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## **COPING WITH TSUNAMI:**

**An Exploratory Study On Persons With Disability  
In Three Districts Of Tamil Nadu**

United Nations Team For Tsunami Recovery Support,  
In collaboration with  
The Office of the Commissioner For The Disabled,  
Chennai, Tamil Nadu



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**An Exploratory Study On Persons With**  
**Disability In Three Districts Of Tamilnadu**

Sponsored by:

United Nations Team For Tsunami Recovery Support  
in collaboration with the office of the  
Commissioner For The Disabled, Tamil Nadu

Study conducted by

Wilbur Smith Associates

**WilburSmith**  
ASSOCIATES



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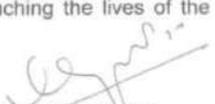
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### MESSAGE

The Tsunami waves that struck the Coastal Areas in Tamil Nadu in December, 2004 have caused immense damage to human lives and properties. Immediate Relief and Rehabilitation services were provided to the victims of Tsunami, including disabled persons by the Government and other Agencies on war-footing. After the Tsunami in December, 2004, a strong need has emerged for including people with disabilities in all aspects of Disaster Management. The Government of Tamil Nadu and the U N Team for Tsunami Recovery Support (UNTRS) have jointly commissioned Wilbur Smith Associates Private Limited, Bangalore to carry out a study on the impact of Tsunami on people with disabilities, with a special focus on women and children in the context of the disaster.

I am glad to note that the most affected Districts – Nagapattinam, Kanyakumari and Chennai Districts were chosen for the study with specific objectives. One of the objectives is to evolve strategies for disaster preparedness and post – disaster interventions for people with disabilities. I am happy to note that the study has brought out significant findings and has made 21 recommendations for inclusion of people with disabilities in different aspects of Disaster Management. The office of the State Commissioner for Disabled will certainly examine all these recommendations and recommend to the State Government for implementing them for the welfare of the disabled population.

I congratulate Dr. Rama Kashyap, the Government officials, Non-Governmental Organisations and others engaged in this study for their commitment and devotion to this important assignment touching the lives of the disabled population in the State.

  
(V.K. JEYAKODI)  
State Commissioner for  
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Currency Unit -Indian Rupee/s (Re/Rs)

Re. 1.00 = US\$ 0.02278 (as on March 20, 2007)

US\$ 1.00 = Rs. 43.905

## Abbreviations

CIDNY:	Center for Independence for the Disabled of New York
DRO:	District Rehabilitation Officer
DRC:	District Resource Centre
DRM:	Disaster Risk Management
GoTN:	Government of Tamil Nadu
FEMA:	Federal Emergency Management Agency
HI:	Hearing Impaired
ID:	Indentity
INGO:	International Non Governmental Organisation
LCP:	Leonard Cheshire Project
LD:	Locomotor Disability
MI:	Mental Illness
MR:	Mental Retardation
NCRC:	NGO Co-ordination Resource Centre
NGO:	Non Governmental Organisation
OH:	Orthopaedically Handicapped
PDA:	Persons with Disabilities Act
PWD:	Persons With Disabilities
R&R:	Recovery and Rehabilitation
SHG:	Self Help Group
SI:	Speech Impaired
TNTRC:	Tamil Nadu Tsunami Resource Centre
ToR:	Terms of Reference
UNDP:	United Nations Development Programme
UNTRS:	United Nations Tsunami Recovery Support
VI:	Visually Impaired
WB:	World Bank WHO: World Health Organisation
WSAPL:	Wilbur Smith Associates Private Limited

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## EXECUTIVE SUMMARY

### A. Overview

Several publications have highlighted the need to include people with disabilities in all aspects of disaster management, especially after the tsunami in December 2004. Guidelines for inclusion and some research reports on disability and disaster are now available. Review of available literature shows that so far, no study has been conducted to capture the views and perceptions of a sizeable group of people with disabilities and their families, who were directly affected by the tsunami in India. Government of Tamil Nadu and United Nations Development Programme (UNDP) commissioned Wilbur Smith Associates Private Limited to carry out a study in Nagapattinam, Kanyakumari and Chennai districts of Tamil Nadu on the impact of tsunami on people with disabilities, with a special focus on women and children in the context of disaster.

### B. Study Objectives

The objectives of the study were: To document the views of people with disabilities and their families on how they coped with the disaster, whether they were able to access help and what barriers they faced in accessing help, with a special focus on women and children with disability. To identify key players in the government and NGO sector in the affected areas who addressed the needs of people with disabilities during and after the disaster, and to document the types of services provided to people with disabilities. To assess the effectiveness of the services during and after the disaster from the perspectives of people with disabilities and their families. To estimate the prevalence of disability (those newly disabled by

the tsunami and those with pre-existing disability) in the study areas. To evolve strategies for disaster preparedness and post-disaster interventions for people with disabilities, with special focus on women and children with disability.

An operations research methodology was followed, which was developed in a participatory manner to take into account the views of different stakeholders, using a mix of methods such as questionnaires, interviews, focus group discussions and case studies. At all levels, the study focused on the special issues faced by women and children with disabilities. Tools were developed to collect quantitative and qualitative information on the views of people with disabilities, their families and service providers, which were first tested in a pilot study in Chennai.

A purposive sampling method was used and the final sample consisted of 319 people with disabilities from urban communities (Chennai), peri-urban communities (Akkaraipettai in Nagapattinam) and rural communities (all settlements in Kanyakumari and Poompuhar in Nagapattinam). The sample included 194 adult men and women (equally represented), 80 children below 14 years and 45 older children/adolescents and adults with mental retardation and multiple disabilities.

A total of 141 service providers from the three study districts were contacted through email for their views, however, only 12 service providers responded to the same. Data were analyzed using MS Excel and SPSS.

### C. Significant Findings

People with locomotor disabilities comprised the largest group of respondents, followed by people with mental retardation, speech and hearing problems, multiple disabilities, mental illness and visual disabilities. Only one person in the sample was a person affected by Hansen's Disease. Fifty percent of the sample were from rural, underserved (in terms of disability service providers) areas. A majority of the sample belonged to the most backward communities, had a family income of less than Rs. 2000 per month, lived less than 200 metres from the sea at the time of the disaster, and was thus maximally affected by the tsunami.

### D. Disability Prevalence

#### In The Study Areas

Secondary data on disability prevalence in the three study areas are based on listing of people who received or are registered for relief and reconstruction measures and are therefore not comprehensive.

The present study shows that 8.2% of the study sample became disabled after/due to the tsunami.

### E. Coping In The Immediate Aftermath Of The Tsunami

In the immediate aftermath of the tsunami, a majority of respondents/people with disabilities were rescued and helped to reach safe places by family members (42%) and neighbours (39.2%).

The study reveals that people in an urban area like Chennai were able to reach safe places faster than their peri-urban and rural counterparts. People in the interior rural and coastal villages of Kanyakumari took longer to reach safe places.

Immediate needs reported by the sample of persons with disability included food and water (88.4%), clothing (61.4%), shelter (39.2%), medical care (27.3%) and the need to find family members (16.6%). The need for assistive devices was reported as an immediate need by a small proportion of respondents.

A majority of the respondents (78.7%) did receive the assistance perceived as required, immediately after the disaster. The general public was reported to be the major benefactor in addressing immediate needs.

A majority of respondent Persons with Disability (85%) reported satisfaction with what they received. About 20% of the sample people with disabilities reported that they had difficulties in accessing immediate relief, the major reasons being delays in accessing services and their absence from the spot, as many had fled to other places in the immediate aftermath.

No differences were found between the sexes in relation to access to immediate relief, as well as barriers to access.

### F. From The Recovery And Reconstruction Phase To The Present

The survey of persons with disability conducted as part of the study revealed that 90% the respondents received food and water, 75% received clothes and 55% received monetary assistance. This was followed by those reporting assistance with housing, medical care and counselling. Receipt of disability-specific assistance such as assistive devices, identity cards and medical certificates were reported by fewer numbers.

The government and NGOs were

reported as the main service providers during the recovery and reconstruction phase by a majority of respondents. Almost 80% of the respondents reported that they faced no difficulty in access to these services and that all their needs were met.

The major difficulties cited by those who had problems in access were bureaucratic delays due to poor organization and coordination, followed by absence from the spot for a long time as they had moved to other places after the tsunami. A very small proportion cited that their disability was a barrier to access.

Study results do not indicate any difference between the sexes in relation to access to recovery and reconstruction services, as well as barriers to access.

Immediate family members and other relatives were the greatest source of support during and after the disaster to people with disabilities and their families, followed by neighbours/friends, NGOs and the government.

Loss of livelihood was the greatest difficulty faced by people with disabilities and their families, followed by physical and mental health problems.

The study results showed that there was an almost 10% drop in the number of disabled children accessing formal education after the tsunami in the affected areas. The reasons cited were distance of new house from the school, drop in income/affordability on the part of parents, setback in child's progress due to break from school during and after the tsunami, increased health problems in children after the tsunami, and loss of mobility aids after the tsunami.

Major unmet needs at present are

social security schemes (cited by ~50% respondents), livelihoods (18.5%), medical certificates (~14%) and medical help (12.5%). Disability-specific interventions were cited as an unmet need by a smaller proportion (11.2%).

The study also revealed that many respondents tended to hide information on what they had already received, with the expectation of more benefits, especially for livelihoods. In some cases, it was evident that the initiative to work and earn their own living had declined to some extent due to all the benefits received.

In the case of families, almost 70% were members of existing or new self-help groups. Among those who were not part of groups, the reasons were preoccupation with their disabled children, poverty and inability to save, and lack of awareness on group activity in their areas.

#### **G. Change In Life Before And After The Tsunami**

About half of the sample reported that their lives had changed for the worse after the tsunami due to ill health, reduced income or emotional trauma. However, about 12% also reported that their lives had changed for the better due to new opportunities and assistance received.

#### **H. Emotional Impact Of The Tsunami**

Problems with emotional trauma and mental health issues were reported as a major problem by many. About 45% of people with disabilities and 43% of the families received medication and counselling to help them cope with their problems.

Significantly, about 40% of people with disabilities and 43% of families who reported a need for such help, could not

get the same. At present however, a majority of adults and children are able to get on with their lives as before, even though for some 'life is not quite the same'. About 5-6% of adults and children continue to have mental health problems.

### **I. Perspective Of Women With Disabilities**

A third of women with disabilities reported facing special problems, of whom a majority reported the need for privacy and personal hygiene in the immediate aftermath of the tsunami. Lack of clothes and lack of toilet facilities in relief camps were cited as major problems by most of them.

One fourth of these women reported exclusion from existing and new self-help groups during the reconstruction phase because of their disability. An equal proportion was unable to join these groups because of their poverty and inability to save. Focus group discussions with the women also revealed their pressing need for livelihood support.

### **J. Perspective Of Service Providers**

Only 8.5% of service providers contacted through email returned the completed questionnaires. Apart from the fact that email response rates are usually low, this could also be an indication that disability was not a priority for most of them in their work during the disaster and later.

### **K. Conclusion**

The study showed that people with disabilities had the same needs, access to services and barriers to access, as others in the general population. However, they also had certain disability-specific needs and barriers that would need special

attention of service providers in disaster situations. The findings of the study led to 21 recommendations for inclusion of people with disabilities in different aspects of disaster management. Most of these recommendations would benefit not only people with disabilities in future disaster situations, but also other vulnerable groups like the elderly, pregnant women and women with small children. It would therefore be cost-effective for service providers to take note of these recommendations in addressing different aspects of disaster management in the future.

## INTRODUCTION

### A. Overview

The tsunami of December 2004 affected many persons with disability living in the coastal belt of Tamil Nadu. While the recovery and rehabilitation programmes for tsunami-affected people are underway, there are hardly any published records on people with disabilities and the aid and assistance they received to reconstruct their lives; how they were able to access the assistance that poured in; whether there was lasting impact on those who did manage to access some services; and who the key players were who focused attention on the needs of persons with disabilities in the affected districts.

In an attempt to address these issues, Government of Tamil Nadu and United Nations Development Programme (UNDP) commissioned Wilbur Smith Associates to carry out a study in Nagapattinam, Kanyakumari and Chennai districts of Tamil Nadu on the impact of the tsunami on people with disabilities, with a special focus on women and children in the context of disaster.

### B. Background Of The Study

There is much international debate about the way in which disaster management and rehabilitation programmes are conceived and implemented in many developing countries. While swift action is mandatory for immediate relief for affected persons, it is equally important to have post-disaster programmes that strengthen coping capacities of communities and contribute to long term developmental needs, leading to a permanent, positive change.

While disaster has an impact on all affected people, it has been noted that in the case of people with disabilities, reduced

mobility can lead to less visibility, less access and low survival chances. Persons with disability also tend to get excluded from relief and rehabilitation programmes due to following reasons:

- › Lack of prior data on persons with disability living in disaster-prone areas
- › Lack of awareness about their special needs at the time of a disaster
- › Lack of information and training to persons with disability and their families to deal with their needs at the time of the disaster
- › Inadequate early warning communication systems that are specially designed for people with different disabilities
- › Lack of appropriate rescue systems designed for persons with disability
- › Unequal distribution of relief resources (leading to exclusion of persons with disability)
- › Lack of special services (including psychological support) for persons with disability, particularly for women with disabilities during and after a disaster
- › Problems of isolation when persons with disability are separated from their caregivers and support groups at the time of disasters
- › Lack of long-term social, economic and psychological support that is specially designed for persons with disability after a disaster situation
- › Disasters that lead to disability and the plight of persons with disability in disaster situations deserve a prominent place in the international humanitarian agenda. It is also clear that every disaster situation calls for synergies between various players involved in disaster management, community development and disability issues.

### **C. Review Of Activities/Services Provided By Key Actors In The Disability Sector**

#### **Government Of India**

Government of India plays a significant role in promoting policies and programmes for people with disabilities. India was the first among South Asian nations to sign the new UN Convention on Rights of Persons with Disabilities.

The Ministry of Social Justice and Empowerment (MSJE) is the nodal ministry for disability issues.

