

## **Climate change and its impact of persons affected by leprosy and other disabilities – case study from India.**

### **Introduction**

This evidence is submitted by The Leprosy Mission England and Wales (TLMEW) and the Leprosy Mission Trust India (TLMTI) and it has not been published before. TLMEW is an international organisation based in the UK which works with people affected by leprosy via partner organisations in 10 countries in Asia and Africa and one of our partner organisations is the Leprosy Mission Trust India (TLMTI). In our projects we concentrate on healthcare, community-based rehabilitation, prevention of disability, advocacy, capacity building, education, stigma reduction and on disaster response and preparedness, including climate change and its impacts on marginalised people.

This evidence is a response to the International Development Committee (IDC) launching the climate change inquiry, ahead of COP26 in November. As data shows that developing countries are disproportionately affected by the impact of climate change and the World Bank suggested that Sub-Saharan Africa and South Asia are among the region's most vulnerable to climate change, we are hereby submitting evidence from one of the South Asian countries affected: India.

Like many other parts in the world, climate change has hit hard one of the most ecologically sensitive regions in the world—[Sundarbans](#): The Sundarbans is a cluster of low-lying islands in the Bay of Bengal, spread across India and Bangladesh, famous for its unique mangrove forests. This active delta region is among the largest in the world, measuring about 40,000 sq km. The Sundarbans forest is about 10,000 sq km across India and Bangladesh, of which 40% lies in India. It is home to some of the poorest people in the world who have low levels of socio-economic indicators. Food insecurity and poverty are rampant in among 7.5 million people who call this place home.

### **Impact of a recent natural disaster**

Sundarbans has seen many manifestations of climate change: more frequent and intense cyclones and storms and losing of forestlands and homes to rising water level. The super cyclone, Amphan, which hit India, Bangladesh and Sri Lanka in May 2020, wreaked havoc in West Bengal—a state in eastern India—causing over US\$13 billion of damage in the state alone. It was the costliest cyclone ever recorded in the North Indian Ocean.

The devastation was acute in the Sundarbans region, which covers two districts of West Bengal. The super cyclone swept away bridges, damaged hundreds of houses and rendered thousands homeless—all in a matter of few hours. Health services were also severely affected and rendered inoperative. Many families, who were made homeless by the storm, sought refuge in cyclone shelters. It increased risk of community transmission of COVID-19 infection.

When The Leprosy Mission Trust India (TLMTI) hit the ground with the help of a network of local NGOs, it realised the scale of devastation. The storm had not only damaged the communication links such as mobile phone towers and bridges, but destroyed at least 563 public health centres, 5,142 sub-centres and 12,678 integrated child development centres. Getting access to clean portable water became a challenge with 1,192 pipe water points getting damaged due to the storm. Moreover, extensive damages to thousands of hectares of agricultural lands due to inundation, caused severe crop loss.

## **The Government's response**

Besides announcing an immediate relief of Rs. 1000 crore (£ 96,340,000), the Central Government of India deployed National Disaster Response Force (NDRF) and State Disaster Response Force (SDRF) teams for rescue and evacuation. The state government restored power supplies in the affected areas and repaired 240 out of 273 damaged electrical sub-stations. Drinking water supplies and drainage were restored by the line departments. The state government mobilised support for the restoration of other essential infrastructure and services.

## **TLMTI's bottom-up and inclusive approach towards rehabilitation**

TLMTI, through its unit Premananda Memorial Leprosy Hospital in Kolkata, carried out the relief work, which included both, medical and non-medical support, collectively reaching out to 10,590 people. But before that, two important exercises were conducted. Firstly, door-to-door survey was undertaken to ensure that no household having an individual with leprosy and disability is left out. This helped in identifying people in need of relief and planning activities. Secondly, the team of volunteers—who are primarily those affected with disabilities or other forms of marginalisation—consulted key community members to select the most vulnerable among the beneficiaries identified.

To ensure that that disability-inclusive disaster response strategy is true in its spirit, the team adopted a two-fold approach: 1) organising disability assessment sessions for local population and making provision for assistive devices, 2) organising such sessions and other health camps in buildings that are easy to access for people with disabilities. Those accessible centres also opened doors for the elderly and pregnant women. Disability assessment camps were organised in 25 places, leading to the assessment of 582 persons with disabilities. Among them, 146 individuals were provided aids and appliances. Besides distributing food and hygiene kits, the TLMTI team also helped repair homes of 120 people with leprosy and other disabilities.

## **Lessons learnt**

Making use of local community as volunteers help identify the most vulnerable households, enabling the intervention to reach out to those who usually get left out. It also leads to speedy implementation of an intervention.

As a preparatory and preventive strategy, disaster-prone areas not only need to do mapping of people with leprosy and other disabilities for quick response in case disaster strikes, but also make those individuals aware of their rights and entitlements.

The disaster response mechanism is more effective when it is a blend of top-down and bottom-up approach. The national and state level law and policy, disaster management plans, and government's disaster response infrastructure and apparatus need to be complemented with personal awareness and preparedness within households, awareness raising campaigns by NGOs and community-based organisations, and volunteers-based community response efforts.

## **Final thoughts**

As the IDC chair, Sarah Champion MP declared, richer countries have an obligation to support developing nations adapt to a warmer climate and mitigate the risks.

The evidence we are submitting here is meant to support the IDC inquiry to interrogate what the UK Government has done so far to ensure climate justice is intertwined in its development strategy, and what more can be done ahead of COP26.

**Evidence submitted on 10 May 2021.**