DISASTER, CONFLICT AND DISABILITY: GUIDELINES FOR CHURCH COMMUNITY IN INDIA

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Contents

Introduction

These guidelines are the outcome of a consultation held in NCCI, Nagpur Campus on "Disaster, Conflict and Disability" that brought together representatives of church related relief agencies, people with disabilities representing various churches, those representing disability ministries of their churches and networks, parents or caregivers of persons with disabilities and the elderly, theological educators and students with disabilities and a good number of friends from the deaf church.

The consultation brought to light heart-rending stories of those excluded, ignored, and in some cases, left behind to die in disasters and conflicts India has witnessed recently, like, floods, landslides, earthquakes, ethnic and political conflicts, and the COVID pandemic. Through inputs from specialised agencies involved in relief work and from stories of lived experiences it became apparent that in most emergency responses it is persons with disabilities whose needs are most invisible, and who are discriminated and excluded in the relief, recovery, and rehabilitation processes as well. The necessity of effective disaster and conflict management systems, awareness about these systems amidst faith-based players like churches, and the glaring gaps in implementing these systems came to light.

These guidelines were put together keeping in mind contexts of emergencies created by natural disasters, as well as conflicts that arise due to political, social, or religious or ethnic turmoil. These guidelines are primarily addressed to churches in India and church related spaces and players in India who may be involved in disaster relief or called upon as first-responders in emergencies and conflicts. However, these guidelines could be adapted by other faith-based spaces who may be involved in emergency and disaster relief as well.

These guidelines focus on how to keep persons with disabilities in mind in the mitigation, preparedness and first response to disasters and conflicts, and later in

relief and rehabilitation processes. Therefore, the guidelines could be used in addition to existing manuals and protocols on emergency and disaster preparedness and relief that churches, agencies, and institutions may already have in place.

The primary purpose of these guidelines is to enable churches, church related institutions, and relief agencies to keep persons with disabilities and their needs in the center of their radars, as recent disasters and conflicts have shown this has not been the case so far.

Although far from comprehensive, these guidelines have tried to highlight the needs and challenges of persons with disabilities in every stage or phase in a disaster or conflict, and how churches and church institutions can harness the human resources, physical and every other form of resources available to ensure that persons with disabilities are never left behind in any of the stages in an emergency or conflict situation.

TYPES OF DISABILITIES and VULNERABILITIES: -

In the context of disasters, conflicts, and emergencies, existing vulnerabilities of different marginalised groups of people become more accentuated. The needs and requirements of persons with disabilities differ depending on type or extent of disability as well as the severity of the disaster or conflict. Therefore, it is first necessary to understand the vulnerabilities and challenges that are unique to different types of disabilities, as well as those belonging to certain identity groups that cause further marginalisation in times of disasters, emergencies, and conflicts. There are 21 types of disabilities specified in the Rights of Persons with Disabilities Act 2016.[1] For purposes of this section of the guidelines, to give a broad overview of vulnerabilities and challenges faced by different groups, disabilities and vulnerability groups have been clubbed together under some heads as follows:

1. **Locomotor Disability**: People with locomotor disabilities face both physical barriers and mobility challenges in evacuating during natural disasters or conflicts and are most often left behind when people flee to safety. Studies show that families with persons with physical disabilities experience lower evacuation rates and longer waiting periods before eventual evacuation, thus exacerbating their losses both emotion and physical in terms of damage to property and belongings. Even in cases when they can evacuate to safety, they may also lose their assistive devices and aids or human assistance in the form

[1] 1. Blindness 2. Low-vision 3. Leprosy Cured persons 4. Hearing Impairment 5. Locomotor Disability 6. Dwarfism 7. Intellectual Disability 8. Mental Illness 9. Autism Spectrum disorder 10. Cerebral Palsy 11. Muscular Dystrophy 12. Chronic Neurological conditions 13. Specific Learning Disabilities 14. Multiple Sclerosis 15. Speech and Language disability 16. Thalassemia 17. Haemophilia 18. Sickle cell disease 19. Multiple Disabilities including deaf-blindness 20. Acid Attack victims 21. Parkinson's disease

of caregivers. Most relief camps are not accessible and those with locomotor disabilities are sometimes denied entry in relief camps or if they do reach relief camps, they are unable to freely access basic necessities like washrooms, relief rations or food distribution sites due to their lack of mobility. For example, those with spinal cord injuries the ability to manage urinary and faecal control and pressure injuries while in a relief camp may be difficult. All of this leads to increased levels of anxiety about managing their health during disasters. Lack of assistive devices at relief camps like wheelchairs or spares needed for callipers and prosthetics etc further increases their mobility challenges in accessing relief and rehabilitation.

