency groups, and presently the leadership of the state is being given by the SDM itself. However, we are planning to initiate a state level iag also, because generally, the NGOs function around the districts and the dvms are providing necessary leadership. But as you said, we can also give state level monitoring and as well as coordination at the state level and hence, we have paper with regard to formation of state level age. And the handbook which you are mentioning, I will just put it in the chat if anyone would like to go through it again.

02 : 47 : 55 – Narender Paul (Speaker) & Sarah isl interpreter (Translator)

Thank you very much, George. It was really refreshing session. I mean, as we are moving at you, you actually started with a Panchayat, a rural India and the local decentralized governance stuff which comes in, which is a very, very crucial importance in the whole, especially the disability inclusive disaster when we're talking about thank you very much on now, I would like to, we have to move on to the next session. The technical session for I would like to introduce moderator for technical session for Colonel Pradeep kapoorji, who is a co founder, CEO and director operations of the NGO volunteers for blind. The organization is working nationally for

persons with disabilities with a focus on the blind and works through volunteers deployed in the cause. Besides sublines, it provides services

02 : 48 : 54 – Narender Paul (Speaker) & Sarah isl interpreter (Translator)

for NGO, donors, corporations, volunteers, during the services beside his involvement in military operations, his unit was involved with disaster management in assignment Maharashtra. So very, very much hands on person, very loving, and under under great advisor, very disciplined military **veteran**, and has a working disability disabled for past 21 years in multiple states. So he is a volunteer himself and leads by example. He's NGO partner with numerous leading organizations of the country bringing benefits to the planes in all spheres of their life. So welcome, Colonel Pradeep Kapoorji. Its over you to take up the next session. Thank you

02 : 49 : 39 – Col Pradeep Kapoor (Speaker) & Sarah isl interpreter (Translator)

Thank you. Thank you, Narender. We've all heard very extensive details regarding the disabled, what exactly are they confronted with? What are the barriers which are facing us who are trying to assist them? The challenges which are being posed right now, and the good practices as well. We've heard extensively from the state commissioners of disability. Now, we will focus on the role of persons with disabilities as well as civil society organizations in securing inclusive disaster management. For this topic, we have three eminent speakers and the these are Mr. Narendra Paul, Dr. Mohapatra and Miss Vaishnavi jayakumar. Now, different aspects are going to get covered. And we need to address these issues in the shape of other NGOs need to be integrated with disaster management, or should they be kept safe What should be their role? Should they be involved in training? Yes or no maybe? Should they be involved only in the **aftermath** of the disaster, or during the the preparatory stage or for the disaster? These are all issues which come up when we discuss the role of NGOs. Now for this, the first speaker is Mr. Paul, you've already heard him he's already been introduced. I will not repeat over to you Narender.

02 : 51 : 31 – Narender Paul (Speaker) & Sarah isl interpreter (Translator)

Thank you, Col Kapoorji. I will request the organizers for presentation please.

02 : 51 : 49 – Narender Paul (Speaker) & Sarah isl interpreter (Translator)

Think till the time presentation will start appearing I will start with I work in organization court and court is over three decades working with around 3,000 disability in around 200 panchayats. directly at a **grassroot**, which is Panchayat is a more of a decentralized unit of local self governance. And it's very well, a no focus because most the 15 finance commission we talk about decentralization of almost 70 to 80% of one directly to panchayats for all development

