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A man-made, so called natural disaster and resiliency of hill community: Himalayan tsunami in India

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ABSTRACT

Disaster intervention is an empowering process to reduce vulnerability, thus building resiliency among survivors. Empowerment is an outcome of capability that is derived by altering the situation and enhancing functionality of the individuals. Any disaster causes number of disabling impacts among the survivors. The psychosocial impact is one of the most damaging consequences of any disaster that restricts the holistic recovery. Psychosocial intervention is a cross-cutting theme recommended by international guidelines on disaster intervention for building resiliency. Among the survivors resiliency as the capacity to bounce back in a positive way after any severe disaster is built through psychosocial interventions. Natural disasters are typically understood by nature's fury, but exploitative human engagement with nature is emerging as a major concern that is often causing man-made but natural disaster like Himalayan Tsunami in India in 2013. Typically this disaster attracted huge attention due to presence of large number of pilgrim who had to be rescued on war footage. An intervention to promote resiliency among the survivors at individual, family and community levels that firmly encouraged community participation and develop innate capability of the survivors. Through capacity building of the local staffs and volunteers the programs reach-out to the remote locations of hilly trench and thrust up on holistic recovery.

Keywords: Himalayan Tsunami; empowerment; capability; psychosocial support; resiliency building.

Introduction

India is called as a theater of disasters, considering the wide variation in its geographical locations, climate, culture, socio-economic practices, political realities that cause different patterns of vulnerabilities. Dealing with disaster vulnerability is a wider topic with different dimensions but, bridging the gap between the pre and post disaster situation depends a lot on the resiliency building of the survivors at individual, family and community levels.

The resiliency of the disaster survivors is also being supported by number of favorable or unfavorable conditions and life events. These live conditions of human engagements are not just a natural outcome of socio-political or economic condition rather they are being designed and implemented. The human engagements with nature towards an exploitative end lead to damaging environmental consequences often lead

to disaster. While, it is proved that there is no disaster without human engagement or human action (Steinberg 2000), the human interference as the causative factor of any disaster also need to be understood in a particular context of a disaster to focus on resiliency building of the survivors. Floods in Uttarakhand state of India is termed as Himalayan Tsunami has crucial socio-economic dimensions as the causative factor of the disaster can be explained due to exploitative human engagement with the nature. The local survivors of this disaster being a hill community, has traditionally being recognized as highly resilient due to very challenging living condition and harsh realities in their everyday life, that includes, extreme climatic condition, traveling or walking through hilly trench, limited livelihood opportunities etc. This chapter explored the typical feature of the disaster. i.e. Himalayan Tsunami (2013) and the important considerations in the revival of the lives of the survivors by enhancing resiliency through psychosocial support (PSS) programme from the initial days by strengthening capabilities of the local survivors at the individual, family, and community level programming.

Disaster and Empowerment

The impacts of a severe disaster cause a threat to the equilibrium of society and impose new challenge in sustaining life for the survivors. Working with the survivors become a process of empowerment to deal with the various impacts due to disaster, and thereby reaffirming human dignity, human rights, social security, facilitating participation, strengthening resource base and holistic recovery. World Health Organization defined disaster as an "event that causes severe

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disruption of ecological and psycho-social balance which greatly exceeds the coping capacity of affected community" (WHO 1992). Thus, strengthening the coping ability and resiliency building become part of empowerment process of the survivors. Barker (2003) defined empowerment as "the process of helping individuals, families, groups, and communities to increase their personal, interpersonal, socio-economic, and political strength and to develop influence towards improving their circumstances" (p.142). In disaster intervention empowerment focused practice mean to develop the capacity of the survivors to understand their environment, make choice, take responsibilities for their choice and influence their life situations through adequate organizational development and advocacy, as described by Zastrow (2010) in the context of social work practice. The empowerment focused practice for disaster intervention is broadly associated with strength based perspective given by Saleebey (1997). The strength based perspective described five important principles that are crucial for working with the survivors of disaster and ensuring a community based rehabilitation planning. (I) Every individual, family and community has strength, implies that the internal strength, cultural heritage, traditional knowledge, may it be even after a disaster. (II) Trauma, abuse, illness and struggle can be injurious, but they also can be source of challenge and opportunity. (III) There is innate capacity of the survivors to visualize the change and bring better developmental opportunities for themselves. (IV) Collaborate with the client to ensure an equal footage as a stakeholder in the process of intervention. (V) "Every environment is full of resources" (Zastrow 2010, 73). The strength perspective believes in internal existing strength that can be put into practice for the best outcome. Even after a severe disaster people have their inner strength to rebuild their lives. The "survivors respond to the active interest and concern" (Sekar, Dave, et al. 2002, 12) and thus, the survival spirit of positive drive leads to resiliency among the survivors. Further a disaster intervention ideally develop a disaster preparedness approach towards the end, following the cycle of disaster, over arched by a development circle (J. P. Diaz 2004) and thereby inculcate resiliency among the survivors to deal with future disaster or crisis situation. In this process of disaster intervention, psychosocial support is a crucial component for developing resiliency and various international guidelines recommended psychosocial support as most essential cross-cutting interventions in disaster recovery (The Sphere project 2011, Inter Agency Standing Committee (IASC) 2007).

