A Visit to a Flood Shelter in Dhaka City

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Introduction

The 1998 flood has been one of the most disastrous calamities of this century. The colossal flood with longest duration has submerged two-thirds of Bangladesh. The loss of crops, assets and lives has been massive. Millions of people were marooned, became homeless and had to take shelter on roads, embankments, and rooftops, inside schools, madrashas and private houses. Now questions have been raised as to whether the victims in temporary shelters had adequate relief, medical care and other facilities? What problems did they face?

To investigate the above questions the Research and Evaluation Division of BRAC has initiated a series of studies. The present one is a quick study carried out in one of the shelters of Dhaka City. Data were collected in mid September 1998 from two sources of a shelter through informal interviews. These were i) the victims (four married couples as well as four single females and two males), and ii) school teachers (two male key-informants). Physical facilities of the shelter and living conditions of the dwellers were also observed.

The Shelter

The ground and first floors of a 4-storied High School building with easy access was used for the shelter. People started coming to it from 25th of July 1998. The shelter was extremely crowded with over 1,200 distressed people mostly women and children. It was, however, protected by boundary walls, collapsible gate and security guards. The Headmaster including some enthusiastic teachers of the school in cooperation with the local government representatives oversaw the shelter dwellers.

People from different occupations, particularly part time maid-servants (*Buas*) took refuge in the shelter. Some garment and cottage industry workers, small traders and rickshaw-pullers were also there. Most of the victims were residents of slums, which were inundated compelling them to take refuge. They had no problems in accessing the shelter.

The shelter dwellers used water supply, sanitary latrines and electrical devices including ceiling fans, which belonged to the school. Due to massive and often improper use, many furniture and fixtures of the shelter, fittings of toilets and accessories of water supply were either broken or frequently went out of order. The school teachers reported that many of the fittings and fixtures were also stolen. They apprehended that lack of funds might make it difficult to repair or replace many of those school properties in the near future.

Both men and women had to use the same toilets. This created a problem for women especially for the pregnant women. The surroundings of the toilets became dirty and unhygienic as the children defaecated anywhere. Young children were crawling and playing in the dirt, mostly unattended, risking their health. Although the school authority got some bleaching powder from the municipality, the stock ran out quickly.

Loss of assets and income

They were able to bring most of their portable belongings, but failed to bring furniture and other heavy items. "We are unaware about the situation of the materials left behind." Most of the interviewees lost wages for being absent from work for about a month or so. In many cases, the employers asked them to leave the work places, as those were flooded. Even the small traders on the footpaths and rickshaw pullers could not work for many days. On the contrary, many maid-servants (*Buas*) continued their work.

One of the women lost 150 takas by accident while moving to the shelter. She explained, "While preparing to come to the shelter I kept the money inside the folding of my bed sheet, when unfolded it in the evening to make my bed, I did not find the money." Interestingly, this lady lost two kgs of rice on another occasion. She narrated, "I received two kgs of rice for relief. Leaving the rice at my place, I along with my small baby, went out to mobilise more assistance. On return, I found my rice was stolen away." These incidents distressed her enormously. No other informants experienced anything similar.

Coping with the situation

The people at the shelter received relief goods such as rice, wheat, chapati, chira, molasses, ORS packets and so on. Relief came from different sources on different days but not everyday. The quantity of rice or wheat typically was two kgs each time per household. The relief providers did not consider individual family needs. Therefore, the amount was inadequate for many large families. One member of such a family complained, "such meagre amount of food seems to be inadequate to keep us fed."

Most recipients were unaware of the specific sources of the relief goods, and thought that it was coming only from the government. However, the key-informants were much aware of the specific sources of relief. They said, "Both the government as well as the NGOs and private agencies provided relief." They mentioned BRAC as well. One dweller explained, "Relief items and their volumes do not meet our daily requirements. For instance, only rice or wheat is not enough for a meal. Other items like salt, spices, vegetables are required to prepare meals but those not provided."

No distress sale was reported then. But they felt that they might need to sell their valuables when they would start to settle back. Besides, when relief was not available they were to manage food on their own. In such situations, those who were unable to afford, starved. Some mentioned spending from their savings, while some borrowed from well-off relatives. They were very concerned on the price-hike of the essentials that reached beyond their buying abilities. If the trend goes uncontrolled they will be in great trouble. They said, "We are extremely distressed and penniless. We will face a bleak future."