related activity. I think it's kind of connecting the bottom of pyramid and top to down kind of mechanism of administration or decentralization of policies programs or whatever schemes and anything we talk about especially in context of our country India. Second, I will be focusing more on the rural part of which is 75 70% of our country, our perspective the rural people with disability, though my another two co speakers will be sharing maybe a more of the urban perspective as well. Their issue challenges a person with disabilities and how to make a what what are our experiences to make the disasters mood disaster management more inclusive to people with disability at the more integral part of the whole process and action. Next slide please. I already shared here I will not go for the data because we already heard about the statistical scenario I will be focusing the panchayat the rural India is divided almost into two lakh 60 thousand panchayats. So we can see this as a more of such a diverse country where even though a lot of changes happen from one state to another to one, one Hill to another from hilly states, we have hills, we have plains, we have flood prone areas. So diversity of disasters is also huge. So if we make it more micro cause, then connecting our country, the macro costs, I think that will make a lot of difference. That's very, very important for any policymaker or all of us to share for the police. Next, again, I will just touch on these are the levels of disasters when we say when the normal times when to focus preparedness and when to move on what is the district level of intervention or the resource mobilization time state level and the national level and especially, we are looking at the national state level interventions note during the time of pandemic COVID next these are different phases of disaster and I will not just go in detail. These are just to make us acquainted with the different phases and how the people who disability needs will vary with all these different phases and what are the different entry points can be deciding to work on those next. And we need to I think it's for all of us. I think during pandemic pandemic time, we have very well noticed that it is not only the just what it's not on the food, it's not all the mobility, it's not about the accessibility. It's not about the inclusion. It's not about that education. I think the we need to see person as a food and see his life in the entirety. It's not isolated or separate pieces that we have to do something different. Similarly applicable for people with disability, we need to look beyond our medical model. And we need to look into the socio economic sphere accessibility, inclusion, education, everything we need to talk about including the economic self reliance for people with disability can be contributory in the mainstream. Next. I will not again this one already covered the different needs of persons with disability during a disaster next please. Again, the pandemic COVID-19 impact on people with disability right from opening remark from the Arman, poonam di and all other speakers touched on these aspects next so whenever we are thinking for the disability inclusive disaster risk management toward the disaster management. So we need to kind of ensure that, you know, this day actually reminds me of I call my mentor and guru Javed actually who, who actually trained us as a kind of people who are working with people with disability very holistically working for the need, and by mentor

and our nationality documentary. I mean, it's a nothing without us. Nothing about us without us. So personal disability need to be on the table, their full participation and barrier free participation is required. Huge lot of awareness, we have seen our wonderful state disability Commissioner how they were able to kind of express themselves and you know, do wonderful things for the people with disability. So sensitization and a training orientation on the issues of disabled people. That's that's must. And data has to be inclusive when we are talking about infant right from the employment opportunity or other neighbor, **parent** or anything to that. We are whether whether we are counting the people with disability in part of those mainstream development programs. And as many other presenters also touched on the bill Packer, I think disability at 12%. Cannot be we need to see together it's it there are two separate pieces next piece, then we are thinking for inclusive disaster. Next, I think that Rajivji already touched all these aspects of the legal areas. Yes. So this is one slide which I would like to focus what what could be the possible guiding actions, what we we people who are working at the ground level, or the people with disability or the civil society to our services, state organization, we're working at the ground level. I think when we are working, I personally kind of you know, got the chance to interact with around 250 presidents of the panchayats at the ground level during the COVID times. And then without even the administration, the district a Disaster Management Authority and the Deputy Commissioner office. I mean, unfortunately, I got a one answer as well, which was by saying that we are when we are reaching out that how we can help and how we can reach out to people we got that we need your help to stay back at home. And so we need to prepare for those kinds of challenges from the **dead** how we can be a part of the process. So the what we found we were when we are dwelling and we need to dwelling and localizing state hazard seasonality and disability metrics. This is very crucial for such a diverse country. We can't have a one state, we're talking about the floods, we are talking about the hills, there are different things we are talking about some disaster and disability specific metrics we need to talk another area, what we noticed was the state executive committee which is chaired by the Chief Commissioner in the all states, I think all state Disaster Management Authority are chaired by the Chief Ministers or this state disability, sorry, this commit state executive committee are empowered to have a subcommittee. So what we feel is that representative or the state disability Commissioner can be a part of this too, to kind of flag the issues or challenges of the personal disability at the state level. So the top down flow will start working from Ministry of Home to the state to the district to the block to the panchayat definitely as in the george presentation, we have seen the state interagency group and district interagency groups as per the Disaster Management Act, we need to be more proactive, more engaging people with disability as well as the civil society organization there. And one thing I noticed is that in many state is district disaster management plan, we really need to revamp either they are still kept on their website. I mean, it's like 2012 plan, again, posted on a 2015 or 16. Again, on the website, we really need to look into that. And disability again, SDG Sustainable

Development Goal like good for 8, 10 and 17. Basically 11 times personal disability or disability is mentioned in SDG agenda, we need to kind of bring that more into action. Panchayat is a disability inclusive disaster management plan. There is a provision for the panchayat based development plans committees are there. We tried even to work with around 150 panchayats disaster management committee but unfortunately, they were not able to be more proactive because that data was pointed missing at that level as well and activation of that for instruction from the administration and authorities. Thank you,

