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THE AXIS OF DISRUPTION

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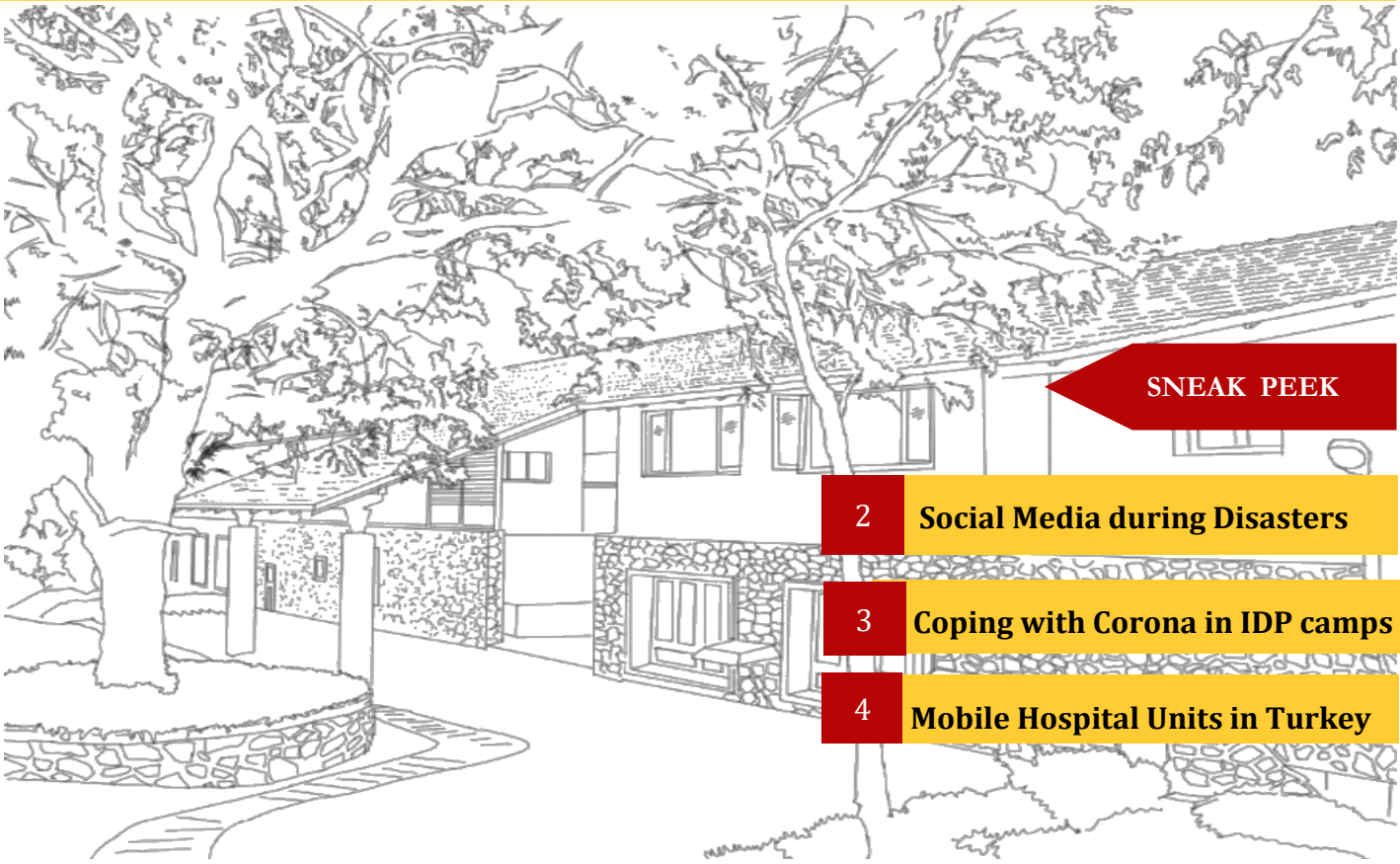


SNEAK PEEK

2 Social Media during Disasters

3 Coping with Corona in IDP camps

4 Mobile Hospital Units in Turkey

Public Health Emergencies like Covid-19 are not Gender-Neutral & Pandemic Response Cannot be Gender Blind

Lavanya Shanbhogue Arvind, Assistant Professor, TISS

Over the years, disaster research has revealed that disasters do not impact everybody equally. Existing social vulnerabilities get amplified in disaster contexts resulting in a disproportionate adverse impact of disasters on the poor and most vulnerable people. In this regard, gender becomes a key category of analysis, for research reveals that disaster mortality cannot be viewed in a gender-blind manner.