Illnesses and treatment

Diarrhoea and fever appeared to be rampant. One two-month-old child already died of diarrhoea in the shelter, while many children and adults were reported to be suffering from it. A female patient was sent to the hospital by an ambulance arranged by the Headmaster who had connections with Anjuman-e-Mofidul Islam, a charitable organisation. "I arranged for the ambulance the other day to shift a diarrhoea patient to the hospital," he said. One couple with four children reported that all their children suffered from high fever for a few days. They got

treatment from the visiting doctors, whose affiliations could not be known. Interestingly some believed that the drugs given by the doctors were not effective. Thus they could not rely on those drugs. Two bottles of syrup were found with a young mother, which she bought from the market at a cost of 50 takas. Reasons of such beliefs and practices could not be ascertained. While inquired, many dwellers could not show their ready stock of ORS packets indicating insufficient supply of ORS at this shelter.

A group of students, belonging to the Bangladesh Chhatra League, opened a centre in this school for preparing ORS packets and distributed those among the victims in other areas. Everyday the volunteers produced over 2,000 packets using the WHO standard formula. While inquired, the leader confirmed that the quality was not monitored until then.

There were also pregnant women at the shelter. Two already gave birth (and moved to their relatives) and another two were on the verge of delivering. No facilities to assist the pregnant women in case of emergencies were present. The pregnant women were in a difficult situation in the shelter with restricted mobility, little privacy and unhygienic conditions. There were also inadequate community feelings, and reciprocal support system among the dwellers to fight some of the inevitable consequences of a disaster.

Social problems

Increased economic and psycho-social tensions among the family members were reported, which can be attributed to unemployment, forced absence from work, and sudden erosion in income. They reported deteriorated relations between husbands and wives. One couple said, "Tension leads to quarrels between us" Such events disturbed peace in many families. No husband, however, battered his wife till date.

The dwellers irrespective of gender and age had to sleep together, making the teenage girls and single young wives (without male guardians) vulnerable especially after dark. Many parents and guardians said, "Our daughters or daughters-in-law stay awake in fear of harassment." Although the shelter dwellers did not report any sexual harassment or violence, the key-informants did. In

the beginning some attempts were made to harass women by some outsiders. Enhanced security measures taken by employing police effectively prevented any deterioration of the situation.

Looking to the Future

The study highlighted some of the salient features of the flood victims residing in one of Dhaka City shelters. The victims often times appeared to be fatalists. They said,"Everything depends on the Almighty. We have nothing to do on our own."

Most of them, however, could not tell anything in particular about the rehabilitation process. People were desperately ready to return to their work and normal life. A few said that they would go back to work immediately. About income loss, they said that they would do additional work if opportunities were available. One extremely distressed young mother who foresaw a dismal future said that she would stand before the well-off of the society with her small child and would urge them to feed her child. She was hopeful that some would help her. "Otherwise, I shall work as a maid-servant." When asked what the GoB and others including NGOs should do after the flood, the victims parried the question by saying that no one would listen to them (*ki bolbo, amader kotha ki tara sunbe*?). Such a statement expressed a deep sense of hopelessness and disillusionment about the system.

Disaster management is a crusade to save and help the victims. Active participation of the people from all walks of life including the development partners is necessary to make it a success. For effective disaster management in Bangladesh, the following strategies could be considered in future:

i) Specific shelter(s) could be assigned to specific agencies to carry out relief work; ii) a shelter management committee could be formed for each shelter with the enthusiastic people from the local community; iii) a National Disaster Management Alliance may be formed which will mobilise resources for and plan about relief and rehabilitation activities. The alliance could also operate a monitoring cell to oversee implementation; iv) relief items should be given according to the family size and needs; v) relief should contain a package of all essential items for a complete meal where applicable; vi) separate sanitary arrangements for men and women should

be arranged; vii) the shelter management should take care of the security of inmates; and viii) people should be made aware about the common disasters occurring in the country, including information about the causes and the impacts, as well as disaster preparedness and management.