2. **Intellectual Disability:** People with intellectual disabilities face unique challenges as they are used to familiar surroundings and people for their regular routines. Emergency situations disrupt this routine and uproot them from their known surroundings leading to erosion of their sense of security and trust. This causes them to become more agitated and unable to comprehend evacuation procedures or navigate relief camps especially without caregivers they are accustomed to. Relief camps are unable to cater to people with intellectual disabilities as specific medicines needed for such conditions and medical expertise to deal with their trauma are not readily available at camps. Communication with those with profound intellectual disabilities, especially children, is a further challenge that makes them vulnerable to abuse and neglect.

3. **Hearing Impairment:** People with hearing impairment need sign language interpretation to be able to communicate their basic needs. They are unable to comprehend evacuation warnings when it is not in a format that is accessible to them like in sign language or visual media with captions. In a crisis they are

therefore unaware of how to evacuate, where to find relief camps and reach safety. Those with hearing impairment, especially women and children, are unable to call for help in instances when they experience abuse in relief camps.

4. **Visual Impairment:** People with visual impairment are vulnerable in times of crisis as they cannot comprehend visually if there is a disaster or conflict situation brewing around them. In the absence of audio signals or tactile navigation systems, in relief camps too they lack a way to navigate the relief camp if they are not intentionally familiarised to its geography. This leads to their total loss of independence in an evacuation shelter or relief camp and consequently their inability to access their basic necessities in a relief camp. Women and children with visual impairment are more vulnerable to abuse in such emergency and disaster situations as well as in relief camps. Persons with deaf blindness have even more complex challenges and vulnerabilities in both communication, and access in times of disasters and conflicts.

5. **Invisible Disabilities:** There are some disabilities that are not apparently visible physically. These could be ***blood related*** (Thalassemia, Haemophilia, Sickle cell disease) or ***neurological*** *related or degenerative* (Autism spectrum disorder, muscular dystrophy, chronic neurological conditions, Multiple Sclerosis). These disabilities require specific routine medical procedures like transfusions, regular medications to manage the condition, controlled spaces with familiar aids and carers, or certain prescription drugs that are not readily available over the counter. All these facilities, and procedures are snatched away in times of disasters, emergencies, or conflicts. This can endanger the lives of those living with these conditions and/or seriously hinder their functionality and routine lives as well as their physical and mental health.

6. **Persons with Special conditions**: People living with leprosy, HIV (PLHIV), Tuberculosis, and terminal illness also face unique challenges when an emergency or crisis happens as they lose access to their regular medication and medical care facilities. They are also vulnerable as they are discriminated based on their status of living with these conditions when they access relief camps.

7. **Inter-Sectional Vulnerabilities:** Along with the above-mentioned types of disabilities it is necessary to keep in view that there are socio-cultural factors that increase vulnerabilities. So, in addition to types of disabilities it is imperative to be attentive to the needs of some groups as crosscutting lenses within different types of disabilities and differing contexts. This includes children with disabilities, women with disabilities, senior citizens with disabilities, leprosy cured victims, and gender and sexually diverse people with disabilities. The last two groups especially face significantly higher levels of stigma and consequent discrimination and exclusion.

SPACES/IMPLEMENTORS:

There are different players and spaces involved when a disaster or conflict strikes, and these guidelines attempts to address all these players and spaces. Mock drills to equip all these spaces and players to assist persons with disabilities in and around their communities during evacuations is a necessity. The reasons why these spaces and players are, and can function, as key implementors during disasters and conflicts are highlighted below:

1. **Churches**: From recent experience of disasters and conflict, it is known that ***churches***, temples, and mosques are places people run to as their first recourse in a disaster. ***Congregations and pastors*** become first-responders even before relief agencies reach the spot, as they are the ones locally situated and available immediately and ***parish halls*** become first relief camps. ***Youth fellowships, men's and women's fellowships***, and such groups within congregations are the first to swing into action in rapid response in the form of relief material moblisation, soup kitchens, or providing physical care and basic necessities on the ground.