03 : 00 : 35 – Narender Paul (Speaker) & Sarah isl interpreter (Translator)

I will just concluding on this. So this is just a I've shared a one slide how we can go for a **move** of state district or Panchayat specific disaster disability metrics. I mean if **blinking** Hills like we are in himachal Pradesh we have earthquakes. So we need to talk in terms of evacuation accessibility and rescue. relief measures. Next please. See this just I shared a structure example. So we'll be the most of the I think all the states in country we are following as per their state National Disaster Management guidelines, we are following that same pattern till the till the district level. Next. I would like to conclude I think it is more important what a fourth point I have bullet point which I mentioned, let us do it. I mean, now, the more time is for the action, I think COVID has provided us opportunity, not only for the experiential learning, but for the action as well. So, I mean, do it morally, ethically or practically? I mean, it is up to us. So, thank you very much for this opportunity.

03 : 01 : 43 – Col Pradeep Kapoor (Speaker) & Ananta Jain (Translator)

Thank you, Narender. Your recommendations are indeed thought provoking. You spoke about Have a seat at the table, which means basically to get the persons with disabilities involved. You also spoke about that, but don't focus only on food and inclusion view persons with disability in the socio economic sense, which is in its totality, very interesting. You have given us a suggested disaster matrix and various state committees are available to implement. Yes, thought provoking, but now we need to move on. We need to look at other topics, other aspects of this topic. And we have Dr. Shruti Mohapatra, Dr. Shruti Mohapatra has already been introduced. I will not repeat the introduction but over to Dr. Mohapatra.

03 : 02 : 47 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

Thank you, Col Kapoor, I would request for my presentation to be on the screen please.

03 : 02 : 57 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

I think basically what Narender congratulations for a good lovely presentation. And most of the things he mentioned is what being done by the non governmental organizations or the **TPOS** in the ground level. Next, please see Swabhiman Trust we got involved with the 1999 Super

Cyclone and swabhiman's response is two fold. First, what we do is the disaster rescue team, it rushes to the victims with relief and whatever other support that is required. And secondly, we joined the collaborative civil society response. So, this is something I want to share with all of you here in Odisha here in **Golden Age**, where we have created a very strong civil society collective and anytime there is a disaster, anytime there is such emergency situation, we all come together to address all stages of rescue, relief, rehabilitation and rebuilding next please. So reducing disaster vulnerability or reducing this primer lately our thrust has been on as I just told you relief, restoration reconstruction and rehabilitation, we create a lot of awareness and preparedness through community based planning. See, we not none of the organization's has a huge resource base. So what Swabhimans effort has been is to team up because Odisha when we have to **CBO** floods or in cyclone, we have observed that there are a lot of community groups who are very strong in responding to disaster and they do wonderful action at the village level. So mostly in all these years, Swabhiman has always teamed up with organizations teamed up with village level committees and ensure that whatever they are doing is inclusive, and they are able to address the needs of those with disabilities. And our role has been from 1999 mostly in, mostly relief and then reconstruction. But in 2006, our role was modified and we have been focusing on inclusive disaster response preparedness by regularly writing letters to the different departments of government and also to the various international development organizations who are focused on this work in the state. Next please. See, as I told you, supercyclon in 1999 was a huge thing. It created a storm because about 10,000 people lost their lives. About 19 million people living in 18,000 villages are affected. Millions were left homeless with 750,000 houses completely destroyed, and 1.12 million damaged half a million animals and a million poultry that you see here along with actionaid. Regional Office, they had invited me for a **necent** planning as to how to rehabilitate and restore those who had been so badly impacted because people were not just physically and or economically devastated. Every family had lost three to four members, either bodies had been found, or they went completely missing. During this processes, I found that they will not have children with disability, to have women with mental illnesses, who were just clumped in some areas, and even not being looked into. And that's when I had initiated with the civil society collective as to why I did not know what to do at that point of time. So I asked actually to buy a lot of coloring material. And we brought and we gave it to children. And the children who were not speaking who had gone completely silent. They were painting and the colors that they use, like red and black. We collected all these artworks, we had psychologists and psychiatrists looking through it. And a lot of those turmoil inside the children got translated into those colors and painting. The other sector was when I found rehabilitation packages in terms of livelihood support being designed and planned. And I asked the question, Where are the disabled. And that's when a process was initiated in action a for the first time in the state of Odisha, about assessing disabled people finding out their interest areas, their potential, the capability, and we were able to provide