Four major Acts have been passed by the government as part of comprehensive disability legislation, defining rights and entitlement. These include:

- › Mental Health Act, 1987
- › The Rehabilitation Council of India Act, 1992
- › The Persons with Disabilities (Equal Opportunities,
- › Protection of Rights, and Full Participation) Act, 1995
- › The National Trust Act for Welfare of Persons with Autism, Cerebral Palsy Mental Retardation and Multiple Disability Act, 1999.

Mechanisms for monitoring implementation and redress are in place through the Office of the Chief Commissioner of Disabilities in Delhi, along with Commissioners at state level, and the special rapporteur for disability in the National Human Rights Commission.

Inclusive education for children with disabilities is promoted through the Sarva Shiksha Abhiyan scheme. Special education is promoted through special centres funded by the government.

A scheme of reservation of 3% of jobs in

public sector undertakings helps promote employment, while vocational training centres and special employment exchanges facilitate training and placement. The National Rural Employment Guarantee scheme (NREGS) being implemented in pilot districts all over the country also includes persons with disabilities. The National Handicapped Finance and Development Corporation (NHFD) provides low-interest loans to people with disabilities.

Human Resource Development, development of models of service delivery and research are promoted by six national institutes specialising in different impairments, five Composite Rehabilitation Centres, four Regional Rehabilitation Centres, and a number of District Rehabilitation Centres.

Production and distribution of prosthetics and orthotics, aids and appliances is undertaken through the government company, ALIMCO. A scheme called ADIP subsidises access to aids and appliances.

The Ministry of Social Justice and Empowerment provides grants to NGOs for various services to people with disabilities.

Other schemes include provision of identity cards, concessions for education, travel, self employment, pension and maintenance. The central government has also instituted national awards to be given annually to individuals and organisations in the disability sector.

#### **Government Of Tamil Nadu**

The State Government has been proactive in promoting various schemes and programmes for people with disabilities.

A State Commissioner for the Disabled has been appointed in Tamil Nadu to monitor the implementation of the Act, besides his role as Head of the Department for Rehabilitation of the Disabled, within the Social Welfare and Nutritious Meal Programme Department. The State Commissioner is assisted by the District Disability Rehabilitation Officers (DDRO). Linkages are maintained with other sections of the Social Welfare and Nutritious Meal Programme Department and other departments as needed, at the state and district levels.

The Department for Rehabilitation of the Disabled has the following functions:

- To assess the nature and extent of the problem of disabled people, including early detection and immunization against polio, measles, rubella, mumps, etc., besides free bus-passes, supply of simple aids and appliances suited to the needs of the individual in order to improve mobility and physical capacity.
- To ensure that every disabled child is given free and compulsory primary education, either special education or integrated (inclusive) education, based on the level of disability of the individual and also to promote the integration of disabled students with normal students at every stage, depending upon the capacity/level /need of each disabled child.
- To develop the required skilled manpower by establishing Teacher Training Centres and develop a corps of competent teachers in educational institutions/training centres who have developed a deep understanding of the problems of disabled people.

- To promote special supportive facilities like scholarship, free transport, supply of teaching aids, special aids and assistive devices, appointment of Resource Teachers, Hostel facility, etc., and to help disabled people to pursue appropriate higher education.

- To identify trades suited to each category of disabled people, particularly in specific industries and to establish and run training centres for disabled people.

- To arrange financial assistance for disabled trainees towards purchase of tools, kits, etc. required by them.

- To facilitate banks and other financial institutions to assist liberally for self-employment ventures.

- To introduce measures for the removal of architectural barriers in all buildings, to provide easy access and indeed remove all barriers to the successful adjustment of disabled people.

- To take suitable measures to enable disabled persons to participate in cultural and sports events, as in the case of normal persons.

- To take suitable measures to provide equal opportunities, ensure full participation and protect the rights of disabled persons.

The following sections, accessed from <http://www.tn.gov.in/policynotes/pdf/socialwelfare.pdf> provide more details about different programmes of the state government.

- > **Disabled Population in the State:** As per Census of India 2001, the total disabled population in the state of Tamil Nadu is 16,42,497, with the following break-up:

- Visual impairment : 9,64,063.
- Hearing Impairment : 1,97,115.
- Locomotor disability : 3,53,798.
- Mental retardation : 1,27,521.

- › In order to have a sound database on the disabled population in the State, the State Government has decided to launch a State-wide survey to gather details relating to disabled population.
- › **Special Education for Disabled Children:** There are 23 Government Special Schools, of which 10 are for visually impaired, 11 for hearing impaired, one for the severely locomotor disabled and one for the mentally retarded.
- › Twenty Pre-School Sections for children with speech and hearing impairment are functioning in the Government Special Schools for Deaf and in the Government.
- › Aided Schools for the Deaf.
- › **Early Intervention Centres:** Early Intervention Centres for infants and young children with hearing impairment have been established in 10 Districts including Chennai, Madurai, Coimbatore, Tiruchy, Tiruvarur, Salem, Kanniyakumari, Tiruvallur, Sivaganagai and Tirunelveli. These Centres are managed by NGOs.
- › **Support to Visually Impaired Students:** Visually impaired students, who have studied in Tamil Medium and secured the first three ranks at District and State level in 10th and 12th Public Examinations, are awarded with cash prizes. Further,

financial assistance is provided to visually handicapped students for pursuing higher studies. Tape recorders with Pre-Recorded Lesson Cassettes are provided to Visually Handicapped Students, who are studying in the Government Higher Secondary School for the Blind at Poonamallee and Tiruchirapalli and Government High School for the Blind at Thanjavur. In order to expose Visually Handicapped students to the use of Computers, 10 Computers with 'Talking Software' are provided to the Government Higher Secondary School for the Blind at Poonamallee and Tiruchirapalli.

- › **Teacher Training:** Training of teachers in special education is promoted through three institutions in the state: the Government Higher Secondary School for the Blind, Poonamallee, Chennai (Junior Diploma in teaching the Blind); Balavihar Training School, Kilpauk, Chennai (Junior/Senior Diploma in Teaching the Mentally Challenged) and Little Flower Higher Secondary School for the Hearing Impaired, Chennai (Junior/Senior Diploma in teaching the Hearing Impaired). Secondary Grade Teachers Training (Diploma in Teacher Education-DTE) Programme is conducted at the Government Higher Secondary School for the Blind at Poonamallee, for 25 visually impaired and 25 locomotor disabled candidates.
- › **Government Regional Braille Press:** The Regional Braille Press in the campus of the Government Higher Secondary School for the Blind, Poonamallee supplies Braille Books for visually impaired students.

- › **Modern Training Cum Production Workshop (Mtcpw), Guindy, Chennai.**  
A Modern Training cum Production Workshop located at Guindy, Chennai, functions under the direct control of the State Commissioner for the Disabled. It undertakes designing, production and manufacture of tricycles and wheel chairs to meet the requirements of District Rehabilitation Centres every year.
- › **Government Rehabilitation Home with Sheltered Workshop for Visually Impaired Women, Poonamallee.**  
Visually impaired women in the age group of 18-40 years (45 years in the case of SC/ST) are trained in chalk making and weaving in the Government Rehabilitation Home with Sheltered Workshop for the Blind women at Poonamallee. These products are sold to hospitals and schools.
- › **Training For Physically Handicapped Persons Through District Rehabilitation Centres:** The Department for Rehabilitation of the Disabled conducts the following free training programmes for disabled persons through the District Rehabilitation Centres.
- › **Diploma Course in Medical Laboratory Technology (DMLT)**—Two year duration. (Chennai, Salem, Tirunelveli, Trichy, Thanjavur, Madurai) **Computer Training Course** – Six months duration in all Districts for locomotor disabled and hearing impaired persons and in Chennai for visually impaired persons.
- › **Training for Visually Impaired Persons:** The Department for Rehabilitation of the Disabled conducts the following free training programmes for visually impaired persons at the Government Industrial Training Centre for the Blind at Poonamallee:

  - › –Fitter-cum-Basic Machine Operator (One year duration),
  - › –Book-Binder (One year Duration),
  - › –Cutting and Tailoring for women (One year Duration)
- › **Free Surgical Correction for Polio and Spinal Cord Injured Persons:** Special medical camps are conducted by the Department for identification of spinal cord injured and polio affected persons in need of surgical correction through the District Rehabilitation Centres. On identification, those requiring surgery are sent to the Medical College Hospital /District Headquarters hospitals.
- › **Aids and Appliances:**The following types of aids and appliances are provided to the identified physically disabled persons, free of cost, according to their disability, usage of limbs, power and requirement of appliances through the District Rehabilitation Centres:

  - Tricycle,
  - Wheel chair
  - Goggle
  - Folding stick
  - Braille watch,
  - Hearing aid
  - Solar rechargeable battery
  - Calipers
  - Crutches
  - Artificial limb
- › The Government has proposed to provide the latest modular functional artificial limbs available in the country to student

amputees. From 2007-2008, motorised tricycles will be supplied to severely disabled students numbering 60, free of cost. Further, 290 disabled working persons will be provided a subsidy to purchase motorized tricycle/motor cycle.

- › **Reservation for Disabled People:** Three percent vacancies/seats arising in all the State/Public Services and Educational Institutions under Government, Government-aided and Local Bodies have been reserved for disabled people. Inw the Education Department, 2% of vacancies for teaching posts are reserved for the visually impaired persons and 2% of vacancies in non-teaching posts are reserved for hearing impaired persons.
- › **Special recruitment drive:** The Government has decided to hold a special recruitment test for employing disabled people in the vacancies under 3% reservation through Tamil Nadu Public Service Commission. This will cover vacancies of posts which come under the purview of the TNPS.
- › **Unemployment Allowance To The Unemployed Visually Handicapped:** Unemployed visually disabled persons are paid unemployment allowance for a period of 10 years or up to the age of 40 years (45 years in the case of SC/ST) or till they get employment, whichever is earlier.
- › **Self-employment:** The Department is taking steps to assist disabled persons to avail loans from Nationalised Banks for self-employment ventures. Women with disability are given training for self-

employment and loan for starting small business. Disabled persons in rural areas are given priority for assistance with handicrafts and petty shops. Special Self-Help Groups are formed exclusively with persons with disabilities and financial assistance is provided to these groups to start self-employment ventures. Further, the State Government is taking steps to provide assistance for self-employment ventures through the Schemes sponsored by the National Handicapped Finance and Development Corporation, Government of India.

- › **Issue of National Identity Card, Pass Book and Disability Certificate:** As per the Persons with Disabilities Act 1995, Disability Certificates are issued by the District Medical Board for Persons with Disabilities formed at the District Medical College Hospital and District Head Quarters Hospitals on a specific day/days of the week. Regular camps are conducted throughout the State at Block and Taluk levels to issue Identity Cards. Fifty Medical Boards for Persons with Disabilities are functioning in Tamil Nadu. Students with disabilities are given Identity Cards through special camps conducted at the School premises of Special Schools/SSA Schools/IED Schools.
- › **Concessions to Persons Marrying Disabled Persons:** The quantum of Marriage Assistance has been raised from Rs.10,000/- to Rs.20,000/- by the Government during 2006-07 for persons marrying people with visual impairment, locomotor disability and speech/hearing impairments.

› **Free Travel Concession to Disabled Persons in State Owned Transport Corporation Buses:**

The State Government provides free bus passes to benefit various disabled persons to travel in State owned Transport Corporation Buses. Visually impaired persons are permitted to travel free of cost in the Government Transport Corporation Buses up to 100 Kms from their residence without any condition. The concessions have been extended to other disabled persons with certain conditions in order to pursue their education, visit hospitals, training centres and undertake employment. People with visual and locomotor disabilities are permitted to travel to their native place and back within the State once in a year in Express buses. Mentally challenged persons are permitted to travel with one escort, free of cost without income limit.

› **Registration of Non-Governmental Organisations Working for the Rehabilitation of Disabled Persons:**

It is mandatory for all NGOs providing various services to the disabled persons to get registered in the office of the State Commissioner for the Disabled under the Persons with Disabilities Act, 1995.

› **Barrier-Free Environment for Disabled Persons:**

The State Government is taking various steps to provide a barrier free environment for disabled persons. As per the provisions of the 1995 Act, Development Control Rules (DCR) for Chennai Metropolitan Development Area have been amended for provision of ramps and other barrier free facilities in public buildings. The State Government

has directed the Public Works Department, Highways Department, Transport Department and Municipal Administration Department to take necessary steps to provide barrier free environment for disabled persons so as to ensure full participation of the disabled persons in all the activities of the society.

› **Maintenance Allowance to Severely Disabled Persons:**

The amount given as Maintenance Allowance to severely disabled persons has been raised from Rs.200/- to Rs.500/- per month from 2006. Maintenance Allowance is sent to the residence of disabled persons through money order every month. Government has decided to provide all severely mentally retarded persons with the same pension as severely disabled persons, without any ceiling as to their number or income.

› **Sheltered Home for Adult Mentally Challenged Girls:**

To protect the adult mentally challenged girls above 14 years, the Government offers grants-in-aid to NGOs for running sheltered Homes. Under this scheme, five Homes at Madurai, Salem, Tuticorin, Sivagangai and Vellore are supported.

› **Home for the Mentally Ill:**

In order to take care of mentally ill persons, the Government has established a Home for the mentally ill at Thirupathur in Vellore District. Uthavum Ullangal, a local NGO, manages this Home.

› **Day Care Centres for Mentally Challenged Children:**

Three day care centers for mentally challenged

children are functioning in Theni District, benefiting 90 children. NGOs manage these centres with the grants-in-aid assistance provided by the state government.

- › **Grant-In-Aid Assistance to Run Special School for Persons with Mental Retardation:** In Theni District, one Special School of an NGO for 25 mentally retarded children is functioning with the assistance of Government. Grant-in-aid is provided to one Special School each in Chennai, Salem and Coimbatore benefiting Mentally Retarded Children.
- › **Registration of Psychiatric Rehabilitation Centres:** Tamil Nadu Registration of Psychiatric Rehabilitation Centres for Mentally ill Persons Rules, 2002, has been notified to regulate Psychiatric Rehabilitation Centres for mentally ill persons for the first time in India.
- › **Assistance to Physically Disabled Law Graduates:** Fifteen physically disabled Law graduates are given financial assistance of Rs.3000/-each to register at Bar Council as Lawyers and for purchase of Law books.
- › **International Day of Disabled People:** 'International Day of the Disabled' is observed on 3rd December every year by the State Government. "State Level Sports Meet" is conducted, with as many as 5000 disabled children participating from all over the State. Cultural programme is also conducted to bring out the talent of disabled children. On this day, State Awards are distributed to individuals

and institutions who render outstanding services for disabled people. Aids and appliances are also distributed on this occasion.