2. ***Educational & Health institutions: School and colleges premises*** usually become the first spaces to be converted into relief camps, and the students step in to serve as volunteers for relief. Locally situated ***church related hospitals*** are often the earliest medical teams to reach disasters or be deployed when relief agencies swing into action to provide medical care and infrastructures available to take-in the hurt, sick, and wounded.

3. ***Diaconal or Social action Wings of Churches:*** Major churches have related ***social action wings or related relief and rehabilitation agencies*** with professional teams for disaster response, relief, and rehabilitation. However, these agencies too have admittedly failed to intentionally keep persons with disabilities on their radars in every phase of their work. It does not appear that these agencies have policies or protocols in place for dealing with persons with disabilities in their relief work. Church related ***institutions and organisations that work primarily for and with persons with disabilities*** in terms of their care, livelihood, and rehabilitation too have shown lack of awareness and preparedness for dealing with their own inmates during conflicts and emergencies.

4. ***Theological Education: Seminaries and such spaces of spiritual and ministerial formation*** for pastors and priests are those that could play a key role in equipping counsellors sensitive to needs of various disabilities in times of disaster and conflict. Theological institutions themselves have shown a marked unpreparedness to handle the needs of students with disabilities on their own campuses in recent disasters like floods and conflicts. This has shown the need for both mock drills for rescue and preparedness to become an ongoing exercise in seminary campuses, and for trauma management training to be included in the formation of theological students so they can be effective counsellors especially for persons with disabilities in times of disasters and conflicts.

DISABILITY SPECIFIC DISASTER RESPONSIVE FRAMEWORK

This section outlines a framework for disability inclusive disaster and conflict preparedness, risk reduction, and mitigation that is responsive to the vulnerabilities and needs of persons with disabilities as highlighted in section I, and as it applies to the four different spaces/implementors highlighted in section II of these guidelines.

A. Preparedness

1) Data Base

a. Prepare a list of Persons with Disabilities (PWDs) around your locality with the help of church/government/private agencies and already assign and map volunteers to each of the families with disabilities so that they will be responsible to reach them as first-responders

b. Prepare identity cards for each PWD containing complete information about their address, prescribed medicines, their specific condition, its treatment and history, and the regular medical facility that attends to their needs

2) Communication and Warning Systems

a. Prepare and implement audio warning systems accessible to visually impaired

b. Prepare large print posters for those who have low vision

c. Prepare guides, signboards, and navigation maps for relief camps in audio, visual, sign, and braille formats.

d. Equip your volunteers with deaf assistant apps for communication with hearing impaired

3) Awareness and Capacity Building

a. Sign language training to be provided for the trainers, church leaders, volunteers, and caregivers

b. Volunteers shall be trained to handle PWDs under various categories in an emergency or conflict, like children, women, senior citizens, bedridden, terminally ill, and people with addictions and withdrawal symptoms.

c. Training shall be given to caregivers of PWDs to handle emergencies, rescue PWDs in their care, and also to prepare (and restock periodically) emergency kits on standby that is ready to go when they need to flee or evacuate

d. Mock drills shall be held for PWDs to facilitate familiarity with their immediate surroundings, evacuation strategies, escape routes, and relief camp locations.

e. Community awareness campaigns should highlight the presence of visually impaired individuals, emphasising the need for informed assistance during crises.

f. Training of guide dogs for rescue operations and familiarising both visually impaired persons and volunteers in handling guide dogs to be undertaken

g. Arrange Safeguarding programmes to create awareness about and prevention of abuse.

4) Medical, Psychological (Human Resources)

a. Church rescue team to be equipped with various professionals from medical and psychological professions, sign interpreters, and volunteers.

b. Identifying such professionals from the congregation and the local community beforehand necessary.

5) Logistics, Materials & Preparation of Kits

a. Prepare a team for transportation, especially ambulance drivers, vans, trucks, etc.

b. Prepare a list of specialised dry rations specific to needs of persons with disabilities

c. Prepare emergency kits specific to disabilities beforehand and ensure that material in it is restocked per their expiry dates.

d. Arrange store rooms/ identify storage areas beforehand for keeping relief materials

e. Keep networking with churches, other religious institutions, local self-government officials, government and private welfare agencies, medical associations, hospitals, relief camps, schools, auditoriums, and halls that can be used as relief camps, and with wholesale suppliers for medicine, medical equipment, groceries, textiles, and hardware to prepare relief kits