support to over 2000 individuals who had disabilities to get themselves established. And some people like Kalyani **khatua**, who was severely disabled are typically who had lost her husband, whose father in law had become mentally depressed, three, four or five members were lost. She'd not only became a caregiver of her entire family, but she also joined in the search and was able to bring back about three or four families who had been completely lost. Next please. So, our involvements as I told you, in floods and in Cyclone titli Cyclone Titli was also another major cyclone, which impacted the state. Here we were, we had intensive discussions with the state Coordination Committee, and we ensured that they were they started at least talking about disability and to their ground team, they started sending messages, what should be done, how people should be rescued, how their houses when they were being rebuilt, would be made accessible and ask their their specific needs. Next please.

03 : 09 : 09 – Shruti Mohapatra (Speaker) & Ananta Jain (Translator)

Yes, so Cyclone fani. This was again a major Cyclone in 2019. Next, please. so here also, as you can see, our domain of operation was rapid assessment, relief distribution, health camps, and linkages to children and advocacy and collaboration. The one thing I want to talk about is a successful program in our district of Odisha the referral program which looked totally at rebuilding people with disabilities. Next please. So, next, please. Next so the COVID-19 was in fact a major pandemic, which is latest last year. And for this our five pronged approach was provision of immediate relief advocacy with government relief distribution four steps **assesibility** testing centres, food at the door step, sign language interpretation daily government and inclusion of all people with disability in relief distribution and not only those who has disability certificate . A lot of awareness were done an alternate format of material evaluation and discussion was done on digital and virtual education. And we were part of many national and diverse, including that of ncpedp in finding out the status of people living during the lockdown, next,next. Oh, yes, we are closing. So this is the one important thing which I want to share with all of you from Odisha. Through our civil society group, we have we created a citizens action group on Corona. And this group was very hard, only civil society members. And it became almost a partner to the government in providing feedback in identifying needs in tweeting policy change, challenges, and became a critical, credible voice for people. Next, please. So these are some of the images Next please. Thank you. So thank you so much. Thank you so much. And these are the challenges that we face. I've given you one particular photo, I want to show you **Jeetendra Biswas** sitting alone is a spinal cord injured person. And in Odisha, state Disaster Management Authority, a chair was initiated, a sale was created where people with disabilities needs could be taken care of and **Jeetendra Biswas** was headed, but it was completely defunct during **koro**. So we faced major problem in during the planning processes of the government. So the Present seminar that we are doing and identification of state commissioners of disabilities, which is a very, very pertinent need, and government needs to

take it up immediately. We have to create a robust, robust mechanism to look at all phases of humanitarian response, rescue, relief, rehabilitation and reconstruction.

Thank you so much.

03 : 12 : 27 – Col Pradeep Kapoor (Speaker) & Ananta Jain (Translator)

Thank you. Thank you, Dr. Mohapatra very creditable the kind of work that your organization has done. creative use of colors, deal work involving actionaid and other organizations, working with the government working with other organizations, all collaborative efforts leading to rescue and relief for persons with disabilities. Wonderful My compliments to you and your team.

03 : 12 : 59 – Col Pradeep Kapoor (Speaker) & Sarah isl interpreter (Translator)

We need to move on now to the third speaker. That is Miss Vaishnavi Jayakumar, from the Disability Rights Alliance, co founder of the **banian** and she constantly challenges society with our innovative ideas and activities. In the disability sector. Her work has always focused on the often overlooked issues and needs of persons living with mental illness. She has been an integral part of the movement for Accessible Chennai metro rail and roads for all pedestrian accessibility. She has been actively monitoring and the time the Tamil Nadu elections a work has been recognized by the **Satpal Mittal** award **aram** Award India NGO awards, **shakti puraskar** award and many more. Over to you Vaishnavi.