In 2005, the Indian Ocean Tsunami devastated more than 2,000 kilometres of the mainland coastline of India and caused large scale mortality and property loss. However, this disaster had differential gender impacts. A study commissioned by Oxfam America revealed that, of the disaster affected people, nearly seventy-five percent were women and children. This was because women and girl children did not possess life-saving survival skills such as swimming. Owing to various patriarchal impositions on modesty and other gender roles, clothing worn by women and girl children such as *sarees* and *dupattas* hindered their mobility. The above example is not a "one-off" case. The majority of deaths in the Nepal earthquake of 2015 were women because they were indoors while men were outdoors. In several cultures, women do not work outside their homes and in this case, it brought about their death or severe injury. Disaster intervention must therefore be cognizant of cultural diktats and practices. The gendered nature of natural disasters is not specific to the South Asian region. Even in the developed geographies such as the US, women become victims of disasters. Post Hurricane Katrina that hit the US Gulf Coast in 2005, more than eighty percent of the women were left behind in the city following the storm. Unable to access travel out of the storm-hit city of New Orleans and left with no resources in hand, they had to fend for themselves. Caste, class, ethnicity also add upon the vulnerability of women and plays a crucial role in access to relief, aid and recovery.

The ongoing Covid-19 crisis in India too reveals the ugly underbelly of our society. Men and women are not impacted equally and the disproportionate burden on women requires our attention. Public health emergencies like Covid-19 are not gender neutral and pandemic response cannot be gender blind. In India, almost 94% of total women workers are engaged in the informal sector, of which about 20% work in the urban centres. The informal or the unorganized sector is categorized by lack of regulation, social security, and labour protection. These women work as daily wage labourers, street hawkers and vendors, sanitation workers, domestic workers and other forms of care work in public health centres.

In these kinds of employment, there are no income guarantees and therefore women from female-headed households, widows, single mothers will be hardest hit during one of the most popular response to the pandemic- lockdown. Economic insecurity coupled with social location burdens such as caste, class, ethnicity and religious minority status will serve detrimental to women's health and well-being in these troubled times. Women in the informal sector will be the first to lose their jobs because there is no livelihood protection plans. Domestic workers are unlikely to be paid for the months that they do not work. Public health delivery systems in India are hierarchical in nature. Worldwide 67% of healthcare workers are women and are in the forefront of the contagion. In India, ayahs, ASHA (Accredited Social Health Activists) workers, community health workers and nurses are the least likely to be provided protective equipment such as masks or gloves.

> *I am an Emergency Health and Nutrition Programme Manager. I acquired new knowledge and skills on disaster management and humanitarian relief intervention in this programme. The DRR component of the Programme broadened my nderstanding on the importance of incorporating DRR as key element in future projects.*
>
> *-Ibrahim Boukari Issa, Mali, Cohort XIII*

Prior to the Covid phenomenon, ASHA workers in Karnataka were not paid for early 15 months and had to mobilize, protest and make demands to the state government before they received payments. Such situations would only be get aggravated at a time when there is a huge pandemic causing a major economic downturn. Further, news reports that are coming in reveal that there is a marked increase in domestic violence and that the National Commission of Women has, between 23rd to 30th March alone, received 58 complaints from women in distress. Being locked up in their houses with abusers is not to be taken lightly. The differential impacts of the lockdown on different vulnerable groups require critical interrogation and differential but robust policy response.