6) Infrastructure and Equipment Facilities

a. Arrange daycare centers for PWDs at every church or at least one in a ward / area. Such centers can easily double up as accessible relief camps for persons with disabilities and their families in an emergency. [Note: Persons with intellectual disabilities will find it difficult to leave familiar surroundings suddenly in an emergency, but will be more amenable if they have already been coming to a day care center on a regular basis that also doubles up as a relief camp in such emergencies]

b. Arrange alternative power sources that can charge assistive devices in the absence of electricity

c. Arrange/ Identify a few fully accessible relief centers for PWDs for every geographical area where they can stay with their own families

d. Identify and have information about relief centers under church, private, and government in each locality.

e. Relief camps to be equipped with lifts, wheelchairs and stretchers to facilitate accessibility.

f. Relief camps shall be equipped with separate washrooms for women and trans people with disability

g. Relief camps shall be equipped with ramps and the measurements and gradients must be appropriate for independent navigation of wheelchair users.

h. Emergency Exits of Relief camps shall be wheelchair and stretcher accessible.

i. Washrooms, Corridors, and doors must be accessible for wheelchairs and stretchers

j. Surfaces in relief camps not to be too smooth or slippery so that those with lower mobility and assistive devices other than wheel chairs can also safely navigate

B. Risk Reduction, Mitigation, and Resilience

k. Data Base of PWDs in the local area/ community shall be regularly updated

l. Accessible communication and warning systems shall be updated and functional at all times

m. Awareness and capacity building programmes on emergency measures and preparedness shall be conducted regularly for different groups including persons with disabilities

n. The list of human resources including medical, psychological, and voluntary assistance available shall be updated regularly.

o. Logistics, materials & emergency kit preparations shall be updated

p. Infrastructure (especially accessible washrooms, entry ways, and warning systems), equipment and facilities shall be maintained and updated

(For details, kindly refer to the portion in this guideline which is titled 'Preparedness')

C. Rapid Response

a. Ensure that the database of PWDs around your locality is made available to all relief teams to ensure speedy and priority evacuation for persons with disabilities

b. Implement warning systems in all accessible formats: audio, visual, sign, and braille warning systems.

c. Deploy the previously identified, trained and sensitised of human resources including medical, psychological, and voluntary assistance (see. **III. B.n.**) and make them available in the field

d. Ensure the previously planned logistics, materials and prepared emergency kits (See **III. B. o.**) are made them available in the field

e. Ensure that existing and pre-identified accessible infrastructure, equipment and facilities (See **III. B. p**.) are made available in the field

f. Ensure the availability of barrier-free relief camps suitable for persons with visually impairment and those with locomotor disabilities

g. Ensure the availability of on-call sign language interpreters (See **III. A.4.a**.) and make them available in the field.

f. Ensure the reliable networking built with churches, other religious institutions, local self-government officials, government and private welfare agencies, medical associations, hospitals, relief camps, schools, auditoriums, and halls that can be used as relief camps, and with wholesale suppliers for medicine, medical equipment, groceries, textiles, and hardware to prepare relief camps are activated and made available in the field (See **III.A.5.e.)**

D. Rehabilitation and Follow-up after Disaster/Conflict

a. **Physical Rehabilitation**: Infrastructure, such as houses, communication networks, water supply, electricity etc. need to be reconstructed after disasters, and accessibility must be ensured and not sacrificied for expediency or financial reasons.
b. **Social Rehabilitation**: In the post-disaster phase, family support systems can break down due to physical and mental trauma resulting from losses of life and property, physical dislocation, and migration of family members of disaster-affected PWDs. These vulnerable groups would need special social support and community life to survive the impact of disaster through community centers, daycare centers, old age homes etc. that are especially equipped to cater to the social support needs of persons with disabilities.
c. **Psychological Rehabilitation**: Ensure counselling facilities for those who have Post Traumatic Stress Disorder that are specific to and sensitive to the trauma and fears of persons with disabilities.
d. **Economic Rehabilitation**: Conduct livelihood training programmes that are geared to identify disability-specific livelihoods that persons with disabilities aspire for.
e. Preparedness, mock drills, and follow-up programmes shall be continued to better tackle disaster and conflict in the future.

IMPLEMENTATION MECHANISM

These guidelines could be implemented through the spaces and implementors outlined in section II, through various ways. Some of those are outlined below to ensure that these guidelines do not remain a mere document but becomes part of the ongoing praxis in churches, church related institutions, relief agencies and theological institutions.