03 : 14 : 18 – Vaishnavi Jayakumar (Speaker) & Sarah isl interpreter (Translator)

Okay, great. So I'm going to deviate a little bit from what I'm supposed to be speaking about. And say a few things that I want to say. You respect and there are two things primarily that I'm picking off after having listened to all the speakers ahead of me. And the two things that can leap out. One is how can we have **the idea** of a disability inclusive disaster, risk reduction and everything else that goes along with it without development and forget about inclusive development. I'm talking about, quote, unquote, mainstream development. And I'd like to give you an example for that. Again, it's a COVID lockdown example of, you know, migrants going back home and being abused in shelters temporarily. This actually has nothing much to do with disability because in our work with migrants we did not come across very many cases of people who are already disabled. But one of the things if you challenges which was there during the lockdown and which will be there in any scenario was a food and cooked food now I don't know how many states in India have you know a kind of especially in urban areas, a cook tree you know cooked food set up at a you know, subsidized rate in Tamil Nadu we have our amma canteens. I know such facilities exist in other states as well. But the AMMA canteens First of all, what would happen in a state without an Amma canteen, you would have to set up a community kitchen. And so there's no kind of readymade, you know, from the start kind of

solution, if disaster suddenly happens, states which don't have, you know, some kind of budget friendly food for the urban, disadvantaged, disadvantaged because it will take some time to set up a community kitchen, it will take some time to, you know, kind of spread the word that this is where your community kitchen is for people to access the food. So really speaking, this has got nothing to do with disability. It's basically a feature that should already be existing, and should get supercharged during a disaster. And what do I mean by supercharged and you know, kind of being nosy factor? And that would be, of course, that yes, we had cases during the lockdown in which, you know, people on wheelchairs could not access the AMMA canteen, even though the government said that fine, you can go and eat free in the Amma Canteen. There was a question of if it's two kilometers away, my wheelchair is not going to, you know, manage that distance because it's an inaccessible route, many of the Amma canteens were inaccessible with a, you know, kind of a little step leading to it. So, really speaking, there was no, you know, kind of individualization in that aspect. So forget about access. Now even things like what happens, therefore, in a scenario where what do we do for people in our relief camp who are diabetic, or who are hypertensive, and who requires special food. So, we had situations in the pandemic, where we were trying to source food during the lockdown, where, you know, there was no imports were people who had very, very specific dietary needs, even, you know, little children with rare disabilities who can only eat each kid has an individualized, specialized, you know, powder formulation, which needed to come from Bangalore to, you know, Tamil Nadu and get distributed over here. I'm not even talking about that. Now, that is, you know, a situation where we not only have a cooked food, a mechanism whereby there's something already existing that is known and well known and familiar and accessible, but which also, you know, kind of caters to the needs of people who, who just have different needs and need not be disabled, like people with diabetes or hypertension, and who also cater to very specific needs, like these kids with rare disabilities.

What happens in states which don't even have this kind of setup, so how do we reach you know, so far, it will become a little bit like, elections in India, where you know, for one point of time, during, you know, four years or two years, when you enter a polling station, you can imagine that this is what India could be, because here you have, you have a booth, you have a wheelchair, you have a wheelchair attendant, you have supposedly accessible polling station with a ramp. With a handrail, you have people welcoming you, you have access to all you know, sign, language line, etc, etc. And then when you go out of the polling station, it's life is normal. So how are we going to move from this very special effort, like when you say that you're distributing knee pads to people who crawl, or when you, for example, say that you're doing DOD delivery of rations. What about DOD? during times during non disaster times? Why is it that, you know, we're making these extra special efforts during disasters when there are such huge gaps in between? Yeah, so some of the things that I would like to see in place already without, you know, kind of which should already be in place, and not necessarily during a

disaster alone, everybody, you know, I think the main thing now is the 24 was the helpline. Now, there's no point in a helpline, if it's not 24/7, there's no point in a helpline, if it's not available during non disasters, if you're talking about communication, what about communication of a person from a different state, who may speak a different language, and this is something which is useful, not just during a disaster, if I land up in a hospital, and I'm speaking a different language, how is a doctor going to understand what I'm saying? Now, you could extend that and say that therefore, you know, you know, the inclusive element in that would be something like every hospital should have, you know, a communication board in which people who do not know you know, kind of, cannot connect on language can connect with pictures, and even their separate AC and separate, you know, realistic photos for not, let's say, people with **aphasia**, or people who don't know sign language, and who just communicate with gestures. But where is our, you know, non disaster time, or 24/7 communication line, which I can use in a hospital, which I can use in a police station, which I can use in any place. 24/7, and where is our emotional council making helpline? Oh, where is 24/7 **suice** helpline which the government run one which is run by our ministry, for example, nobody is able to get through after 10 you're met with you know, some five minutes of an **ivrs**. When, when does that communication, emotional counseling and suicide helpline become accessible to deaf people? So