- › **State and National Awards:** To encourage persons who are involved in the services for disabled people, awards are presented by the State Government during Independence Day and International Day of the Disabled People. National Awards are distributed by the Ministry of Social Justice and Empowerment, Government of India on the occasion of International Day of the Disabled People on 3rd December every year. During 2006-07, Tamil Nadu received six National Awards.
- › **District Rehabilitation Centres:** Tamil Nadu is the only State in the Country with District Rehabilitation Centres in all the Districts. These District Rehabilitation Centres identify disabled persons and provide necessary rehabilitation assistance depending on the nature of disability.
- › **National Programme for Rehabilitation of Persons with Disabilities (NPRPD):** The National Programme for Rehabilitation of Persons with Disabilities (NPRPD) Scheme is implemented in six districts, namely Kancheepuram, Tiruvannamalai, Ramanathapuram, Theni, Thanjavur and Tiruvarur. The main objective of the scheme is to provide Community Based Rehabilitation services to the disabled population in these Districts. As a part of this scheme, a State Resource-Cum-Training Centre (SRTC) is functioning at Chennai, conducting training for Government officials and others on rehabilitation.

- › **National Trust:** To fulfill the objective of The National Trust Act for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, 1999, Local Level Committees (LLC) have been formed in the Districts with the District Collector as the Chairman. An amount of Rs.10000/- per annum is allotted to each LLC to take up activities, which includes awareness generation, appointment of legal guardians, sensitization of NGOs, etc.
- › **Government Rehabilitation Homes:** Ten Rehabilitation Homes have been established in Kancheepuram, Villupuram, Krishnagiri, Pudukottai, Thanjavur, Madurai, Thiruvannamalai, Dharmapuri, Salem and Erode districts, with a view to extending medical assistance and rehabilitation to persons affected by leprosy.
- › **Government Care Camp, Melpakkam:** The Tamil Nadu Prevention of Beggary Act was enacted in 1945. The Government Care Camp at Melpakkam was started in 1954. Beggars convicted by the Judicial Magistrates are kept in the Home. They are provided with free boarding, lodging, clothing, medical facilities and also given training in various trades like weaving, carpentry, pottery and tailoring. On completion of conviction period, they are sent back to their homes.
- › **Distribution of Colour Television Sets:** The programme of distribution of colour television sets, free of cost to families who do not own them, was inaugurated in September, 2006. Accordingly,

the residents of all 10 Government Rehabilitation Homes and the Care Camp were given Colour Television sets.

› **Constitution of Disabled Welfare**

**Board:** The Government has established a separate welfare board for disabled people to ensure continuing governmental attention and assistance for disabled people.

**Non-governmental Organisations And Disabled Persons' Organisations (DPOs)**

A number of non-governmental organisations work in the field of disability all over the country, many of whom provide high quality services but with limited coverage.

While there is no national cross-disability umbrella organisation, there are disability rights coalitions consisting of organisations of and for disabled people in Delhi, Kolkata, Chennai and Bangalore.

Disability networks are functioning in Gujarat, Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Orissa and Kerala. Some well known DPOs include the National Federation of the Blind and All India Confederation of the Blind and All India Federation of the Deaf. There is a growing number of parents' organisations, and numerous grassroots level self-help groups.

In Tamil Nadu, there are an estimated ~90 non governmental organisations working in the disability sector. Many work in close partnership with the state government in implementing programmes in education, training, long term care and community based rehabilitation.

#### **D. Review Of Guidelines On Inclusion Of People With Disabilities In Disaster Management**

After the tsunami of December 2004, different publications have highlighted the need to include people with disabilities in all aspects of disaster management. Guidelines and some research reports are now available, as detailed below:

- › The Sphere Project, Charter and Minimum Standards in disaster Response, 2004.  
[www.sphereproject.org/handbook/index.htm](http://www.sphereproject.org/handbook/index.htm)
- › Looking with a Disability Lens at the Disaster Caused by the Tsunami in South East Asia, by Barbara Oosters for CBM International  
[www.developmentgateway.com.au/jahia/Jahia/lang/en/pid2254](http://www.developmentgateway.com.au/jahia/Jahia/lang/en/pid2254)
- › WHO 2005, Disasters, Disability and Rehabilitation.  
[www.who.int/violence\\_injury\\_prevention/other\\_disaster\\_disability2.pdf](http://www.who.int/violence_injury_prevention/other_disaster_disability2.pdf)
- › ITDG 2005, Guidelines for Planning in the Re-building Process – Resource Pack, Chapter 5: Disability Sensitive Planning for Rehabilitation/Reconstruction.  
[www.itdg.org/docs/region\\_south\\_asia/guidelines-planning-rebuilding.pdf](http://www.itdg.org/docs/region_south_asia/guidelines-planning-rebuilding.pdf)
- › The U.S. Federal Emergency Management Agency (FEMA) update of its brief guidelines in 2004, "Assisting People with Disabilities in a Disaster".  
[www.fema.gov/trr/assistf.shtm](http://www.fema.gov/trr/assistf.shtm)
- › Following the floods in Bangladesh in 2004, Handicap International published a booklet "How to include Disability Issues in Disaster Management".  
[www.handicapinternational.org](http://www.handicapinternational.org)
- › "Lessons Learned from the World Trade Center Disaster", a report prepared by the Center for Independence of the Disabled

of NY (CIDNY), alternating between small case studies and recommendations by the disability group that was based closest to Ground Zero in 2001.

[www.rtcil.org/lesson](http://www.rtcil.org/lesson)

- › A series of short Factsheets and recommendations for each disability group to attain disaster preparedness has been issued by June Issacson Kailes, focusing on earthquake preparedness.  
[www.jik.com/disaster](http://www.jik.com/disaster)
- › Recently, the Phuket Declaration on Tsunami Preparedness for Persons with Disabilities was officially adopted in March 2007, following the International Conference on Tsunami Preparedness for Persons with Disabilities, held in January 2007 in Thailand.  
[http://www.dinf.ne.jp/doc/english/prompt/ws070112\\_2.html](http://www.dinf.ne.jp/doc/english/prompt/ws070112_2.html)
- › In India, training for people with disabilities on disaster management is being conducted by different agencies. An example is the training programme on "Addressing the Disabled in Disaster Management", focusing on first aid and awareness on disaster preparedness for the mentally and physically challenged students, their parents and teachers in Orissa, organised by the Indian Red Cross Society, Cuttack in March 2007.

#### **Research reports**

- › A summary of research reports on disability and disaster reviewed by the study team, is given below:
- › "Disability in Conflict and Emergency Situations: Focus on Tsunami-affected Areas" by Maria Kett, Sue Stubbs and Rebecca Yeo on behalf of the International Disability and Development Consortium, June 2005, published by the UK KAR

#### Disability Programme:

[www.disabilitykar.net/docs/iddc.doc](http://www.disabilitykar.net/docs/iddc.doc)

- The aim of the research was to promote the inclusion of disability in emergency, conflict situations and refugee programmes. The particular objectives were to assess the extent of inclusion, networking and resources in post-tsunami contexts. The geographical focus was mainly Sri Lanka, with contributions from India and Indonesia. In brief, findings were that inclusion according to the 'social model' of disability was quite limited, with scant evidence that funding reached poor disabled people's organizations.
- With relation to India, the researchers found that "inclusion of disabled persons seems to be limited to surveys, receiving relief and aids and equipment, and does not involve inclusion in planning, decision-making or management. The cumbersome bureaucracy was cited as a major obstacle in post-tsunami relief and rehabilitation, and there were the same issues relating to reconstruction and potential displacement of fishing communities".
- While the researchers interacted with different stakeholders, the number of affected people with disabilities they met in India was very small; only 10 people with disabilities were met.
- "International Disability Rights Monitor: Disability and Early Tsunami Relief Efforts in India, Indonesia and Thailand", Centre for International Rehabilitation, Washington, September 2005. [www.cirnetwork.org](http://www.cirnetwork.org)
- The study looked at inclusion of people with disabilities in disaster management from a human rights perspective. The researchers interacted with a variety

of stakeholders including people with disabilities, although the report does not mention the number of people with disabilities met by the study team. The report concludes "Taken together, the pieces of this report show that despite the dedicated, intensive, well-funded relief efforts, people with disabilities living in the affected areas continue to experience a loss of their human rights – both through the devastation of the disaster itself and through overall exclusion from the recovery efforts".

- "The Indian Ocean Tsunami Disaster 2004: a Situational Assessment to Inform Response and Future Planning of the World Federation of Occupational Therapists". The study, conducted in March 2005, places emphasis on the need for a regional workshop to plan for the readiness of occupational therapists to participate effectively in future disasters. [www.wfot.org](http://www.wfot.org)

#### E. Rationale For The Present Study

The review of available literature reveals that so far, no study has been conducted to capture the views and perceptions of a sizeable group of people with disabilities and their families, who were affected by the tsunami in India.

The present study is probably one of the first in this genre in India and is expected to provide inputs to the state government for policy and design of appropriate intervention models for people with disabilities in all phases of disaster management.

#### F. Objectives Of The Study

The main objective of the study is to suggest models of intervention for people

with disabilities in all the phases of disaster management with special emphasis on women and children. The specific objectives of the study are listed below:

- To document the views of people with disabilities and their families on how they coped with the disaster, whether they were able to access help and what barriers they faced in accessing help, with special focus on women and children with disability.
- To identify key players in the government and NGO sector in the affected areas who addressed the needs of people with disabilities during and after the disaster, and to document the types of services provided to people with disabilities.
- To assess the effectiveness of the services provided during and after the disaster from the perspective of people with disabilities and their families.
- To estimate the prevalence of disability (those newly disabled by the tsunami and those with pre-existing disability) in the study areas.
- To evolve strategies for disaster preparedness and post-disaster interventions for people with disabilities, with a special focus on women and children with disability.

### **G. Methodology**

An operations research methodology developed in a participatory manner was followed, taking into account the views of different stakeholders, using a mix of methods such as questionnaires, interviews, focus group discussions and case studies.

### **H. Key Stakeholders**

For the purpose of the study, the key stakeholders were:

- > People with disabilities, their families and immediate communities in the affected areas, especially women and children.
- > Government – state, district and local levels
- > Non Governmental Organisations (NGOs) in the affected areas that were involved in relief and rehabilitation efforts
- > United Nations Tsunami Recovery Support
- > Experts and professionals, including the study team.

### **I. Study Team**

The study was conducted and coordinated by Wilbur Smith Associates. The core team comprised two members of the company and an external expert. The team was supported by UNTRS and the Tamil Nadu State Commissioner for Disabilities through periodic review and monitoring of the process.

At the district level, the following three nodal NGOs working in the field of disability were identified; staff of these NGOs, including persons with disability, supported the core team:

- Sangamam Extension Project of Stella Maris College for Kasimedu, Chennai,
- Rucode India for Kanyakumari district, and
- Leonard Cheshire Disability Development Project for Nagapattinam district.

### **J. Secondary Data Collection And Review**

Secondary data were collected from the

Office of the State Commissioner for Disabilities, Chennai, District Disability Rehabilitation Officers (DDRO) of each district and the Tamil Nadu Tsunami Relief Centre (TNTRC) on available statistics of affected villages and number of affected people with disabilities.

In addition, available literature from national and international NGOs was reviewed to collect information related to affected people with disabilities in Tamil Nadu.

#### K. Definition Of 'Disability'

For the purpose of the study, the term 'people with disabilities' (PWD) was defined according to the Government of India's Persons with Disability Act (PDA) of 1995: "A person with disability" is defined as "a person suffering from not less than 40% of any disability as certified by a medical authority." The PDA identifies seven categories of disability: "blindness; low vision; leprosy-cured; hearing impairment; locomotor disability; mental retardation; and mental illness." It also categorizes people with disabilities according to the degree of their disability: mild, moderate, severe, or profound. Only those who belong to the last three disability categories listed above and have over 40% disability are covered under the provisions of the PDA. The extent and degree of disability is ascertained by a medical board consisting of at least three members appointed by the central/state government, at least one of whom should be a specialist in the relevant disability. The definition given in the PWD Act was adopted for the study, without going into the aspect of 'degree of disability'.

#### L. Development Of Study Tools

Interview schedules were developed to collect information from people with disabilities and families of children with disability. (**Annex IIA and IIB**). The schedules were designed to capture:

- views of people with disabilities/families on how they coped, their access to services and barriers faced in access;
- Services provided by key players;
- Views of respondents on effectiveness of interventions.

The schedules had questions to elicit both quantitative and qualitative data and covered the following key areas:

- Personal and family data;
- Coping in the immediate aftermath of the tsunami;
- Immediate needs and assistance received, who the major service providers were, barriers to access immediate assistance and satisfaction with services provided;
- Relief and reconstruction services received, who the major service providers were, barriers to access these services and satisfaction with services provided;
- Present status and unmet needs;
- Change in life before and after the tsunami;
- Emotional impact of the disaster;
- Issues faced by women with disability;
- Issues faced by children with disability and their families; and
- Suggestions for strategies that would be of help for people with disabilities and their families in future disaster situations.

These schedules were translated into Tamil.

Instructions to field teams were prepared to train them in data collection, which were translated into Tamil as well. (Annex I)

Issues were listed for focus group discussions with people with disabilities and their families and separately with women with disabilities (Annex IV), dealing with the same issues as detailed in the interview schedules.

Case studies were conducted in each study area by the local study teams to take into account:

- > Gender
- > Age groups
- > Types of disabilities – visual, communication, locomotor, mental retardation, mental illness and Hansen's Disease.

A schedule was prepared to collect information from service providers (Annex III).

### **M. Sample Selection**

The focus of the present study was to capture the perceptions of people with disabilities and their families, gauge their perception on effectiveness of interventions and identify needs/future intervention models, and not carry out an epidemiological survey.