Social Media and Knowledge Dissemination during Disasters

By Soumyadev Banerjee, Programme Associate

Intensive scientific processes and technological innovation in present society has led to a cycle of knowledge production involving constant creation, re-production and accumulation. It is only natural that in recent years, experts across a plethora of disciplines have been made to question the nature of knowledge itself. Although there is ample research done to wrap one's head around this complexity, including theorizing the *'commodification of knowledge'*, exploring the idea of *'commercial knowledge'* vs.*'academic knowledge'*, and many more, one thing remains certain- the flow of information and knowledge in the digital age has drastically changed and has undergone different forms of representation. Thus, it is crucial to study the dissemination of knowledge with respect to the medium of dissemination and accessibility to the same, especially in times of crises we face globally.

The Canadian philosopher, Marshall McLuhan had famously foreseen with his 'the medium is the message', the need to focus on the medium of communication and information relay over the content. His work sheds light on a grave issue we face today- the recent surge of misinformation aided by Social Media platforms as we deal with this global disaster of magnanimous proportions. Although, Information Communications technology (ICT) and Social Media (SM) have conceptual differences on paper, there is an obvious convergence when they are applied as resources to make particular ends meet- in this case, a crisis response. The ICT and SM innovations promise a medium of free- floating and decentralized knowledge clusters that supposedly function autonomously under larger centralized systems. In contemporary times, Social Media and its highly interactive nature have orchestrated a network wherein information and knowledge flows in a non-hierarchical manner whilst upholding the universal principle of freedom of speech. However, the consequences reveal the fallacies such as lack of accountability or transparency with respect to the process of knowledge dissemination, especially in times of disasters, as it can influence the supply of resources to a place thereby decide the fate of an individual or entire community. It begs the question of whether it is possible to sanitize and 'oversee' knowledge dissemination through mediums that in itself require scrutiny and transparency, as evident through emerging popular terms like 'infodemic', and many more.

The recent waves of misinformation contradict the potential positive capabilities that SM and ICT hold in crisis responseas seenduring the earthquakes in Haiti and Nepal, the hurricane Sandy in the US or even the 2018 floods in Kerala, India. It is also a testament to the fact that there is a need for a more robust network of ICT and SM platforms that are accountable beyond crisis response; one that prioritises the accessibility of transparent and reliable knowledge, especially to the masses that are more susceptible to deceitful information which may aggravate existing vulnerabilities. Despite the formulation of content monitoring committees by the epicentres of such a network, primarily SM like Facebook, Twitter and WhatsApp (which is owned by Facebook), the risks of a monopolistic system of information surveillance and knowledge dissemination, especially in times of crises, cannot be ignored. In hindsight, the recent Oversight Committee instituted by Facebook is an encouraging step towards the larger crisis in hand.

Early Warning– Early Action: A window of opportunities for PRIOI Centre

By Agathe Bucherie, France, Cohort XII

Climate-driven disasters, and their associated economical, livelihood and lives costs are drastically increasing. With an attempt to reduce disaster impacts, the international community has stressed the importance to shift disaster management strategies from response to prevention and mitigation. Moving to a more 'anticipatory' approach is critical for humanitarian assistance to reduce disaster damages and losses amongst the most vulnerable people. Efforts in developing new approaches and tools to anticipate disasters is

key to help disaster risk units on the ground to take faster and more accurate decision during the short window of opportunity before a disaster strikes. The Red Cross Movement developed an approach, named Forecast-based Financing (FbF)[1], allowing the release of humanitarian funding for early action, taken based on meteorological forecast information, combined with risk analysis.

There is a need to translate the complex hydro-meteorological forecasting data commonly available to States into their possible impact associating it with social and physical vulnerability of the place, thereby translating it into science led interventions towards an early action. Bridging the gap between scientific hydro-meteorological information and humanitarian action, to reduce human suffering and losses from disasters, remains a challenge across the world and more so in developing and least developed countries.

My scientific background in hydrology and my current support to national societies with data preparedness activities for FbF, as part of the Netherland Red Cross[2], make this field of disaster management particularly relevant to me.