03 : 22 : 52 – Vaishnavi Jayakumar (Speaker) & Sarah isl interpreter (Translator)

What about a local volunteer track, you know, a local volunteer website where people say that I want to volunteer, otherwise, every disaster, it's the same thing. We are not learning, we're not progressing. We're just doing the same thing over and over again, where is **ntms**, you know, version of the Kerala rescue.in website in which people can centralize requests and centralize even. You know, like, if I'm a person who's going to need priority, rescue, I should have a system in which I'm confident will not be abused, and which I am confident saying that, okay, I'm a person with the, you know, severe spinal cord injury, etc. And in case of a flood, please come and rescue me. Now, is there a centralized system? Why is it that every time you know, there are going to be 1500 calls, which you have to make and 20,000 WhatsApp messages? What exactly I mean, this should, this should already be in place before. The second thing is I want to point out the second thing that I want to point out is what can we do to be apart when he was still apart? And in today's meeting, we had a whole lot of disability commissioners, why is it that the **Still** is a disability commissioners duty, and, you know, kind of it gets, it's not even a duty not even supposed to be doing? It just gets landed with the disability Commissioner or the disability department, instead of you know, the mainstream revenue department? Where are all those people? And why are they not part of this meeting? Why does everything? Why are the participants Where are the humanitarian agencies only to learn that when they rebuild people's homes, they need to rebuild accessible homes from the start, unless people really

include and we also make an effort to pull people in into our discussions. We are always going to be apart we're always going to be that last entry or no vaccine priority list in which we are kind of like poorly researched, never consulted. You know, item number 20. The last one, okay, fine. We'll put in the disabled people because they, you know, kind of irritating us and appealing to us. So we'll just put that without any discussion. And without any research. That's gonna be we are completely out of time.

03 : 25 : 11 – Vaishnavi Jayakumar (Speaker) & Sarah isl interpreter (Translator)

Yeah, yeah. So ultimately, the actual topic, which is **DPO NPP** people with disability. I just like to say that I wish and this is something Which is not restricted to disabled people, disabled people need to be prepared. And DPO's need to trust they need to trust each other with the information they need to trust. The group with sharing data of people within their associations and Federation's disabled people need to learn to be better prepared to not fall for fake news, to not use WhatsApp or to use telegram and slack and to learn to obey. Because this is something which is not restricted to disability, it's it's to do with class, just like that person who was in the armed forces and who are retired and who could not obey the government when they said to evacuate houses, and who ultimately drowned despite many calls to everybody inside his house, because he could not get out. We also need to learn to obey. And unfortunately, right now, the duty is on us to make society aware that we exist and that we're visible. And we need to do that in advance. So that next time when somebody from the corporation comes and says, everybody evacuated, your neighbors don't leave you behind your neighbors. But that, **hey**, there is a person I am living in a slum practically on my road, there's a lady and everybody forgot about that lady. Unfortunately, until such time that we reach the ideal in which you know, communities are prepared communities know what the disabled people, disabled people have their buddy system, etc. It's up to us to make sure that people know that we exist. Thank you.

03 : 27 : 19 – Col Pradeep Kapoor (Speaker) & Ananta Jain (Translator)

Thank you so much. That was a truly emotional appeal.

Thank you, Vaishnavi, the appeal made by Vaishnavi is based on personal experience. And the three speakers have spoken, they've given you different perspectives. The perspective of an administrator, or a person with the hands on experience is coming across very clearly, NGOs need to be involved. persons with disabilities need to be involved. And it's all up to us to decide at what stage and at what level, we start this involvement. Now, we've exceeded all our all our time, and this is now time for me to hand over to Anju Talukdar, who's a senior consultant with ncpedp. Over to you Anju.