Taking the study focus and resource constraints into consideration, a purposive sampling method was adopted. The study aimed for a sample size of 300 people with disabilities, i.e., 100 in each of the study districts. In Nagapattinam and Kanyakumari, purposive sampling of some of the worst-affected villages/settlements with the maximum number of disabled persons was undertaken.

Using the prevalence data available with the respective NGOs, a sample matrix was developed for the study areas in the three districts, aiming at the following categorization:

- > All different types of disabilities to be covered;
- > Sample to include men, women and children with disabilities;
- > Sample to include those who were disabled before tsunami and those who became disabled due to tsunami.

Table 1 gives details on the sample matrix developed and used for the study.

**Table 1: Sample Matrix Developed for the Study**

S.No.	Type of Disability	Male	Female		Total
1	Locomotor	19	19	10	38
2	Visual	3	3	-	6
3	Speech/ Hearing	2	2	4	8
4	Mental Retardation	5	5	10	20
5	Multiple Disability/ cerebral palsy	3	3	9	15
6	Mental illness	1	1	-	2
7	Hansen's Disease	1	-	-	1
	Total	34	33	33	100

The final sample was selected from the following areas in the three districts:

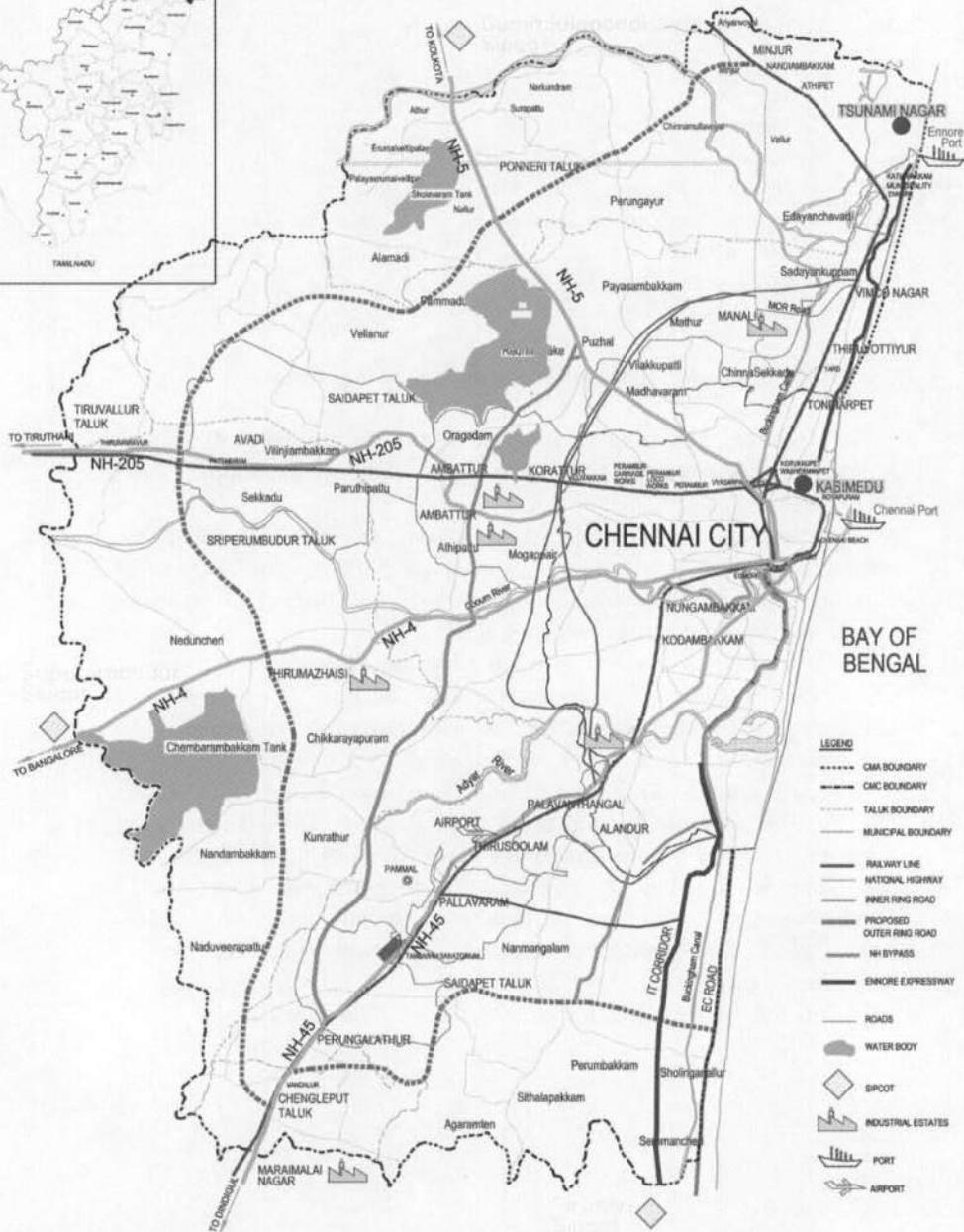
Kanyakumari: The sample was selected from the villages of Colachel, Muttam, Melamanakudi, Kizhamanakudi, Azhikalpillaitoppu and Kottilpadu;

Nagapattinam: Fifty percent of the sample was selected from one of the most-affected, well-served (in terms of service providers and resources) villages (Akkaraipettai) and the rest from underserved villages (Poompuhar, Vanagirikuppam and Kichankuppam); and

Chennai: The sample was selected Kasimedu and adjoining areas of Royapuram, Annanagar, Thiruvottiyur-Kuppam Road, Tsunami Nagar, and a very small sample was taken from Powerkuppam. (refer Maps 1-3 depicting sample villages in each of the three districts).

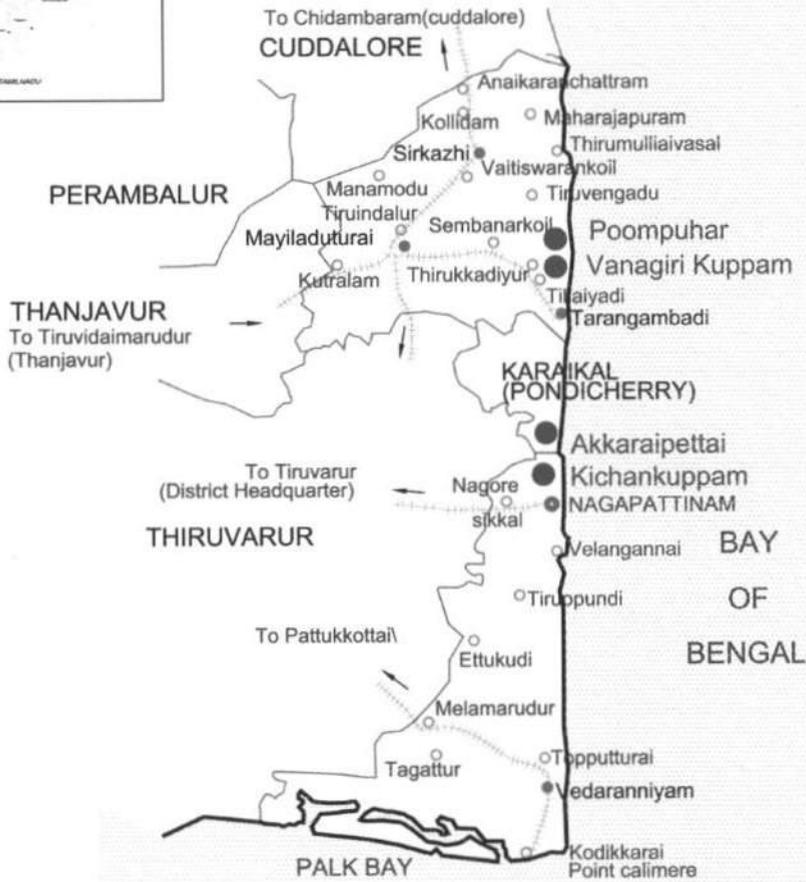
The final sample consisted of 319 people with disabilities from urban communities (Chennai), peri-urban communities (Akkaraipettai in Nagapattinam) and rural communities (Kanyakumari and Poompuhar in Nagapattinam). It included 194 adult men and women who were directly interviewed and 125 families (i.e., families of 80 children below 14 years and 45 older children/adolescents and adults with mental retardation and multiple disabilities).

A detailed description of the sample follows in **Section III**.



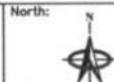
- LEGEND**
- CMA BOUNDARY
  - CMC BOUNDARY
  - TALUK BOUNDARY
  - MUNICIPAL BOUNDARY
  - RAILWAY LINE
  - NATIONAL HIGHWAY
  - INNER RING ROAD
  - PROPOSED OUTER RING ROAD
  - NH BYPASS
  - ENnore EXPRESSWAY
  - ROADS
  - WATER BODY
  - ◇ SPOOT
  - INDUSTRIAL ESTATES
  - ⚓ PORT
  - ✈ AIRPORT

<p><b>Map Title:</b> LOCATION OF SAMPLE SETTLEMENTS IN CHENNAI</p>	<p><b>North:</b> </p>	<p><b>Client:</b> UNITED NATIONS TSUNAMI RECOVERY SUPPORT</p>
<p><b>Project Name:</b> AN EXPLORATORY STUDY ON TSUNAMI AND DISABILITY</p>	<p><b>Scale:</b> NOT TO SCALE</p> <p><b>MAP: 1</b></p>	<p><b>Technical Consultant:</b>  WILBUR SMITH ASSOCIATES PVT. LTD. # 78, 2nd Floor, First Block, 14th Cross H. T. Nagar, Bangalore - 560 022, Karnataka, India. Telephone : + 91 (080) 2354 3428 / 3413 E-mail : corporate1@wilbur-smith.com</p>



Map Title:  
LOCATION OF SAMPLE  
SETTLEMENTS IN NAGAPATTINAM

- Legend:**
- District Boundary
  - +++++ Railway Track
  - District Headquarter
  - Taluk Headquarter
  - Town
  - Water Body



Scale:  
NOT TO SCALE  
MAP: 2

Client:  
UNITED NATIONS TSUNAMI RECOVERY SUPPORT

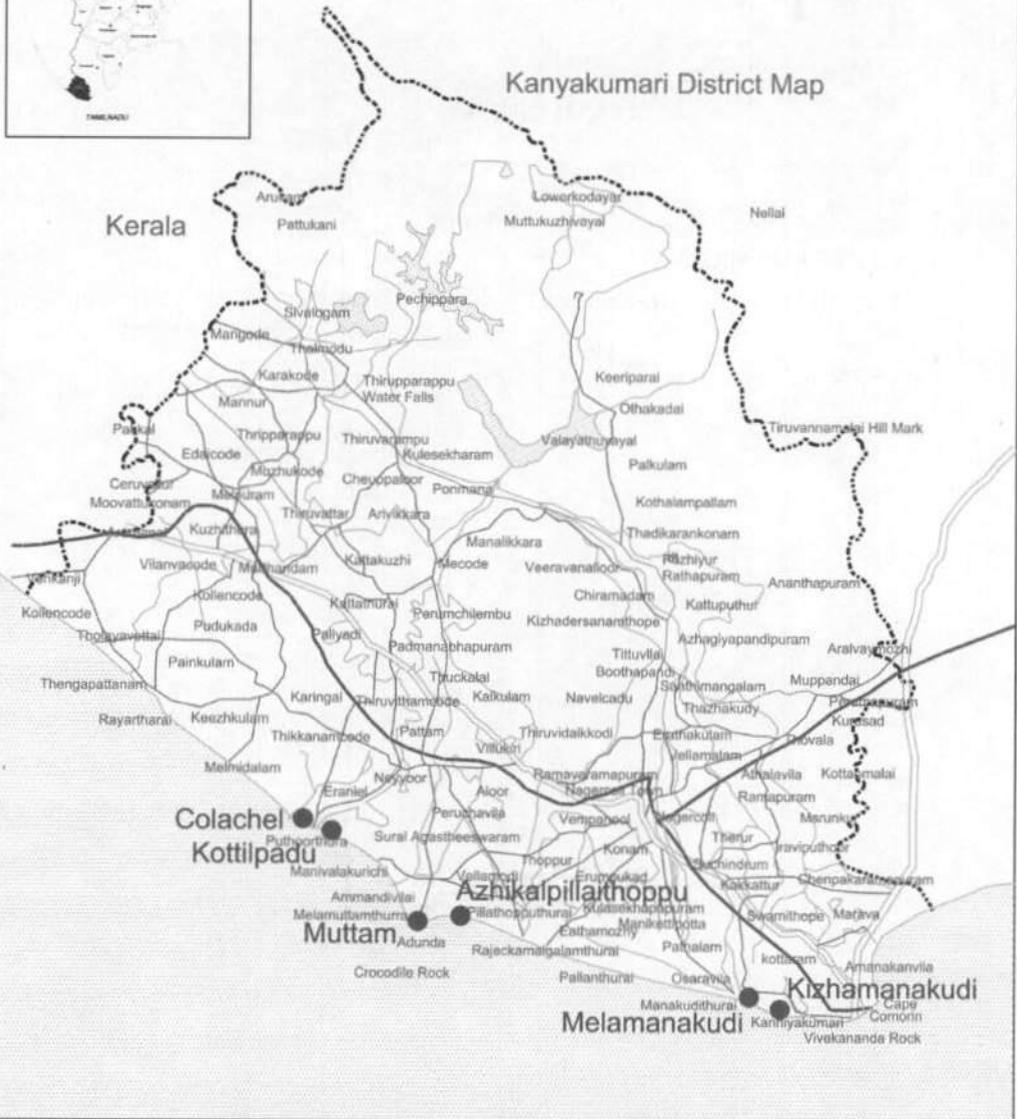
Project Name:  
AN EXPLORATORY STUDY ON  
TSUNAMI AND DISABILITY

Technical Consultant:  

**WILBUR SMITH ASSOCIATES PVT. LTD.**  
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### Kanyakumari District Map



<p><b>Map Title:</b> LOCATION OF SAMPLE SETTLEMENTS IN KANYAKUMARI</p>	<p><b>Legend:</b></p> <ul style="list-style-type: none"> <li>----- BOUNDARY</li> <li>—— RAILWAY LINE</li> <li>—— NATIONAL HIGHWAY</li> <li>—— ROADS</li> <li>● WATER BODY</li> </ul>	<p><b>North:</b></p>  <p><b>Scale:</b> NOT TO SCALE</p> <p><b>MAP: 3</b></p>	<p><b>Client:</b> UNITED NATIONS TSUNAMI RECOVERY SUPPORT</p> <p><b>Technical Consultant:</b>   <b>WILBUR SMITH ASSOCIATES PVT. LTD.</b>                  # 78, 2nd Floor, First Block, 14th Cross                  R. T. Nagar, Bangalore - 560 032, Karnataka, India.                  Telephone: +91 (080) 2296 3668 / 3413                  E-mail: csupport@wilbursmith.com</p>
<p><b>Project Name:</b> AN EXPLORATORY STUDY ON TSUNAMI AND DISABILITY</p>			

## N. Pilot Study

A pilot study was conducted by the core team in Kasimedu area of Chennai, to administer/test the tools and check whether they were able to capture people's responses. The pilot study attempted to cover a representative target group, i.e., people with different types of disability, gender and age groups (including children). The pilot study covered the following:

- > Adult female with locomotor disability,
- > Adult male with locomotor disability,
- > Adult female with mental illness,
- > Female child with cerebral palsy,
- > Female child with mental retardation, and
- > Male child with locomotor disability.