- **Workshops** on disability awareness for leaders of various levels. Ensure the participation of people with disabilities in all such workshops to listen to their stories, aspirations, and suggestions
- Create a **Study group** where these guidelines can be discussed. Ensure the participation of people with disabilities in these study groups for better impact.
- Create an **Action team** in your structure who will own, coordinate, and sustain this work. Ensure the participation of people with disabilities in this action team.
- Identify a **Group of volunteers** from churches/agencies/institutions for disability-responsive disaster management.
- **Training of Trainers (ToT)** to ensure more trainers can take forward these guidelines for wider impact
- **Periodical Training** for volunteers (once in 3 months)
- **Reach out to ecumenical agencies that can help in conducting training:** There are church related networks who can facilitate disability sensitisation workshops and relief agencies that can provide more specialised trainings as well.

- **Create a corpus fund for disability-specific disaster/conflict response along with ecumenical agencies and by tapping government mechanisms and bodies.** Involvement of PWDs in all these activities suggested above.

- As an ongoing measure to create disability inclusive structures in churches and agencies we encourage the identification, engagement, and employment reserved for PWDs in all levels of churches and church related agencies[2]

- Encourage churches/institutions/agencies to translate these guidelines into regional languages, braille, audio, and visual formats

- Encourage churches/institutions/agencies to dismantle policies, systems, and attitudes that are discriminatory and exclude persons with disabilities, and take measures to include PWDs in theological formation, ordination, and employment at all levels in churches and related institutions.

[2] The Rights of Persons with Disabilities Act mandates 4% reservation for persons with benchmark disabilities in all cadres of government positions, and incentivises private sector to ensure 5% reservation in their concerns. (Chapter VI. Clause 34 (1) and clause 35.)

APPENDIX

GLOSSARY

GLOSSARY

1. Accessibility – Ensuring that environments, infrastructure, and communication systems are usable for persons with disabilities during disasters.

2. Assistive Devices – Tools like wheelchairs, callipers, or prosthetics used by persons with disabilities to aid in mobility and daily functioning.

3. Awareness and Capacity Building – Training and sensitization programs to prepare communities, volunteers, and caregivers to support persons with disabilities during emergencies.

4. Benchmark Disabilities – The 21 officially recognized disability categories under the Rights of Persons with Disabilities Act 2016.

5. Conflict Management System – A system aimed at handling emergencies due to political, ethnic, or religious conflict while being inclusive of persons with disabilities.

6. Callipers – Mobility aids used by persons with locomotor disabilities that often need spares in relief camps.

7. Chronic Neurological Conditions – Disabilities requiring routine medical care, such as multiple sclerosis or muscular dystrophy, which are disrupted during disasters.

8. Children with Disabilities – Vulnerable children whose disability-related needs increase in disasters, especially regarding communication and routine disruptions.

9. Communication and Warning System – Disaster alert mechanisms adapted in visual, audio, sign, and braille formats to be accessible to all disability groups.

10. Disability-Inclusive Disaster Response – Emergency planning and response processes that center the needs and rights of persons with disabilities.

11. Data Base – A pre-prepared list of persons with disabilities with essential medical and personal information for disaster response.

12. Equipment Facilities – Items such as wheelchairs, stretchers, lifts, and power backups needed in relief camps for persons with disabilities.

13. Economic Rehabilitation – Livelihood training and support systems aimed at restoring financial stability for disaster-affected persons with disabilities.

14. First-responder – The person or group, often from churches or communities, who reaches and supports persons with disabilities during the initial phase of a disaster.

15. Follow-up – Post-disaster measures like rehabilitation, trauma support, and ongoing training to prepare for future emergencies.

16. Hearing Impairment – A disability requiring visual or sign-based communication for effective disaster alerts and support.

17. Hemophilia – A blood-related invisible disability needing routine care and medication, access to which is disrupted during disasters.

18. Invisible Disability – Non-obvious disabilities like Thalassemia, Haemophilia, Autism, or chronic neurological conditions that still require consistent care during disasters.

19. Intellectual Disability – Disabilities involving cognitive or developmental challenges, often worsened by disruption of routine and familiar environments.

20. Inter-sectional Vulnerabilities – Additional layers of risk faced by persons with disabilities due to age, gender, caste, or sexual identity during emergencies.