I took the opportunity to conduct my 4 weeks field practicum at the Indian Ocean Regional Intervention Platform of the French Red Cross[3] (PIROI). Based in Reunion Island, the PIROI Team is involved in disaster risk management activities in the south-west Indian Ocean since the year 2000, with a strong focus on disaster preparedness activities. Affected every year by a cyclone season from November to May, PIROI and partners' members are striving to improve their cyclone preparedness.

My mission consisted in paving the way to FbF for cyclones in the South-West Indian ocean, combining interviews, discussions, and data collection activities. I focused on understanding PIROI's disaster emergency operational procedure, needs for anticipatory information for decision making, and how data could improve their regional Early Warning and Early Actions (EWEA) strategy for cyclones. Some of the keylearning's and outputs from this preliminary study are presented below:

- The anticipated actions that can be taken upfront of a disaster by PIROI are mainly related to emergency response planning. Planning more precisely and in advance what response to send, in which quantity, and where to pre-position field coordinators and relief goods would increase PIROI's preparedness to cyclones.
- Sophisticated cyclone forecast models are available in the Indian Ocean. The presence of Meteo France, having the international mandate for cyclone prediction and monitoring in the West Indian Ocean is an asset for the region. Real-time prediction about the intensity of the cyclone and its trajectory are yet to be integrated and automatized into PIROI decision system.
- A data management strategy toward a homogeneous and comprehensive disaster data ecosystem has been initiated. Data need about all the risk components (vulnerability, hazard, and exposure), and real-time availability of PIROI stocks and volunteers has been identified to help take faster and more accurate early action.

Based on my experience it is clear to me that a plan of action toward an improved EWEA for cyclone regionally should start with the integration and translation of meteorological forecast information into cyclone severity levels, using historical cyclone data, for a pilot area. Future work should include the different preparedness and response scales PIROI is involved with, temporally and spatially.

[1]*Forecast-based-financing : www.forecast-based-financing.org/*
[2]*510 Global Team, an initiative of the Netherland Red Cross : www.510.global/*
[3]*PIROI Center : www.piroi.croix-rouge.fr/piroi/?lang=en*

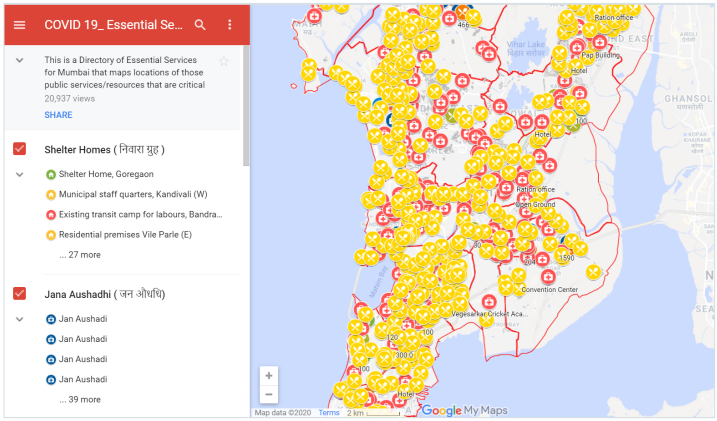
Coping with Corona Pandemic in IDP Camps in Rakhine, Myanmar

By Soe Mynt, Myanmar, Cohort XII

I am a humanitarian worker deployed in the Internally Displaced Persons (IDP) camps in the Western State of Rakhine, located in Myanmar. Through this article, I want to share my experience of the Corona Pandemic in these camps. Isolated from rest of the world, these camps were established to house sections of population who were displaced as a result of conflict between Rakhinese Buddhist and Rohingya Muslim communities in the region in 2012. Today, these camps are estimated to have half a million IDPs living in them.

Rakhine State, home to several powerful kingdoms in the past, is the second poorest state in the country today. It was under military control for over 5 decades and largely remained cut off/separated from the mainland. As a result, the region faces two critical issues- underdevelopment and poor law enforcement; which have led to social conflict and extreme disparity among the population. These sections of IDPs experience a sense of alienation and identity crisis as they remain stateless and struggle to assert their identity as 'Rohingyas'. The Myanmar government and majority of the population in the country refuse to accept this asserted identity as they claim a disconnect of the 'Rohingya' identity with the country's historical trajectory.