A focus group discussion was also held with seven people with disabilities (4 female, 3 male, all with locomotor disability) in Kasimedu area.

After the pilot study, the questionnaires were revised. To permit ease of data entry and analysis, coding of responses was undertaken wherever possible. At the same time, open ended questions that permitted qualitative descriptions, remained a part of the schedule.

Modalities of field level surveys were also finalized at the end of the pilot study in terms of time required for administration of the schedules and the team strength required for completion of data collection. These were conveyed to each nodal NGO in the three districts.

## O. Data Collection

Data collection was undertaken through interviews of people with disabilities and their families and surveys of service providers. Data Collection from People

with Disability and their Families

The core team visited each district and trained the field team in collection of data using the schedules and through focus group discussions with people with disabilities and their families. In each district, the team visited one village/area (Chennai) with the field team members. The field team members filled up one schedule each and discussed their observations and difficulties faced with the core team. Following this, the process of data collection started and one core team member revisited some of the areas during the period of data collection to monitor the process.

Adult men and women with disabilities were directly interviewed, except for persons with mental retardation. In the case of children with disabilities below 14 years of age and persons with mental retardation, the families were interviewed.

- > In Kanyakumari, the data collection team consisted of 12 members (10 females, 2 males), of whom two members had a disability. Focus group discussions were held with 13 persons with disabilities and their families, and with 12 women with disabilities.
- > In Nagapattinam, the data collection team consisted of 5 members (3 females, 2 males), of whom four members had a disability. The Nagapattinam team collected data on 101 women, men and children with disabilities. Focus group discussions were held with 15 persons with disabilities and their families, and with 10 women with disabilities.

In Chennai, the data collection team consisted of 10 female volunteers, assisted by three persons with disability who were working with the NGO. The Chennai

team collected data on 109 women, men and children with disabilities. Focus group discussions were held with 15 persons with disabilities and their families, and with 19 women with disabilities.

Following collection of data, the NGO heads, assisted by one core team member, scrutinised the schedules to check for errors or incomplete data, before finalising them. Subsequently, the NGO heads translated the schedules into English and sent the completed data to the core team.

#### **P. Survey Of Service Providers**

All service providers (government and NGOs, whose details were available from published reports) in the affected areas from the three districts were contacted by email by the core team to collect information on the types of services provided, with particular reference to services for people with disabilities, using the schedule developed for the purpose. Out of 141 service providers contacted, responses were received from 12 (8.5%) after repeated reminders.

#### **Q. Discussions With Key Stakeholders**

The following key stakeholders were contacted either personally or over telephone to elicit views and suggestions on different aspects and phases of the study:

- Mr. V.K. Jeyakodi, IAS, State Commissioner for the Disabled, O/o The State Commissioner for the Disabled, Chennai;
- Mr. C.A.R. Sridharan, Placement Officer, O/o The State Commissioner for the Disabled, Chennai;
- Mr. C.V. Sankar, IAS, OSD, R&R, Chennai
- Ms. Lakshmi, Assistant Commissioner,

Media and Public Relations, Disaster Management, Chennai;

- Mr. Chandran, District Disability Rehabilitation Officer, District Rehabilitation Centre, Chennai;
- Mr. K.M. Parivelan and Mr. Suresh, Information Officers, TNTRC, Chennai. Tsunami Collector, District Collector's Office, Nagapattinam;
- Mr. Kaliyamoorthy, District Disability Rehabilitation Officer, District Rehabilitation Centre, Nagapattinam;
- Mr. Manohar, District, Disability Rehabilitation Officer, District Rehabilitation Centre Kanyakumari;
- Ms. J.P. Saulina Arnold, Convenor, Chennai District Resource Centre, Chennai; and
- Dr. Johnson Raj, Kanyakumari Resource and Research Centre, Kanyakumari.

#### **R. Data Analysis**

The core team carried out a content analysis of qualitative responses in the data forms to arrive at coding for data entry. All the data were entered into the computer and tabulated. Subsequent coding and analysis was undertaken using MS-Excel and SPSS.

#### **S. Structure Of The Report**

This Report presents the results of the Study and is organised into the following Sections:

*Section 1:* Introduction, provides background of the study, objectives and rationale for the study and the methodology

*Section 2:* Review of Secondary Data, presents a review of data on people with disabilities affected by the tsunami

*Section 3:* Description of the sample, presents sample characteristics

Section 4: *Coping in the immediate aftermath of the tsunami*, discusses access to rescue and relief and addressing of immediate needs of people with disabilities and families and barriers faced

Section 5: *From the recovery and reconstruction phase to the present*, deals with access to R&R services by people with disabilities and families and barriers faced; it also presents special problems faced by women with disabilities and the perspective of families of children with disabilities

Section 6: *Suggestions from people with disabilities and their families*, presents their inputs for disability-specific strategies in future disaster situations

Section 7: *Report from service providers*, presents the type of services provided for people with disabilities and suggestions for their inclusion in disaster management

Section 8: *Significant Findings and Recommendations*, presents the major findings of the study and recommendations arising from the same.

## II: DISABILITY PREVALENCE IN THE STUDY AREAS

### A. Introduction

This Chapter presents a review of secondary data on prevalence of disability in tsunami-affected areas, obtained from Government of Tamilnadu as well as other published sources.

### B. Prevalence Of Disability In Three Tsunami-affected Districts

Data were collected by the core team from the District Rehabilitation Offices (DRO) in the three study districts to estimate the number of people with disabilities affected by the tsunami. Tables 2 and 3 reflect the figures provided by the DROs, as on March 2007.

**Table 2: Incidence of Disability in Tsunami-affected Areas of Kanyakumari**

S.No.	Item	No.
1	Total no. of villages affected by Tsunami	31
2	Total no. of disabled in the affected villages	2427
	1. Male	1477
	2. Female	950
3	The worst hit areas in the district and no. of disabled	
	1. Kottilpadu	34
	2. Kolachel	102
	3. Azhikal Pillaithoppu	55
	4. Melamanakudi	59
	5. Keezhamanakudih	32

Source: DRO, Kanyakumari, March 2007

**Table 3: Incidence of Disability in Tsunami-affected Nagapattinam**

S.No.	Name of the affected village	No. of Disabled Affected by Tsunami		Total
		Male	Female	
1.	Vadaku Poigainallur	9	12	21
2.	Akkaraipettai	8	4	12
3.	Keechankuppam	25	12	37
4.	Thodarkuppam	10	3	13
5.	Vellipalayam	7	3	10
6.	Nambiyar Nagar	30	8	38
7.	Vellipalayam Beach	20	31	51
8.	Ariyanattu Theru	6	5	11
9.	Nalliyal Thottam	9	7	16
10.	Palpannaicherry	11	8	19
11.	Sammanthan Pettai	38	14	52
12.	Silladi theru	9	11	20
13.	Pandagasalai Theru	19	5	24
14.	Pattinacheri	8	5	13
15.	Peerodu Veedi	10	9	19
16.	Vellankanni	12	3	15
17.	Therku Poigainallur	10	18	28
18.	Kallar	3	4	7
19.	Prathamapuram	13	2	15
20.	Seruthur	10	16	26
21.	Kameshwaram	16	9	25
22.	Vairavankadu	12	5	17
23.	Manalmedu	6	4	10
24.	Vilunthamavadu	15	13	28
25.	Pudupalli	8	7	15
26.	Vettaikaran Nerrupu	17	10	27
27.	Vanavan Mahadevi	28	20	48
28.	Vellapallam	7	19	26
29.	Naluvédapathy	19	7	26
30.	Kovilpathu	7	4	11
31.	Pushpavanam	8	2	10
32.	Periakuthagai	7	3	10
33.	Arcotuurai	19	16	35
34.	Kozhagan	11	2	13
35.	Kollitheevu	4	4	8
36.	Mottaiyanthoppu	2	1	3
37.	Kodiyakarai	5	2	7
38.	Thirumullaivasal	20	7	27

S.No.	Name of the affected village	No. of Disabled Affected by Tsunami		Total
		Male	Female	
39.	Thoduva	18	3	21
40.	Vazhuthalaikudi	12	4	16
41.	Poompuhar	27	22	49
42.	Pudukuppam	13	7	20
43.	Vellapallam	2	-	2
44.	Perunthottam	17	10	27
45.	Nayakkar Kuppam	14	5	19
46.	Chavadi Kuppam	9	1	10
47.	Keezhmoovarkarai	7	1	8
48.	Melmoovarkarai	4	3	7
49.	Koozhaiyar	15	5	20
50.	Pazhaiyar	24	12	36
51.	Madavaamedu	10	11	21
52.	Kottayamedu	5	10	15
53.	Kodiyampalayam	9	3	12
54.	Pudupettai	12	5	17
55.	Thalanpettai	6	3	9
56.	Vellakottai	3	3	6
57.	Veppancheri	3	6	9
58.	Chinnagudi	28	15	43
59.	Chinnurpettai	1	1	2
60.	Chandrapadi	12	3	15
61.	Tharangampadi	20	13	33
62.	Perumalpettai	7	4	11
63.	Kuttiandiyur	8	7	15
64.	Vanagirikuppam	30	15	45
	Total	794	487	1281

Source: DRO, Nagapattinam, March 2007

In Kasimedu area of Chennai, about 181 people with disabilities who were affected by the tsunami were reported by the DRO to have registered for Identity Cards.

Secondary data obtained from the respective DROs in the 3 districts revealed that the number of disabled persons affected by the tsunami varies from 2427 spread across 31 villages in Kanyakumari, to 1281 spread across 72 villages in Nagapattinam, to 181 people registered for ID cards in Kasimedu in Chennai.

These data were culled out by the DROs from available data on distribution of relief and reconstruction materials. Discussions held with different sources in the government and NGO sector revealed that detailed

prevalence surveys focusing on identification of people with disabilities had not been conducted in any of the affected areas, except some peri-urban areas in Nagapattinam where a survey by the NGO study partner LCP was under way at the time of the study, and in Kasimedu area of Chennai where the NGO Sangamam was also carrying out a survey.

### C. Data On People Disabled By The Tsunami

According to an international research report (International Disability Rights Monitor: Disability and Early Tsunami Relief Efforts in India, Indonesia and Thailand, Centre for International Rehabilitation, Washington, September 2005), 153 people were disabled by the tsunami in Tamil Nadu. Table 4 below, taken from the report, gives some details gathered by the research team from the respective DROs in 2005.

**Table 4: Number of New People with Disabilities after the Tsunami**

District	Blind	Ortho	Mentally disabled	Total
Nagapattinam		125	20	145
Kanhcheepuram		3		3
Kanyakumari	1	3		4
Cuddalore		1		1
Total	1	132	20	153

Source: IDRM, 2005

Table 5 presents the results of the primary survey on the number of people disabled by the tsunami in the study areas. The data gathered from a sample of 319 people with disabilities showed that 26 persons (8.2%) had become disabled after the tsunami, all of whom had locomotor disabilities.

**Table 5: Number of People Disabled by the Tsunami in the Study Areas (Mar-Apr 2007)**

	Male		Female		Total	
	N	%	N	%	N	%
Chennai	8	30.8	6	23.1	14	53.9
Nagapattinam	0	0	2	7.7	2	7.7
Kanyakumari	3	11.5	7	26.9	10	38.4
Total	11	42.3	15	57.7	26	100.0

Source: Primary Survey

Prevalence data presented in this report from the three study areas are at best, indicative. The data are clearly not comprehensive, particularly in the case of rural, underserved areas of Nagapattinam and Kanyakumari, where there were no NGOs working with people with disabilities prior to the tsunami.

### III: DESCRIPTION OF THE SAMPLE

#### A. Overview

This Chapter provides a description of sample characteristics. The total sample comprised 319 women, men and children with disabilities. Of these, 194 adult men and women were directly interviewed, while in the case of 125 respondents (80 children below 14 years and 45 older children/adolescents with mental retardation and multiple disabilities), families were interviewed.

#### B. Details On The Sample

Details on the settlements selected and the number of samples selected from each settlement in the study districts are given in Table 6. The sample was almost evenly distributed across the three districts.

**Table 6: Number of Sample People  
With Disabilities in the Three Districts**

District	Settlement	N	%	N	%
Chennai	Kasimedu	77	24.2		
	Thiruvottriyur Kuppam	11	3.4		
	Tsunami Nagar	22	6.9	110	34.5
Kanyakumaari	Colachel	27	8.5		
	Kottilpadu	40	12.5		
	Melamanakudi	42	13.2	109	34.2
Nagapattinam	Akkaraipettai	38	11.9		
	Kichankuppam	8	2.5		
	Poompuhar	54	16.9	100	31.3
Total		319	100.0	319	100.0

Sample distribution by location is presented in Table 6A. About half (51.1% of the sample) was from rural areas, 34.5% from an urban area, and 14.4% from peri-urban areas.