Psychosocial Support and Resiliency Building

Psychosocial refers to the dynamic relationship between the psychological (i.e. internal, emotional, though process) and social dimension (i.e. relationship, family, net-works in community) of a person, where the one influences the other (Hansen 2008, 184). The Psychosocial Framework of 2005 – 2007 of the International Federation defines psychosocial support as "a process of facilitating resilience within individuals, families and communities thus, enabling families to bounce back from the impact of crises and helping them to build capacity to deal with such events in the future. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure" (International Federation of Red Cross 2005). Psychosocial care is "broad range of community-based interventions that promote the restoration of social cohesion and infrastructure, as well as the independence and dignity of individuals and

groups. Psychosocial care fosters resilience in survivors and the community, and serves to prevent pathological developments and further social dislocation" (Aarts 2000). The Psychosocial Working Group (2003) suggests that the psychosocial well-being of individuals and communities is best defined with respect to three core domains, i.e. human capacity, social ecology, culture and values.

PSS for resiliency building is an effort of building capability (Sen 1999) and well-being for the survivors to ensure a holistic sense of recovery considering the distinctive aspect of activities mentioned by Martha Nussbaum (2011). Capability refers to the feasible alternative combinations of functioning. The best possible combination of functioning helps to achieve the capability and enhance well-being. Through ten distinctive activities like, good health, use of senses, planning one's own life , control over environment Nussbaum (2011) explained the capability could be strengthened that become effective indicators for well-being and enhanced resiliency among the survivors of disasters.

Methods

The author adapted community based participatory research methodology (Padgett 2008) as he was involved in the intervention from the very initial days through the local NGOs and initiated the psychosocial support programme (PSP) by undertaking a participatory assessment of the situation by interacting with the survivors living on the relief camps and in the villages and communities in the affected areas. Further, from the reports of the trained staffs, volunteers and repeated visits, regular meetings the community empowerment approach was implemented as per the design of the programme. Through the first hand experience and available records the research is conducted over a period of last two years.

Background of Uttarakhand Disaster

The article focused on the psychosocial impact of the disaster and program for resiliency building among the local survivors of disaster. The Himalayan Tsunami caused havoc on the hill state of India, Uttarakhand in 2013 following continuous rain, cloud blast and severe flooding, landslides on 15th and 16th June 2013. The typical feature of this disaster emerges as there were local dwellers who became survivors and also a lot of survivors who came from all over India for the purpose of pilgrimage. The hilly regions affected by the disaster are the holy places for Hindus and thus a popular pilgrim destination for six month, during summer from May to October every year. These places attract a huge number of pilgrims of almost 250,000 per year from across the country and abroad. There are four holy Hindu shrines and one Sikh shrine that are located in the very high altitude spread over 107 Kilometer stretch and the road distance is much higher due to hilly trench. The local villagers around these shrines and the villagers on the way to these shrines are mainly dependent for livelihood on the pilgrimage, known as 'chardham yatra'. 'Chardham' is four holy shrine of Hindu – i.e. Gangotri, Yamunotri, Kedarnath and Badrinath. Uttarakhand is also known as 'devbhumi' i.e. land of God.