As the world grapples with containing the spread of corona virus, the pandemic is a serious concern for a small developing country like Myanmar which has limited resources to combat this situation. The threat of corona pandemic is a further challenge for the IDPs as it amplifies/accentuates their existing vulnerabilities. Two of the biggest challenges faced by them at the moment are access to reliable information and



Directory of Essential Services– A part of TISS COVID-19 response

To know of more on TISS COVID-19 response, follow us on: coronaresponse.tiss.edu/about/

adhering to the norms of social distancing.
The lack of access to affordable IT resources, television and radio set has contributed to misinformation in the camps about the pandemic, including ways to minimize its spread. Poor education level further complicates the matter as they rely on external sources for information.

It is evident that social distancing and limited social gatherings are critical measures to control the spread of virus. However, the camps are densely populated and confined to small physical spaces, with every long house comprising of 8 family rooms, each separated by a thin bamboo mesh. It is, therefore, extremely difficult to adhere to the practice of social distancing and take precaution at a personal level.

With the government having limited capacity and resources to deal with the Corona situation, the role of humanitarian organizations and the UN agencies is ever more critical now. Complying with the WHO guidelines to maintain social distance and avoid social gathering, most humanitarian organizations have revised their work plans and implemented new approaches for ongoing projects. Organizations have suspended projects, and also limited operations to only essential life-saving activities. This has led to reduced incomes for those working in the projects. These circumstances have created uncertainty among the IDPs, adding to the emotional trauma of displacement and anxiety about a precarious future.

Therefore, it is very crucial, especially in this monsoon period, that the government and humanitarian partners works together to prevent the spread of corona virus and enhance the capacity of coping mechanisms of IDP through well defined strategy and committed technical, materials and human resources.

Role of Mobile Hospital Units during Corona Pandemic in Turkey

By Mustafa Altunsoy, Turkey, Cohort XIII

The World Health Organization (WHO) announced the Covid-19 outbreak as a Pandemic, leaving the whole world to speculate the adequeacy of global healthcare services in treating affected population. The sudden outbreak of the pandemic subsequently created severe shortage of hospital beds and Intensive Care Units (ICUs) in many countries, especially developing nations, which are characterized by poor health infrastructure in dealing with a crisis of this magnitude. It called for urgent action to be taken by governments across the world to control the spread of the disease as well as to administer treatment to patients.

In a crisis like this, establishing a conventional hospital take much longer than the desired response time to address the pandemic; and timely delivery of emergency services is a key factor for effective disaster response. Under these circumstances, Mobile Hospital facilities have proved to be a critical resource to minimize this disaster impact in Turkey. These units are easy and quick to set up, with minimal requirement of a flat surface, a consistent water and supply, and a drainage outlet. Such units are equipped with

Mobile Hospital Unit in Turkey

its own electricity generators and waste disposal system. The installed waste disposal system can be integrated with the city source to lower the cost of waste disposal.

These units can be established within 3 days and can easily be transported from one affected area to another. The mobile units are versatile in use as they can serve as a damage control surgery hospital, outpatient hospital or even a quarantine hospital during both natural disasters, man-made disasters (military operations) as well as for any other humanitarian aid. These played a critical role during the Turkey Earthquake in 2011 as well as during Turkish Military operations and humanitarian aid in Syria. During this Pandemic, approximately 41 PCR tests were performed for militiary personnel.

Three Mobile Hospital Units were deployed by the Military to serve as quarantine centres right in the beginning of the outbreak in Turkey and later with decrease in number of cases, were tranformed into Outpatient Clinics. It allowed Turkey's primary healthcare system to focus on Corona patients and relieved from the additional burden of attending to patients needing medical help for other illnesses. The gradual improvement of the situation in Turkey has now put the units in stand-by till needed again.

भविष्य की पुनर्कल्पना RE-IMAGINING FUTURES
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