**Table 6A : Sample Distribution by Location**

Type of area	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Urban	110	34.5	0	0	0	0	110	34.5
Peri urban	0	0	46	14.4	0	0	46	14.4
Rural	0	0	54	16.9	109	34.2	163	51.1
Total	110	34.5	100	31.3	109	34.2	319	100.0

The sexes are evenly represented in the sample (as given in Table 7).

**Table 7: Sex Distribution of the Sample**

Sex	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Male	65	20.4	46	14.4	49	15.4	160	50.2
Female	45	14.1	54	16.9	60	18.8	159	49.8
Total	110	34.5	100	31.3	109	34.2	319	100.0

Table 8 presents the age distribution of the sample. The mean age of respondents was 27, with minimum age of 3 years to maximum age of 70 years. A large proportion (72.7%) were from the age group of 15 to 60 years (the productive age group), followed by children of school-going age between 6 to 14 years (20.4%).

**Table 8: Age Distribution of the Sample**

Age Group	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Up to 5 years	10	3.1	1	.3	4	1.3	15	4.7
6 - 14 years	19	6.0	25	7.8	21	6.6	65	20.4
15 - 30 years	48	15.0	45	14.1	41	12.9	134	42.0
31 - 60 years	30	9.4	29	9.1	39	12.2	98	30.7
> 60 years	3	0.9	0	0	4	1.3	7	2.2
Total	110	34.5	100	31.3	109	34.2	319	100.0

People with locomotor disabilities comprised the largest group, followed by people with mental retardation, speech and hearing problems, multiple disabilities, mental illness and visual disabilities. The sample covered only one person with Hansen's Disease (Table 9).

**Table 9: Types of Disabilities in the Sample**

Type of disability	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Visual	4	1.3	6	1.9	6	1.9	16	5.0
Speech and hearing	16	5.0	9	2.8	8	2.5	33	10.3
Physical (loco motor)	61	19.1	52	16.3	56	17.6	169	53.0
Mental retardation	15	4.7	15	4.7	23	7.2	53	16.6
Mental illness	7	2.2	7	2.2	7	2.2	21	6.6
Cerebral palsyW/ Multiple disability	6	1.9	11	3.4	9	2.8	26	8.2
Hansen's Disease	1	0.3	0	0	0	0	1	0.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

The sample from rural areas of Nagapattinam and Kanyakumari had more people with disabilities (51%), compared to the peri-urban and urban areas surveyed.

**Table 9A: Types of Disabilities by Location**

Type of disability	Urban		Peri-urban		Rural		Total	
	N	%	N	%	N	%	N	%
Visual	4	1.3	1	0.3	11	3.4	16	5.0
Speech and hearing	16	5.0	4	1.3	13	4.1	33	10.3
Physical (locomotor)	61	19.1	26	8.2	82	25.7	169	53.0
Mental retardation	15	4.7	11	3.4	27	8.5	53	16.6
Mental illness	7	2.2	1	0.3	13	4.1	21	6.6
Cerebral palsy/ Multiple disability	6	1.9	3	0.9	17	5.3	26	8.2
Hansen's Disease	1	0.3	0	0	0	0	1	0.3
<b>Total</b>	<b>110</b>	<b>34.5</b>	<b>46</b>	<b>14.4</b>	<b>163</b>	<b>51.1</b>	<b>319</b>	<b>100.0</b>

In terms of literacy and educational attainment, about 36% of the sample of adults was illiterate, about 30% had studied up to high school level, about 21% had studied up to primary school and only 11.9% had reached the level of college or technical education (Table 10).

Across the three study districts, urban Chennai had the maximum proportion of illiterate people (18.6%), while rural Kanyakumari had the least (7.7%).

**Table 10: Educational Levels of Adults with Disability**

Education level	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Illiterate	36	18.6	20	10.3	15	7.7	71	
Primary (upto std V)	10	5.2	10	5.2	22	11.3	42	
High School/ HSS (std V to XII)	20	10.3	18	9.3	20	10.3	58	
College/ Technical Education	5	2.6	9	4.6	9	4.6	23	
<b>Total</b>	<b>71</b>	<b>36.6</b>	<b>57</b>	<b>29.4</b>	<b>66</b>	<b>34.0</b>	<b>194</b>	

The sample of 125 in Table 11 includes older children/adolescents and adults with mental retardation and multiple disabilities, who are cared for by their families. Eighty respondents comprised children below the age of 14 years.

About half (48.8%) the sample of 125 was in the formal education system before the tsunami, two thirds in either pre-schools or regular

schools, and one-third in special schools. About 51.2% (64) of the sample were not in the education system before the tsunami.

**Table 11: Children with Disabilities in Formal Education before Tsunami (N=125)**

Type of School	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Preschool	3	2.4	5	4.0	2	1.6	10	8.0
School	4	3.2	13	10.4	14	11.2	31	24.8
Special school	11	8.8	1	0.8	8	6.4	20	16.0
Not going to school	21	16.8	24	19.2	19	15.2	64	51.2
Total	39	31.2	43	34.4	43	34.4	125	100.0

About half of those (48.4%) who were not in formal education were children with severe disabilities. Twenty respondents were over age, while eight were below school-going age. For two of the sample children, special schools were either too far away or not available. One of the sample children was too poor to go to school, one family was not aware of special education and one family felt that the school environment was not conducive for their child to study (Table 12).

**Table 12: Reasons for not being in the Education System before Tsunami (N=64)**

Item	N	%
1 Severe disability	31	48.4
2 Below School age (0-5 years)	8	12.5
3 Overage (> 14 years)	20	31.3
4 Special school not available/ far away	3	4.7
5 School environment not conducive for the disabled child to study	2	3.1
Total	64	100.0

After the tsunami, the number of children in formal education dropped from 48.8% to 39.2% in the sample of respondents.

**Table 13: Drop-outs of Children with Disabilities from Formal Education after Tsunami (N=125)**

Going to school	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	18	14.4	13	10.4	18	14.4	49	39.2
No	21	16.8	30	24.0	25	20.0	76	60.8
Total	39	31.2	43	34.4	43	34.4	125	100.0

While about half of the respondents who dropped out after the tsunami cited the same reasons as those before the tsunami, reasons for drop-out after the tsunami were essentially distance of new residence from the school, loss of income/affordability on the part of parents, set-back in child's progress due to break from school during and after the tsunami, increased health problems after the tsunami and loss of mobility aids after the tsunami (Table 14).

### **Oscar, Kanyakumari**

Oscar, a boy with polio aged 15 years, lives with his family at Colachel, Kanyakumari. He has two younger brothers. His father is a fisherman and his mother, a housewife. Oscar is studying in Std. VII in a local school. He feels sad as his school friends mock his disability.

Oscar's house was located near the sea. He was playing with his brothers at the time of tsunami. His father was at church and his mother was at home. When the house was suddenly flooded with seawater, the younger children held their mother in fear. His mother and brothers got swept away by the water together and were saved later.

The water pushed Oscar into the sea. He did not know how to swim and as he could not balance with his feet, he got pulled further towards the sea. At this point, some fishermen rescued him and took him to a safe place (Colachel Harbour) in a catamaran.

When Oscar's father heard about the tsunami, he swam to the house from the church and found that it had been fully washed away. He found his family on the roadside, but Oscar was missing. The family searched for him at his school and other places. Later, they found him at the harbour. Oscar was afraid and worried and cried till he found his family.

Soon after the tsunami, they went to their relative's house at Palliadi. The family did not get any relief materials as they were not at the Relief Camp.

Later, they moved to a temporary shelter. They were not given a house as they lived in a rented house. Though the family lost everything, they did not get anything other than the temporary shelter. Oscar's father lost his catamaran but could not get any compensation for the same. However, Oscar received some specific assistance: he was given notebooks, bags and other educational materials from the school, as he had lost all his educational materials. But due to the fear of tsunami, he could not concentrate on his studies for some time.

An NGO helped him undergo a surgery at a private hospital in Nagercoil. The NGO spent Rs.35,000/- for the surgery and his parents met the remaining cost. At present, Oscar is at home, resting after the surgery and

waiting for the day when he can walk better.

Oscar recommended that regular schools must conduct 'Sports and Games' separately for children with disability. He also suggested that the maintenance grant given by the government to PWDs must be given to all, without any disparities.

**Table 14: Reasons for Drop-out from Education System after Tsunami (N=76)**

S. No.	Reasons	N	%
1	Severe disability or inappropriate age (under/over age)	57	75.0
2	Disabled child's progress affected due to disruption of normal life during and after the tsunami	4	5.3
3	New residence too far away from special school	7	9.2
4	School environment not conducive for disabled child	3	3.9
5	None/less income after tsunami-could not afford to send the child to school	3	3.9
6	Disability/health problems due to tsunami	1	1.3
7	Tricycle/mobility aids got lost/damaged in tsunami	1	1.3
	Total	76	100.0

In all the three study districts, a majority of the respondents were from the most backward community, followed by SC/ST community. Table 15 provides a break-up of the sample by community.

**Table 15: Distribution of Sample by Community**

Community	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Most Backward	78	24.5	98	30.7	108	33.9	284	89.0
SC/ST	25	7.8	2	0.6	1	0.3	28	8.8
Backward	7	2.2	0	0	0	0	7	2.2
Total	110	34.5	100	31.3	109	34.2	319	100.0

As far as the religious background of respondents is concerned, a majority of the sample was Hindu in Chennai and Nagapattinam, while in Kanyakumari, the major proportion of respondents was Christian (Table 16).

**Table 16: Distribution of Sample by Religion**

Religion	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Hindu	100	31.3	99	31.0	1	.3	200	62.7
Christian	6	1.9	1	0.3	108	33.9	115	36.1
Muslim	4	1.3	0	0	0	0	4	1.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

As regards marital status of respondents, almost half (49%) of the respondents were married, while 48.5% were single. Three of the respondents were widowed, while two were separated, together comprising 2.5% of the sample (Table 17).

**Table 17: Marital Status of Respondents**

Marital Status	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Married	42	21.6	21	10.8	32	16.5	95	49.0
Single	26	13.4	35	18.0	33	17.0	94	48.5
Widowed	1	0.5	1	0.5	1	0.5	3	1.5
Separated	2	1.0	0	0	0	0	2	1.0
Total	71	36.6	57	29.4	66	34.0	194	100.0

The income range of respondents was Rs. 0 - 7000 per month, with a mean of Rs. 1277.43 and standard deviation of 879.91. A majority of the people with disabilities who formed the study sample reported family income less than Rs. 2000 per month.

More than 50% of the sample reported family income between Rs. 501 to Rs. 1000 per month, 15.4 % reported income between Rs. 1001 to Rs. 1500 per month and 12.9 % reported income in the range of Rs. 1501 and Rs 2000 per month. About 12% of the sample earned less than Rs. 500 per month. Three people (2 from Chennai and 1 from Kanyakumari) reported that they had no income, while 23 people (21 from Chennai and 1 each from Nagapattinam and Kanyakumari, comprising ~7% of the sample) reported that they earned more than Rs. 2000 per month (Table 18).

**Table 18: Approximate Family Income As Reported by Respondents**

Income group	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
No income	2	0.6	0	0	1	0.3	3	0.9
Up to Rs. 500/-	13	4.1	9	2.8	18	5.6	40	12.5
Rs. 501/- - Rs.1000/-	28	8.8	88	27.6	47	14.7	163	51.1
Rs. 1001/- - Rs.1500/-	27	8.5	0	0	22	6.9	49	15.4
Rs. 1501/- - Rs.2000/-	19	6.0	2	0.6	20	6.3	41	12.9
> Rs. 2000/-	21	6.6	1	0.3	1	0.3	23	7.2
Total	110	34.5	100	31.3	109	34.2	319	100.0

The occupational pattern of respondents before tsunami was as follows: Roughly one-fourth (26.8%) of the respondents were involved in fishing before tsunami. An equal proportion was unemployed and dependent on their families, 14.2% (women) were homemakers, while 10.3% were students. The remaining respondents were either employed in a job, working as unskilled labour, engaged in petty business, or working as skilled labour (Table 19).

**Table 19: Occupation of Respondents before Tsunami**

Occupation	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Fishing	19	9.8	21	10.8	12	6.2	52	26.8
Unskilled labour	7	3.6	1	0.5	3	1.5	11	5.7
Small business	2	1.0	8	4	5	2.6	15	7.7
Employed	10	5.2	0	0	2	1.0	12	6.2
Skilled labour (tailor, plumber)	2	1.0	0	0	2	1.0	4	2.1
Home maker	13	6.7	6	3.1	9	4.6	28	14.4
Student	4	2.1	8	4.1	8	4.1	20	10.3
Unemployed/ Dependent on family	14	7.2	13	6.7	25	12.9	52	26.8
Total	71	36.6	57	29.4	66	34.0	194	100.0

The study revealed that a significant proportion (83.5%) of the sample was continuing with the same occupation they were involved in before tsunami. However, about 16% had changed their occupational status after the tsunami. A larger number of respondents from Chennai (19) changed their occupation status post-tsunami, compared to Nagapattinam (4) and Kanyakumari (9). Most of these were fishermen and the reasons for the change were newly acquired disability due to the tsunami, fear of the sea (leading to a change from fishing work) and alternative employment

provided by NGOs. Ten persons became unemployed and eight people learnt a new trade after the tsunami and started earning an income (Table 20).

**Table 20: Change in Occupation of Respondents after Tsunami**

Occupation status	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Same	52	26.8	53	27.3	57	29.4	162	83.5
Different	19	9.8	4	2.1	9	4.6	32	16.5
Total	71	36.6	57	29.4	66	34.0	194	100.0

Distance of residence from the sea at the time of tsunami was reported by a major proportion (85.6%) of the respondents as less than 200 metres, while only 14.4% lived between 200 to 500 metres away from the sea (Table 21).

In Kanyakumari, 91.7% of the respondents lived less than 200 metres away from the sea, followed by 89.1% in Chennai. From the Nagapattinam sample, 75% lived less than 200 metres from the sea (Table 21).

**Table 21: Distance of Residence from the Sea during Tsunami**

Location of house	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
At the time of tsunami								
Less than 200 m from sea	98	30.7	75	23.5	100	31.3	273	85.6
Between 200-500 m from the sea	12	3.8	25	7.8	9	2.8	46	14.4
Total	110	34.5	100	31.3	109	34.2	319	100.0

In response to a query on their present residence, about 58% respondents (184) reported that they continue to live in their old houses, 19.4% (62) reported that they have received new houses and 10% (32) reported that they have had their old houses renovated. Less than 7% (21 respondents) are living in temporary shelters and 6% (19 respondents) are living in houses rented after the tsunami (Table 22).