03 : 28 : 24 – Anju Talukdar (Speaker) & Ananta Jain (Translator)

Thank you Col Kapoor, so we are we are quite over time. So we need to wrap up if we can, I think we can stretch this to another 10 minutes or so we have this last session where we should try and get some action points steps to be taken. Realistically, we've learned so much from the various resource persons on understanding disability, looking at the legal framework, also the various ideas and formulations and actions taken by state commissioners for disability in different states. We've taken a look at the Kerala model of the the **sdma** and of course, the work done by various NGOs. So now what this one conference realistically is the start of work in the future. So not to end here, but what are the things we can do what should be the way forward from this conference? We have just 10 minutes left. So, I would request you for some inputs, any suggestions on the way forward because some have already come through from some presentations, but to be concisely, if we could just have a few points that I would requested Col Kapoor

03 : 29 : 53 – Col Pradeep Kapoor (Speaker) & Ananta Jain (Translator)

Yes, Anju. I feel that disability sensitization and training are important. Now it This needs to be undertaken at all levels, whether the national level, state level district level and engage with persons with disabilities as well as with NGOs. joint training would be hugely beneficial and would result in developing mutual confidence. Between NGOs and the Disaster Management Authority. It would also lead to NGOs rendering on the spot advice to key persons of the authority. I think this needs to be examined properly, more in depth.

03 : 30 : 43 – Anju Talukdar (Speaker) & Ananta Jain (Translator)

Thank you, Col Kapoor. That's a very useful input. I request D Nakhro. Disability commission from Nagaland.

03 : 30 : 56 – D Nakhro (Speaker) & Ananta Jain (Translator)

Yeah. Yeah. I've already mentioned in my presentation, and all the others also, actually, most of the speakers also have already mentioned about partnerships with DPO's, NGOs in the disability sector and other civil organizations, you know, partnering with them to do whatever needs to get done in this disaster situations. So I'm sure all the other, you know, disability commissioners, as well as the NGOs, of course, would agree that a good partnership with persons with disabilities and their representative organizations and other NGOs in the disability sector is critical if we are to ensure disability inclusion. So for this partnership to really work, I think we need to draw up an effective system by which district and state level the disaster committees and disaster authorities can engage with persons with disabilities and their representative organizations during disasters, of course, and pre and post as well. So I think growing up a proper system whereby such a partnership can function effectively should be one of the priorities moving forward.

03 : 32 : 06 – Anju Talukdar (Speaker) & Ananta Jain (Translator)

Thank you so much. That's also very insightful input requests Narender Paul.

03 : 32 : 17 – Narender Paul (Speaker) & Ananta Jain (Translator)

Yeah Anjuji. I think I highlighted it during my presentation as well. I think the most crucially important part of the action, which is which is, which is the key I think, and there are already structures are in place, derived from National Disaster Management Act to the state Disaster Management Authority to the district interagency groups, or state interagency groups. The state Executive Committee, which is chaired by having the status as Management Authority, chaired by the Chief Minister, but State inter executive committee chaired by that chief secretaries in the state and there are four or five members, as far as by learning are there, I think if because it top down for right from center got into the state to the district to the globe to the panchayat or the bottom of the pyramid is, is the norm in that disaster. We have seen that during the COVID. So how, if it is possible to be state disability Commissioner, as a part of the state executive committee to flag the issues and concerns of people with disability, if not in the state executive committee if because State Education Committee is empowered to have a subcommittee as well, even in that subcommittee, not just limiting it to the nodal officer kind of responsibility. And then, but the mainstream framework of the disaster management, I think we are not far far away from achieving at least the framework and action part of inclusion of persons with disabilities is the mainstream development agenda, including disaster management, inclusive disaster management. Thank you.

03 : 34 : 11 – Anju Talukdar (Speaker) & Ananta Jain (Translator)

Thank you so much. Dr. Shruti Mohapatra

03 : 34 : 34 – Smitha Sadasivan (Speaker) & Ananta Jain (Translator)

So I would like to, actually, I have been observing all the conversations, all the presentations. And, of course, the state, the government and the disability commissioners have done a fabulous job. And at the lack of time, they have done a lot of efforts. Whereas There is also the other side where NGOs and the disability group have done a lot of work on the ground, and they have all the expertise and they have all the connection with the people at the ground. And so when we are asking for persons with disability, members of the state Disaster Management Committee and the district Disaster Management Committee, we can only engage only a few representatives to what they should do. On the other hand, it is not on the other hand parallelly, it could be done, like a larger consultation with all the disability groups at the state level and the district level should be conducted by the FEMA and the btme, in consultation or in engaging with the disability commissioner's office, so that everybody's views are taken, and everybody's expertise, everybody's input are taken, for example, I would just like to highlight