As the disaster stuck the region and the destruction, death unfolded over the next few days, it became priority that the pilgrims need to be evacuated immediately. Thus, initial two weeks spend by the rescue workers (Indian Army and Air Force) to evacuate the pilgrims and bringing them to safety. This was a mammoth task as the roads were destroyed in many

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places, airlifting and tracking were the options left (Datt 2013, 25 June). At the same time local people felt completely ignored. Times of India reported on 4th July 2013 (Mathur 2013) about anger, and frustration expressed by the local people, "the people who live in Badrinath have lost their livelihoods. The government has only focused its energies on evacuating pilgrims. It is as if the local population does not exist. People here have run out of supplies and there are children who are missing school because they are marooned in Badrinath." While the pilgrim rescued and send out of the state the local situation, difficulties of the survivors become visible. For the local communities, the disaster was a huge economic and social cost, as most of the economic activities of the region are dependent on these seasonal pilgrimage activities. Therefore, the local people from all around the Uttarakhand state come in these pilgrimage routes for various business options like, working as guide, in transport job, carrying the pilgrim by tracking, running hotels, food stalls, performing various religious activities etc. During the six month of the 'chardham yatra' the small towns, hamlets and roads throughout the route of these shrines become overcrowded. To support this huge in-flow of population and also to boost the economic growth of the hill state, the tourism industry has been promoted and the number of pilgrim increased every year. Various reports and environmentalists considered the Uttarakhand Flood as man-made natural disaster. This disaster over vast area of 38,000 square kilometer have multiple variables like, hill, forest, glacier, river, loose soil, and people and thus a very complex geological condition (Thakkar 2013) with equal amount of complexity in human engagement and movement that happened due to unplanned development. The area affected by the flood is also considered as eco-sensitive zone which supposed to have ban on the construction of hotels, resorts, hydro power projects etc. But the local development was always prioritized. Thus, Uttarakhand tragedy is called as man-made disaster (Dhar 2013, Kumar 2013).

Impact of the Disaster

The hill community is considered to be resilient, because of regular struggle in living in the hilly terrain and other form of difficulties in communication and livelihood that they usually encounter. But this disaster caused huge damage and the conditions of survivors can be better explained in four categories. First, the local survivors of villages, towns and settlements which were washed away partially or completely in the flood, located in the valley of the flooded rivers. Most of these survivors lost their family members, home, belongings and shifted to the house of their relatives or neighbors or took shelter in the relief camps set up in the schools, hospital ground or in other common public places. Second, the villages, town and settlements which were not directly affected by flood but one or more member from the village was confirmed dead or reported missing, as they were working in the disaster affected areas for livelihood activities during the pilgrim season. Similarly, there were local people who lost their shops, hotels or other livelihood engagements but the villages were not flooded. Third, the survivors who lost their family members in the disaster and they are spread all over India. This category includes the pilgrim who suffered or lost their relatives. Fourth, the local people who are living in utter threat because of dangerous landslide in the nearby areas and the situation is such that they are on the verge of losing their houses and property. In such a situation, they had left their resident and took shelter with relatives or in relief camp. These houses were located on the river side on the strife clef of the hills and the lower portion of the hill was washed out. So it was almost sure that these houses will be falling down within days or in the next rainy season.

The challenge to reach out to the survivors was huge due to scattered hilly geographical location and continued bad weather condition. Beyond the damage and loss of materialistic belongings the invisible psychosocial impact of the disaster was the focus for resiliency building activities to ensure normalcy. The survivors described the disaster as one of the unprecedented as flooding, heavy rain, and landslides is common but not of such scale of water upsurge suddenly and severe water current that no human made construction can withstand thus, left the whole community in a state of shock that they had no time to react. There was an intense fear with rain with the sound of flowing river, and associated stress reactions of marked sleep disturbance, fearful dream, somatic reactions of aches and pain, inability to rest and concentrate etc. Survivors who have lost their house and temporarily stayed in relief campus, reported feeling of hopelessness, confusion, inability to take any decision or think about future action and expressed deep sense of being betrayed by nature (Bhadra 2013, Channaveerachari, et al. 2015). Not just the disaster rather the subsequent live events and the chaos that follows in the aftermath are the bigger challenge for the survivors (Bhadra 2006). Gender plays an important role in experiencing stress, specifically while the female were concerned about daily struggle of getting food and care for the children, male members were trying hard to get the basic relief supplies and restore livelihood options. One of the survivors said "I feel like crying but I cannot even cry in front of anyone". Another man explained, "I am avoiding staying at the house of relative, where my parents and family is staying, as I know it is difficult to stay in someone else's house, but I have no answer". The villages which were not affected by the floods, had lost some of their male earning members and the young high school going boys who went with their father or elder brother to earn maximum during the pilgrim season. In these widely scattered villages reports of missing person was high than confirmed dead till government declare the missing person as dead in September 2013 (Euttaranchal 2013). In a village named Sarkot, located far from the flood affected region, a family of 7 lost two earning male members, who were reported missing from Kedarnath town. At home the aged mother was living with her two daughter-in-laws and young grand children. The situation was such that they were unable to talk to each other and daily routine was completely disturbed. The villagers were supporting the family. This same village had another five missing members and their families were in utter crisis. Baddasu is a village in Rudraprayag district with 90 families had lost 23 members. The elderly people were found to have higher psychological stress due to difficulty and inability to assess the services subsequently (Chandran, et al. 2015). There are reports that the actual number of death and missing will remain unknown as people from remote area, even from Nepal usually come to work during pilgrim season and no records of the same will ever appear. Overall it was estimated around 5700 people were missing and altogether the death was about 10000 (HT Correspondents 2013).