The survey revealed that more people in the Nagapattinam sample have gone back to their old houses, compared to Chennai and Kanyakumari. On the other hand, more people in Kanyakumari have moved into new houses, while in Chennai, the numbers living in temporary shelters are more.

**Table 22: Present Residence of Respondents**

Type of housing after tsunami	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Old house	61	19.1	72	22.6	51	16.0	184	57.7
New house	15	4.7	11	3.4	36	11.3	62	19.4
Renovated old house	6	1.9	10	3.1	16	5.0	32	10.0
Temporary shelter	14	4.4	5	1.6	2	0.6	21	6.6
Rented house	14	4.4	2	0.6	4	1.3	20	6.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

## IV: COPING IN THE IMMEDIATE AFTERMATH OF THE TSUNAMI

### A. Introduction

This Section reports how people with disabilities and their families coped immediately after the tsunami. It records how and when they reached a safe place, who helped them, what their immediate needs were, who addressed their needs, difficulties faced in accessing assistance, what they lost in the disaster and what they recovered subsequently.

### B. Coping Patterns

The sample comprised 95% of those directly affected by the tsunami. Coping in the immediate aftermath of tsunami was influenced by the location of the respondents at that time. A large majority of respondents (82.8%) were in their homes, 11.9% were on the sea shore, 5.1% were just outside their homes and only one respondent was away from the spot (Table 23).

**Table 23: Location of PWDs at the time of Tsunami**

Location of PWD at the time of tsunami	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
At home	87	27.3	81	25.4	96	30.1	264	82.8
On the shore	16	5.0	16	5.0	6	1.9	38	11.9
Outside the house	7	2.2	3	.9	6	1.9	16	5.1
Was not on the spot	0	0	0	0	1	0.3	1	0.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

As many as 89% respondents were engaged in household work or leisure/recreation, since it was a Sunday; only 5.6% had gone fishing (Table 24).

*"When someone shouted 'water!', many of us thought the water lorry had come and ran up to the street, away from our houses, and were saved because of that" - Chennai*

*"Some people became curious about the strange movement of the sea and went closer to look. They were all killed." Kanyakumari*

*"I was in my boat in the sea and could see the waves hitting all the huts. After three days, I reached my home and saw the house completely washed away" Chennai.*

In Nagapattinam, the focus group discussion with people with disabilities and their families revealed some insights about how they dealt with the immediate aftermath. (refer Annex V)

*"As 90% of the fishermen knew swimming, they saved a lot of lives. A youth with locomotor disability involved in fishing saved two old women who were swept away by the waves" (Nagapattinam).*

In Chennai, mothers of children with disabilities recalled their confusion and anxiety while they waited without knowing what was happening, as they had to watch over and could not leave their disabled children. (refer Annex VI)

**Table 24: Activities of PWDs at the time of Tsunami**

Activity of PWDs at the time of Tsunami	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Household work	22	6.9	38	11.9	38	11.9	98	30.7
Watching TV/Relaxing	17	5.3	18	5.7	29	9.1	64	20.1
Playing	19	6.0	21	6.6	23	7.2	63	19.7
Sleeping	33	10.3	14	4.4	12	3.8	59	18.5
Fishing	12	3.8	6	1.9	0	0	18	5.6
Outside the house	7	2.2	3	0.9	6	1.9	16	5.1
Was not on the spot	0	0	0	0	1	0.3	1	0.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

The first responders to PWDs during tsunami were by and large, family and neighbours. Forty two percent of people with disabilities were rescued by their parents and 39.2% by neighbours. Other family members helped 10.7% of the affected people, 5.6% rescued themselves and 2.2 % were helped by others (Table 25).

**Table 25: First Responders to PWDs**

First responder to PWD	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Parents	61	19.1	41	12.9	32	10.0	134	42.0
Neighbour	29	9.1	39	12.2	57	17.9	125	39.2
Other family members	7	2.2	16	5.0	11	3.4	34	10.7
Self	11	3.4	2	0.6	5	1.6	18	5.6
Public/others	2	0.6	2	0.6	3	0.9	7	2.2
Was not on the spot	0	0	0	0	1	0.3	1	0.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

About 30% of people with disabilities were helped by their neighbours and others to reach a place of safety, while 24.5% were helped by their family members to do so. They were either led by hand or taken by a vehicle. Roughly 15% of people with disabilities (most of whom had mental retardation or multiple disabilities) were carried by their parents. About 20% reached a safe place on their own, most of who were people with locomotor disability (Table 26).

**Table 26: Mode of Reaching Safe Place**

Mode of reaching safe place	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Helped by others to move to a safe place	25	7.8	21	6.6	47	14.7	93	29.2
Helped by family members to move to a safe place	34	10.7	29	9.1	15	4.7	78	24.5
Reached safe place on his/her own	24	7.5	30	9.4	11	3.4	65	20.4
Carried by parents	24	7.5	11	3.4	14	4.4	49	15.4
Carried by other family members to a safe place	3	0.9	7	2.2	20	6.3	30	9.4
Not aware (unconscious)	0	0	2	0.6	1	0.3	3	0.9
Was not on the spot	0	0	0	0	1	0.3	1	0.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

Roughly a third of the respondents reached a safe place immediately, 31.3% reached within one hour, while 23.5% reached a safe place between 1 to 3 hours and 13.8% after three hours (Table 27).

The results indicate that people in an urban area like Chennai were able to reach safe places faster than their peri-urban and rural counterparts. People in the interior rural and coastal villages of Kanyakumari took longer to reach safe places.

More people in Chennai (52) and Nagapattinam (44) reached safe places immediately, compared to Kanyakumari (3). More people in Chennai also reached safe places within 1 hour (45), compared to 33 in Kanyakumari and 22 in Nagapattinam.

More people in Kanyakumari (49) reached safe places later, between 1 to 3 hours and after 3 hours (23), compared to Chennai (11 and 2 respectively) and Nagapattinam (15 and 19 respectively).

**Table 27: Time Taken to Reach Safe Place**

Timing of reaching safety place	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Immediately	52	16.3	44	13.8	3	.9	99	31.0
Within 1 hour	45	14.1	22	6.9	33	10.3	100	31.3
Between 1 hr and 3 hrs	11	3.4	15	4.7	49	15.4	75	23.5
After 3 hrs	2	.6%	19	6.0%	23	7.2	44	13.8
Was not on the spot	0	0	0	0	1	.3	1	.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

### **Anthony Adimai, Kanyakumari**



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Anthony Adimai aged 55, affected by polio, lives in a new house (given for the tsunami-affected) at Kottilpadu, Kanyakumari. He became paralyzed on his right side when he was 38. Earlier, he was using a wheel chair to move around, but after his paralysis, he crawls.

Anthony is single and has a younger sister who lives with her family in a village called Kadiapattinam. Before the tsunami, he was living with them. His sister's house was located very close to the sea.

Anthony Adimai was running a teashop in his house. He used to sit on the cot and prepare tea for his regular customers, earning about Rs. 1000/- during the fishing season and about Rs. 500/- per month during the off-season. He was also getting a monthly pension from the government. He was never dependent on the family, rather supported them with his income. He also took care of his own medical and other expenses.

When tsunami struck their village, Anthony Adimai was with his friends in his house. He was swept away by the water, though his friends tried to rescue him. He was pushed over a wooden plank and was hanging from there. No one noticed him as the house was completely damaged and he was caught inside. A woman who stood on a terrace of the neighbouring house saw him and thought he was dead. People immediately rushed towards him and found him alive. Two young men rescued him and took him in a catamaran to a relief camp at St. Mary's School in Colachel. Anthony lost all his possessions in the tsunami. He said that people and some NGOs helped him and provided whatever he needed in the relief camps.

Anthony Adimai was given a temporary shelter by the government and later, a permanent house by an NGO. Another NGO helped him start a small grocery business. He was given items worth Rs. 10,000/- to sell, which helped him revive his livelihood.

Anthony is happy about the new house and services received from various sources. He said that he earns almost the same as earlier through his new business. However, he is more comfortable and happy about the changes in his life.

Anthony said that he could think about his future only after the tsunami as he is living a better life at present. He mentioned that he wants to take an insurance policy for himself, but could not do so due to his age. He also said that he did not get ADB's livelihood assistance as he lives in a Town Panchayat. He opined that the government must relax such rules in case of PWDs and make all services for PWDs available everywhere.

Food and water (reported by 88.4%) and clothing (reported by 61.4%) were the most pressing, immediate needs reported by respondents, followed by shelter (39.2%), medical care (reported by 27.3%) and the need to find family members (reported by 16.6%). The need for assistive devices was reported as an immediate need by 3.1% of the sample. Both men and women with disabilities revealed similar immediate needs (Table 28).

**Table 28: Immediate Needs on Reaching Safe Place**

Immediate needs	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Food and water	93	29.2	87	27.3	102	32.0	282	88.4
Clothes	50	15.7	58	18.2	88	27.6	196	61.4
Medical care	23	7.2	18	5.6	46	14.4	87	27.3
Assistive devices	3	.9	3	.9	4	1.2	10	3.1
Finding family members	8	2.5	17	5.3	28	8.8	53	16.6

Results of the survey reveal that immediate needs of a majority (78.7%) of the sample were addressed, while those of 21.3% respondents remained unaddressed (Table 29). More people in Chennai (87) and Kanyakumari (101) reported that their needs were addressed, compared to Nagapattinam (63).

About half of those who reported that their immediate needs were not met (30 out of 68), cited delay in getting assistance as the reason. Nineteen persons were away from the spot where assistance was being given, in the immediate aftermath of the tsunami. Smaller numbers reported lack of awareness (5), lack of mobility (4), helplessness (3), lack of motivation (3) and insufficient supply of relief materials (3) as reasons why immediate needs were not met (Table 30).

Focus group discussions revealed that crowding of people in relief camps and fighting amongst the affected people to reach assistance, prevented people with disabilities and families carrying their children with disabilities from accessing the assistance. (refer Annex V).

"It was very crowded inside the church, and I had no wheelchair to move around, so my

mother had to carry me everywhere", 20 year old male with locomotor disability, Chennai.

"I am deaf and dumb, so I could not ask for anything. I just stood in the queues and took whatever they gave me" 40 year old hearing impaired female, Chennai.

**Table 29: Whether Immediate Needs Addressed**

Immediate needs	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Addressed	87	27.3	63	19.7	101	31.7	251	78.7
Not addressed	23	7.2	37	11.6	8	2.5	68	21.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

**Table 30: Reasons Why Immediate Needs Not Addressed (N=68)**

Reasons for not receiving immediate needs	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Was not aware of assistance	4	5.9	0	0	1	1.5	5	7.4
Was away from the spot	4	5.9	14	20.6	1	1.5	19	27.9
Because of lack of mobility, could not reach place of assistance	2	2.9	3	4.5	0	0	4	5.9
Delay in getting immediate assistance	12	17.6	12	17.6	6	8.8	30	44.1
Was not motivated to get assistance due to loss/ missing of family and other possessions	0	0	2	2.9	0	0	2	2.9
Was dependent on others, and got neglected at the time of distributing assistance	1	1.5	2	2.9	0	0	3	4.5
Insufficient supply of material to address immediate needs	0	0	2	2.9	0	0	2	2.9

On being questioned about who helped them (Table 31), almost 60% of respondents reported that the general public had helped them, followed by NGOs (reported by 23.5%), government (reported by 16.9%) and hospitals (reported by 10.1%). Responses received from men and women with disabilities did not reveal any significant differences in terms of who addressed their immediate needs.

"We were desperately looking for our children and family members. At that time, many people fed us and consoled us. We did not know who they were, but they were very helpful at that moment." Kanyakumari and Nagapattinam

**Table 31: Who Addressed Immediate Needs**

Providers of immediate assistance	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Public	51	16.0	67	21.0	72	22.6	190	59.6
Neighbour/friends	1	0.3	3	0.9	4	1.2	8	2.5
Government	29	9.1	4	1.2	21	6.6	54	16.9
NGO	45	14.1	15	4.7	15	4.7	75	23.5
Faith based organizations	2	0.6	0	0	7	2.2	9	2.9
Immediate family members	2	0.6	2	0.6	3	0.9	7	2.2
Other relatives	3	0.9	1	0.3	1	0.3	5	1.6
Hospitals	0	0	5	1.6	27	8.5	32	10.1
Schools	1	0.3	2	0.6	4	1.2	7	2.2

A large number of respondents reported that the assistance received immediately comprised food, water and clothing. A lesser number reported receiving medical help and shelter. These results show that a majority of the respondents did receive the assistance that they felt they needed immediately. Analysis undertaken to find out if there were differences between men and women with disabilities in terms of addressing of immediate needs, revealed none.

**Table 32: Type of Assistance to Address Immediate Needs (multiple response)**

Assistance received to address immediate needs	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Food & water	93	29.2	81	25.4	81	25.4	255	80.0
Clothes	50	15.7	33	10.3	71	22.3	154	48.3
Cash	9	2.8	3	0.9	10	3.2	22	6.9
Household things	6	1.8	1	0.3	2	0.6	9	2.9
Medical help	5	1.5	11	3.5	37	11.5	53	16.6
Counselling	1	0.3	0	0	3	0.9	4	1.2
Finding family members	0	0	0	0	5	1.5	5	1.5
Temporary shelter/transit accommodation	8	2.5	6	1.8	29	9.1	43	13.5
Did not receive immediate assistance	5	1.5	16	5.0	1	.3	22	6.9

Regarding timing of assistance, about 65% respondents reported that they had received assistance immediately, 12.5% reported that they got the assistance after 8 hours and 21.3% reported that assistance had been delayed beyond two days (Table 33). Those who reported delay in assistance (N=68) were the ones who reported that they did not receive

immediate assistance. No differences were found between the sexes in terms of timing of assistance to address immediate needs.