21. Infrastructure Facilities – Physical structures such as ramps, accessible toilets, and exits that enable inclusive relief camps.

22. Locomotors Disability – Disabilities that limit physical movement and require accessible infrastructure and assistive devices in relief efforts.

23. Logistics – Transport, materials, and specialized rations organized to support persons with disabilities during disaster response.

24. Mitigation – Activities aimed at reducing the impact of disasters through inclusive preparedness and infrastructure.

25. Multiple Sclerosis – A chronic, invisible neurological condition that depends on routine medical care, often interrupted in emergencies.

26. Muscular Dystrophy – A degenerative condition requiring support and medication, categorized under invisible disabilities.

27. Men's Fellowship – Church-based men's group often involved in emergency relief activities like mobilizing materials and support.

28. Medical (Human Resources) – Medical personnel including doctors and therapists involved in providing emergency care to persons with disabilities.

29. Prosthetics – Artificial limbs or aids that persons with locomotor disabilities rely on, which may be lost or damaged during disasters.

30. Profound Intellectual Disabilities – Severe developmental challenges that make communication and navigation in relief camps difficult.

31. Persons with Deaf Blindness – Individuals with both hearing and visual impairments requiring highly specialized communication and care in disasters.

32. People Living with Leprosy – Individuals who face discrimination during disasters and need ongoing medical support.

33. Psychological (Human Resources) – Mental health professionals required to manage trauma, especially among persons with disabilities.

34. Physical Rehabilitation – Rebuilding of homes and facilities ensuring accessibility for persons with disabilities post-disaster.

35. Psychological Rehabilitation – Trauma counseling tailored for persons with disabilities suffering from post-disaster stress.

36. Risk Reduction – Proactive strategies to reduce disaster impact, focusing on the needs of persons with disabilities.

37. Resilience – The ability of individuals and communities, including those with disabilities, to recover and adapt after disasters.

38. Rapid Response – Immediate evacuation and relief actions prioritizing accessibility for persons with disabilities.

39. Rehabilitation – Holistic recovery process involving physical, psychological, social, and economic support for persons with disabilities.

40. Sign Language – A vital communication tool for those with hearing impairment during emergencies and relief.

41. Social Rehabilitation – Restoring social support systems and community life for persons with disabilities post-disaster.

42. Thalassemia – A chronic blood disorder needing consistent transfusions and care, making patients highly vulnerable during disasters.

43. Tuberculosis – A chronic illness requiring sustained medication and care that may be disrupted in disaster situations.

44. Terminal Illness – Advanced medical conditions needing continuous support, often compromised during emergencies.

45. Women Fellowship – Women's groups within churches actively participating in emergency relief and care provision.

46. Women with Disabilities – Females who face dual discrimination and are more vulnerable to abuse during disasters.

47. Youth Fellowship – Church youth groups often act as first responders and volunteers during disaster and conflict response.

USEFUL LINKS

- Rehab efforts post-disasters;
    - Christian Blind Mission Rehab:https://cbmindia.org/stories/how-our-past-support-is-helping-communities-weather-cyclone-remal/
    - Wayanad Rehab:https://mattersindia.com/2024/12/church-group-hands-over-six-houses-to-landslide-victims-in-wayanad/
    - Churches aid to wayand victims: https://mattersindia.com/2024/07/church-comes-to-aid-disaster-hit-in-wayanadilly-waynad-district-in-kerala/
    - Abhinaya care Foundation ppt and photos: https://drive.google.com/drive/folders/1SGo47z4jsSgrayGjMF5HLOYyQ8DEQhsf?usp=drive_link
- Disability Policies in Indian Churches:
    - C.S.I: https://drive.google.com/drive/folders/1gAaWsEwf0Itjmj9eFEjKfkfnvyNFxEY2
    - N.C.C.I:https://ncci1914.com/wp-content/uploads/2022/03/NCCI-IDEA-Disability-Policy-Guidelines.pdf
- Formats for a questionnaire to collect info on PWDs in a community.
    - https://drive.google.com/file/d/1x4s4P2o6wvhqdvqVRgHg9_a6l_3CL7XZ/view?usp=drive_link

LIST OF ABBREVIATIONS

ToT	Training of Trainers
NCCI	National Council of Churches in India
PWD	Persons with Disabilities
RPWD	Rights of Persons with Disabilities (Act 2016)