Psychosocial Support and Resiliency Building

The damage of the psychosocial condition of the individuals, families and communities was deep rooted in the socio-cultural situation and recovery was dependent on

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facilitating adjustment leading to strengthening resiliency among the local survivors. Thus, facilitating attachment, familiarity, and identity in living after the disaster with hope and active engagement in recovery process was considered as key for psychosocial resiliency building activities. PSP was considered as the base for all other interventions like livelihood, microfinance, engagement of women in self-help group (SHG), rebuilding houses, disaster preparedness activities etc.

The psychosocial resiliency building was initiated immediately after the disaster with the local organization through a Delhi based NGO Discipleship Center. Gradually the programme designed to achieve the objectives like, capacity building of the staffs and community volunteers to facilitate psychosocial recovery through various community mobilization activities in the affected villages and specifically developing 'sense of place' (Fullilove 1996) among the survivors. The psychosocial situation clearly showed a wide psychological vulnerability among the survivors. Therefore, capacity building for PSS was initiated for the local staffs and community volunteers. These community volunteers were part of the NGO activities through various livelihood and microfinance programme. Most of these volunteers and staffs were also affected by the disaster and thus, were survivors too. Some of them lost their close relatives, business, land and house in the disaster. Thus, capacity building workshop was designed to be most participative and to encourage sharing of traumatic disaster experiences that, better learning and replication of the skills in practice can be ensured while working with the survivors. Further, a cascading model was designed that the skills could be transferred through the master trainer to the community level volunteers. The capacity programme support was based on the Sphere Project (2011), IASC-MHPSS guidelines (2007), and NIMHANS manuals (Sekar, Bhadra, et al. 2005) developed by the author. In the skill based capacity building programme the participants learned about the basic psychosocial difficulties that the survivors face after a disaster, the stress reactions in body and mind that prevents them from being actively engaged in the process of recovery, the ways of working together by using basic psychosocial techniques and by designing the interventions to build resiliency at the individual, family and community levels. For PSP the components of resiliency within the emotional context become very essential that facilitates the recovery process. Resiliency is understood, a person's ability to cope with challenges and difficulties, and to recover quickly, often described as the ability to 'bounce back' (Hansen 2008, 185) . "The ability to spring back from and successfully adapt to adversity is resiliency" (Henderson 2012). "Resiliency is the capacity to transform oneself in positive way after a difficult event" (Annan, et al. 2003) and in other wards resiliency is increased or enhanced ability to cope with difficult situations. The components of resiliency (Table No.-1) that worked out for the local survivors of Uttarakhand disaster was thus designed and planned through capacity building and further in the process implementation.

While any disaster erodes the traditional support mechanisms, destroy the equilibrium in regular functioning, and the impact exceeds the coping ability of the survivors and communities, it become necessary to encourage normalization, developing positive coping and rebuild the social support mechanisms at three levels. Through different activities the participants discussed and outlined the interventions strategies for resiliency building.

Table 1: Components of resiliency in PSS intervention

Individual Level	Family Level	Community Level
• Expressing self and traumatic experiences • Establishing trusting relationships • Adapting positive coping & Life style • Working with others in group • Taking initiatives • Show pro-social behavior (voluntarism) • Accepting the reality to build next	• Reunite to the family routine • Accepting and sharing responsibilities • Account the loss and accept • Regaining confidence to deal with stressful events • Establishing family spiritual practices • Be part of community networks	• Developing neighbourhood groups • Establishing community networks • Functional institutions • Care and support provisions for the vulnerable families • Identification and Use of community resources • Developing community participatory frame for other inter-sector interventions