one incident where there was a person with multiple sclerosis, who's a wheelchair user, and whose case on third floor, and I keep a single person, and, you know, during the lockdown, her support person could not reach her. And so she was, though she had money, she was actually starving, without any support or getting buying her food, buy her bread, and milk. And it was Multiple Sclerosis Society of India Chennai chapter, which ran to her rescue, and they got her bread and milk from the neighborhood shop. And similarly, many people with multiple sclerosis were looking for diapers, which was actually distributed by the NGO. So you know, the NGO sector also has the disability groups have a vast experience with need to be acknowledged, and to be, you know, taken into consideration. And so a larger consultation with all the disability groups and NGOs should be done periodically, every three months or every four months. And it's not just whenever a pandemic or disaster struck, but, you know, it has to be periodic so that we pre plan and we are prepared for any kind of disaster. Thank you.

03 : 37 : 12 – Anju Talukdar (Speaker) & Ananta Jain (Translator)

Thank you so much. I think there were some very valuable distributors come in and they've been great recommendations from the different presentations, I think we'll take time to collect all of these and we will, I think ncpedp and the National core group on disaster management, that has worked together to to streamline the future actions. And we will engage with all the relevant authorities, especially with all the participants who are here today. All the officials, the authorities were here from the different stages, commissioners, of course, the dp, dp pwd and all the disaster management authorities. So we will take this work for this is the start and we will work together in collaboration to make sure that we make improvements in ensuring that there is disability inclusive, disaster risk reduction is as well as disaster management. And we are out of time. So I'm afraid we have to end this here. I'll just put it typically like to thank all people who have made this event possible. We're very special thanks to General bindle of the NIDM. The executive director of the NIDM is is although he had to regret because he because he's done with COVID. His his children and his his It is very encouraging that his his willingness to work on the issue of disability, inclusive disaster management. So we're very happy to have NIDM on board it'll be a big strength for the disability sector. Of course, thanks to the Office of the Chief Commissioner for persons with disabilities, the DPWD ministry for social justice and empowerment, we'll be working together to take forward what needs to be done. Many thanks to the National Disaster Response Force for central the participation and support thanks to a very special thanks to all the state commissioners for disability who have been present here today and given their valuable time and for the sincere efforts which we've seen in in reaching out to and ensuring relief and support for persons with disabilities. But grateful to all our resource persons Poonam Natrajan, rajiv Ratohi, Joe George, Vaishnavi Jayakumar, & resource persons and moderators from the core group. Col Kapoor, D Nakhro, Shruti Mohapatra, Smitha Sadasivan & Narender Paul. I'd like

to thank the DRF for making this conference possible with their support. Thank you to all the MDM members, and all all participants today. And thank you so much for giving us your time. Thank you to Kamal and his team for the technical support. And of course, thanks to the entire ncpedp team Ashifa, Priya, Niharika, Akshay, Rosie and of course Arman Ali first truly inspirational leadership. And last but not least, thanks to all members of the National core group on COVID and disaster Management. For all the time that you've devoted to this issue and the time that you will continue, I'm sure to go to the same show, it is a privilege to work with you all. Thank you all so much. And we will take this work forward and build back better. Thank you so much.

03 : 40 : 53 – Unknown (Speaker) & Ananta Jain (Translator)

ndrf is here, I just wanted to say that to include in our future plans, first responder training, that's the ndrf and you know, your medical personnel etc. in a hospital setup, because there are very specific needs of disabled people, whether it's, let's say a person who's got Agra phobia, or a person with autism, or mental illness or a person with spinal cord injury, you can't risk getting, you know, kind of hurt even more during a rescue. I really think ndrf and, you know, Fire and Rescue, and, you know, the hospital setups, need some training on that. That's it.

03 : 41 : 31 – Anju Talukdar (Speaker) & Sarah isl interpreter (Translator)

Okay. Thank you. Thank you very much. We thank you all, thank you, participants, and we will work together and all of us will engage together to make things better. Thank you so much.

Thank you. Thank you.

Okay, good. Bye. Bye.

Thank you.

Thank you. Bye. Bye.

Thank you. Thanks. Thank you.

Thank you. Bye. Anju Thank you. Bye. Bye. Thank you so much. Thanks to all the to our sign language interpreters. I'm so sorry, the most important I left your names out. Sarah and Ananta. Right. Thank you very much. Thank you super work and you really, you know, character time. we've extended this so long. You must be exhausted. Thank you very much indeed.