Table-2: Intervention strategies for resiliency building

Individual level intervention	For group intervention	Community intervention
• Establishing rapport/ keeping close contact • Facilitating active interest in daily life • Establishing trusting relationship • Making home visits • Creating interest to live with hope, positive outlook • Encouraging spiritual practice • Encourage joining in groups, SHG • Facilitating participation recreational activities • Facilitating livelihood support and initiatives • Encouraging self-employment and dignity and confidence among vulnerable women.	• Vulnerability mapping and indentifying the families with problems. • Organizing volunteers for relief camp activities • Working with volunteers for relief distribution and basic data collection • Encouraging the families to be together • Group meeting with families for livelihood • Developing SHG for emotional, financial support • Groups for women, elderly, youths for various recreation activity, prayers and religious activities • Developing neighborhood groups with engagement of volunteers	• Establishing contact with net-work of families • Identifying community volunteers • Developing Community Committee as representative group • Holding community meeting, discussion • Organizing community events for cultural programme, religious prayer, folk dance etc. • Starting village library • Tree plantation on Hills • Displaying information about Government help and PSS, disaster preparedness. • Identifying problem to take action, especially for vulnerable families.

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To achieve goal "recovery and rehabilitation of the survivors through psychosocial support by strengthening positive coping and building community resiliency" there are series of activities planned with the survivors. The trained staffs and volunteers made repeated home visit of the survivors as they could express worries and start realizing the situation to look for immediate future options. There was regular follow-up, discussion, and handholding with the trained workers in this process to identify the stress reactions, facilitating ventilation (expression of traumatic experiences of disaster) and help the survivors to join in the community activities. During the initial days the worker conducted psychosocial vulnerability mapping, visited the vulnerable families (families with deaths and missing persons, huge business, financial loss) and individuals (widowed women, aged persons, people who lost their close kith and keen- father, brother, son) to encourage better adjustment and mobilize support for them through other service providing agencies that included practical help like, filling up forms for compensation, food supplies, other materials supplies, organizing relief camp activities etc.

Developing a community participatory model became simultaneously important to encourage the survivors to join in the rebuilding activities. In the community with the participation of the volunteers and community leaders a representative community committee is being developed so the stakeholder ship of the survivor community could be strengthened in the recovery process. Further various 'resolution activities' are orgaised like group prayer, folk drama on religious stories, cultural events, traditional dance and songs, cooking and having food together, that the people could join and get back to normalcy. 'Resolution activities' mean these activities in-small scale that encourage participation and interaction among the familiar people to develop group bonding, establishing and recognizing neighborhood net-works and accepting the changes for betterment. Uttarakhand is having a very strong religion faith and spiritual identity that play an important role in recovery and such activities of community prayers put the community together by following the traditional value and cultural practices.

In community 'sense of place' activities are designed to encourage the problem solving abilities of the survivors, through designing an activity thereby identifying an issue that the community would like to work together. The activity may be related to developing a park for the children, a library for the kids in the school, a community programme of tree plantation to prevent landslides, making stair case on hill to reach to the school or temple quickly etc. Here, the community people mobilize the resources, encourage maximum voluntary participation and implement and evaluate the programme. The organization take the role as facilitator that the survivor community could ensure such activities that help them to re-establish the attachment, familiarity and identity thus encourage capability and building resiliency.

Similar psychosocial programme was carried out in the Tsunami intervention project in Kanyakumari district of Tamilnadu state of south India, showed a considerable change in the adjustment and raising well-being of the survivors. The projects lead to the expected outcome of developing better functioning communities with safe healthy, competent individuals and families (Bhadra 2013). The grasping of the innate capital existing in the community and respecting the community's own notions of well-being and resilience assisted the projects in reaching their goals. Building resilience in terms of community capital addressed the need to make disaster mitigation, preparedness, response, and recovery efforts more appealing to project partners and the stakeholders (Bhadra and Pulla 2014, 114).

Conclusion

Resiliency building is an outcome of combination of activities for enhancing well-being and capability of the survivors that has a firm base on the participatory mechanisms and utilization of community resources for rejuvenating life of the survivors. Resiliency building through psychosocial support intervention thus actually empower the individual survivors, families and communities while the programme builds internal resources and stakeholder ship of the survivors also reduce dependency on the external agencies. Disaster often gives the opportunity for 'build it better' and make the victim (survivors) finally to become victor of the situation, while resiliency is in the core of the intervention strategy. An effectively designed psychosocial support programme focusing on holistic recovery become crucial for the survivors as it is described in Uttarakhand disaster, but, the intervention did not address the need of the survivors who were pilgrim scattered all over India. Every disaster is unique but the bottom-line is about building resiliency to hasten recovery.

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