**Table 33: Timing of Assistance for Immediate Needs**

Timing of assistance for immediate needs	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Immediately	74	23.2	54	16.9	79	24.8	207	64.8
After 8 hours	10	3.2	9	2.9	21	6.6	40	12.5
Next day	3	0.9	0	0	1	0.3	4	1.2
After 2 days / delayed	23	7.2	37	11.6	8	2.5	68	21.3
Total	110	34.5	100	31.3	109	34.2	319	100.0

As many as 85% of the respondents reported that they were satisfied with the assistance received to address their immediate needs (Table 34). More people in Kanyakumari reported their satisfaction, followed by Chennai and finally, Nagapattinam.

*"It was a blessing to get a helping hand from people when we had lost everything. All the services we received were very useful"* Nagapattinam

**Table 34: Satisfaction with Addressing of Immediate Needs**

Report on satisfaction	N	%
Satisfied	271	85%
Not satisfied	48	15%
Total	319	100%

Reasons for dissatisfaction with addressing of immediate needs (Table 35) were mainly delay in getting immediate services (cited by 37.5%), followed by 'not being on the spot' (cited by 33.3%). Disability related reasons were reported by a few (8.3%).

**Table 35: Reasons for Dissatisfaction (N=48)**

Reasons for dissatisfaction about addressing of immediate needs	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
People had already left the place before services were provided	4	8.3	10	20.8	2	4.1	16	33.3
Specific/need based services were not provided such as medical care	3	6.2	1	2.1	0	0	4	8.3
Delay in getting services	6	12.5	8	16.7	4	8.3	18	37.5
Because of lack of mobility could not reach the place of assistance	3	6.2	1	2.1	0	0	4	8.3
Was not motivated to receive any benefits due to emotional trauma	1	2.1	2	4.2	0	0	3	6.2
Very minimal/No assistance received	2	4.2	1	2.1	0	0	3	6.2

The study sought to find out what people with disabilities and their families did and what their concerns were, in the immediate aftermath of the tsunami. For most of the respondents, the concerns had to do with returning to their houses or finding new places of shelter with relatives/neighbours or temporary shelters/rented houses or moving to another village/slum (Table 36).

In Nagapattinam, some of the people went away to other districts. A visually impaired woman said that her two daughters took her out of the house and ran for safety. She said, "We kept walking towards Thiruvavur, the nearby district. We started around 9 o'clock in the morning as soon as the killer waves hit and reached that place around 5.30 in the evening."

Many of the affected people went to other districts like Thanjavur, Trichy, Madurai and Ramanathapuram in groups, travelling in buses and trucks. Many families got separated at that time and were re-united after a period of a week to three weeks.

**Table 36: Report by PWDs on What Happened Next**

What PWDs did in the immediate aftermath	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Hospitalized for treatment	3	.9	6	1.9	22	1.9	31	9.7
Went back to house	40	12.5	10	3.1	25	3.1	73	22.9
Numbed due to emotional trauma of missing/loss of family members	16	5.0	21	6.6	4	6.6	41	12.9
Received different types of assistance	14	4.4	6	1.9	8	1.9	28	8.8
Went to relatives /neighbours	7	2.2	9	2.8	15	2.8	31	9.7
Moved to a temporary shelter/rented house	10	3.1	20	6.3	16	6.3	46	14.4
Homeless and moving around (by choice)	10	3.1	0	0	4	1.2	16	5.0
Problems faced due to ill health/ accessibility to services/missing family members	4	1.2	1	0.3	0	0	5	1.5
Moved to another village/slum/district	2	0.6	23	7.2	11	7.2	36	11.3
Not aware as person was unconscious	2	0.6	0	0	3	0	5	1.6
Not answered	2	0.6	4	1.2	1	0.3	7	2.2
<b>Total</b>	<b>110</b>	<b>34.5</b>	<b>100</b>	<b>31.3</b>	<b>109</b>	<b>34.2</b>	<b>319</b>	<b>100.0</b>

Roughly 13% of PWDs reported that they had lost their family members. Tables 37 and 38 provide details on loss of family members reported by PWDs.

**Table 37: No. of PWDs Reporting Loss of Family Members**

Loss of family members	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	7	2.2	16	5.0	19	6.0	42	13.2
No	103	32.3	84	26.3	90	28.2	277	86.8
<b>Total</b>	<b>110</b>	<b>34.5</b>	<b>100</b>	<b>31.3</b>	<b>109</b>	<b>34.2</b>	<b>319</b>	<b>100.0</b>

**Table 38: Family Members Lost (N=42, multiple response)**

Lost family members	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Mother	0	0	3	7.1	1	2.4	4	9.5
Father	1	2.4	1	2.4	0	0	2	4.8
Siblings	0	0	4	9.5	1	2.4	5	11.9
Relatives / other family members	5	11.9	5	11.9	8	19.1	18	42.9
Spouse	0	0	2	4.8	0	0	2	4.8
Child / Children	1	2.4	1	2.4	9	21.5	11	26.2

Loss of personal and household effects, houses and livelihood implements (boats, nets) were reported by large numbers of respondents. A lesser number reported loss of money and gold and cards/proofs of identity and disability (Table 39).

*"I had saved all these years and bought jewels for my daughter's marriage. I lost it all".*  
Chennai

**Table 39: Other Losses Reported by PWDs (multiple response)**

Items lost in tsunami	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
House	42	13.2	67	21.0	64	20.1	173	54.2
Clothes	76	23.8	80	25.1	83	26.0	239	74.9
Vessels	72	22.6	79	24.8	84	26.3	235	73.7
Gold	16	5.0	32	10.0	20	6.3	68	21.3
Cash	20	6.3	37	11.6	31	9.7	88	27.6
Assistive devices	17	5.3	4	1.3	13	4.1	34	10.7
Ration Card	22	6.9	26	8.2	39	12.2	87	27.3
Identity Card	13	4.1	25	7.8	29	9.1	67	21.0
Medical Certificate	13	4.1	10	3.1	12	3.8	35	11.0
Fishing boat, net	26	8.2	41	12.9	53	16.6	120	37.6
Cattle	1	0.3	35	11.0	9	2.8	45	14.1
Other material possession	28	8.8	12	3.8	9	2.8	49	15.4

On whether they could recover personal possessions, almost 70% of PWDs reported that they had recovered nothing. About 15% recovered some household effects and 6.9% reported that they recovered everything. Five persons (less than 2%) reported being reunited with family members whom they had missed in the immediate aftermath of the tsunami (Table 40).

**Table 40: Items Recovered by PWDs**

Recovery after tsunami	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Nothing	66	20.7	86	27.0	70	21.9	222	69.6
Some household/personal effects	21	6.6	6	1.9	20	6.3	47	14.7
Everything	6	1.9	0	0	16	5.0	22	6.9
Family members	2	0.6	3	0.9	0	0	5	1.6
Did not lose anything	15	4.7	5	1.6	3	0.9	23	7.2
Total	110	34.5	100	31.3	109	34.2	319	100.0

## V: FROM THE RECOVERY AND RECONSTRUCTION PHASE TO THE PRESENT

### A. Introduction

This section reports on the relief and reconstruction services received, difficulties faced in accessing services, current activities / status of people with disabilities and what their unmet needs are at present.

### B. Type Of Assistance Received In Recovery And Reconstruction

Large numbers of respondents reported that they received food and water, clothes and monetary assistance (Table 41). This was followed by those reporting assistance with shelter, medical care and counselling. Disability-specific assistance such as assistive devices, identity cards and medical certificates were reported by fewer numbers.

In Chennai, although temporary shelters were provided, many chose not to live there as they were too far from their place of occupation. They chose instead to stay in rented houses closer to their earlier places of stay. In terms of recovery and reconstruction services received, no differences were found between male and female PWDs.

**Table 41: Type of Assistance Received in Recovery and Reconstruction (Multiple Responses)**

R & R assistance received	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Shelter	32	10.0	25	7.8	68	21.3	125	39.2
Food and water	90	28.2	78	24.5	98	30.7	266	83.4
Clothes	75	23.5	66	20.7	100	31.3	241	75.5
Medical care	27	8.5	42	13.2	53	16.6	122	38.2
Cash	55	17.2	74	23.2	97	30.4	226	70.8
Assistive devices	12	3.8	7	2.2	13	4.1	32	10.0
Medical Certificate	3	.9	8	2.5	6	1.9	17	5.3
ID Card	6	1.9	56	17.6	34	10.7	96	30.1
Counselling	9	2.8	29	9.1	66	20.7	104	32.6
Housing	8	2.5	34	10.7	42	13.2	84	26.3
Educational support	3	0.9	6	1.9	8	2.5	17	5.3
Employment support	2	0.6	14	4.4	40	12.5	56	17.6
Household articles	1	0.3	9	2.8	11	3.4	21	6.6
Boat, Net	4	1.3	5	1.6	23	7.2	32	10.0
Ration Card	2	0.6	8	2.5	6	1.9	16	5.0

While the public was reported as the service provider by the majority in the immediate aftermath of the disaster, by the time of recovery and reconstruction efforts, the majority of affected people reported that the government and NGOs provided them with assistance (reported by ~77%

respondents each). The public as the provider was reported by 18.8% of respondents (Table 42).

No differences were found between men and women with disabilities in terms of providers of recovery and reconstruction assistance.

**Table 42: Providers of Recovery and Reconstruction Assistance (Multiple Responses)**

Providers of R & R services	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Public	20	6.3	17	5.3	22	6.9	60	18.8
Neighbour	4	1.2	4	1.2	4	1.2	12	3.8
Government	81	25.4	82	25.7	84	26.4	247	77.5
NGO/INGOs	78	24.5	75	23.5	91	28.5	244	76.5
Hospitals	0	0	2	0.6	4	1.2	6	1.8
Corporate sector	0	0	3	0.9	4	1.2	7	2.1

About 70% of respondents reported receipt of recovery and reconstruction assistance within one month after the disaster, while 20.6% reported that they received the assistance within three months. As many as 27.7% reported that they had to wait for more than a year to receive assistance (Table 43). It is likely that those who were waiting for their housing allotment constituted the group that reported waiting for over a year.

In terms of timing of recovery and reconstruction assistance, differences were not found between men and women PWDs.

**Table 43: Timing of Recovery and Reconstruction Assistance (multiple response)**

Timing of R & R services received	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Within one month	82	25.7	78	24.5	64	20.1	224	70.2
Within 1-3 months	20	6.3	21	6.6	25	7.8	66	20.6
Within 4-6 months	4	1.2	20	6.3	29	9.1	55	17.2
Within one year	2	0.6	3	0.9	20	6.3	25	7.8
More than one year	3	0.9	37	11.6	35	10.9	88	27.7

As many as 79% respondents reported that they had not faced any difficulties in accessing recovery and reconstruction assistance (Table 44). This number was highest in Kanyakumari, followed by Nagapattinam and finally, Chennai, where more people reported difficulties. Differences between men and women with disabilities in terms of difficulties faced in accessing recovery and reconstruction assistance were not found.

"We lost everything. We are grateful to the government for giving us a house and other things." Chennai



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### Pavalakodi, Nagapattinam

Pavalakodi, aged 28, is a mother of two children with disabilities. Abinaya, her 6 year old daughter has cerebral palsy with multiple disabilities and Akash, her 3½ year old son, is mentally retarded. Both the children have 90% disability. Her third child is 5 years old and normal. Pavalakodi has

studied up to Std. IX and her husband up to Std. V. She wants to admit her five year old child to a school in the forthcoming academic year. For the other two children, she could not find any special school near her house. She said that the local pre-school (balwadi) teacher persuaded her to admit them there, but she was hesitant as they have not been toilet-trained yet.

Pavalakodi's husband is a fisherman. They live in the Fishermen's Colony at Poompuhar village, Nagapattinam. Her house is located within 50 meters from the sea.

Pavalakodi recollected the tsunami as a dreadful experience. Eight days before the tsunami, Pavalakodi had undergone a family planning surgery and was advised bed rest. Her mother stayed with her to help her. When the tsunami struck, her husband had gone fishing and her children were sleeping. She heard the unusual cries outside and quickly gathered her children to rush out. All of them got caught in the water but managed to move to the opposite house which was under construction and climbed to the terrace. Shocked and worried, they sat on the terrace and watched the water gushing into the streets. For about three hours, they sat there filled with fear and confusion, worried about the husband/father's safe return. Someone came to their rescue at around 12 o'clock and helped them move to the roadside. Like everybody else in the village, she left everything in the house and walked to the roadside school which was about 3 km away. Her husband joined them later and they stayed there for five days. She said that her immediate needs were met by the public. Her children were fed with bread and milk.

The family was given Rs. 4000/- by the Department of Fisheries and Rs.1000/- for three months by the government as a relief measure. They also received Rs. 32,000/- for the catamaran and nets they had lost. There appears to have been some duplication of assistance as she received another

catamaran by an NGO, with the purpose of supporting her two disabled children. Pavalakodi did not face any problems in getting the benefits. Both her children got their medical identity cards when the mobile medical team visited the village after the tsunami.

According to Pavalakodi, the two catamarans received are not as useful as expected; one lies on the sea shore, unused. This is due to lack of labour among the village men to work in catamarans as they prefer to work either in fibre-glass boats or in engine-attached catamarans. There is a shortage of fishermen to undertake manual work after the tsunami due to the increased number of fibre-glass boats, she added.

"Tsunami has spoiled the resources of the sea and hence fish production has become considerably lower than before" said Pavalakodi. She said that their income had reduced significantly as they could not get fish even at 50 pavam (a measure of depth of the sea) compared to the time before tsunami when they used to catch fish at 20 pavams. The present depth at which fish is available is not favourable for catching fish using catamarans, she said. She also mentioned that a larger number of boats have led to greater competition and smaller catches.

Pavalakodi expressed her dissatisfaction with the assistance received for her family and children; she said that her needs are different. She was concerned about carrying both her children to Chidambaram Medical College and Hospital (about 30 km. away) for medical care and the bus charge for one person is Rs.24/-. She has had her children assessed there and also found out about the therapeutic services offered for children. She said that a centre somewhere closer to her place of residence which could provide speech therapy and other therapeutic services for children with disabilities, would have been helpful. She suggested that the government could appoint trained people to make home visits or to visit their villages in a common place, regularly.

Pavalakodi said that being a mother of two children with disabilities, she suffered a lot at the time of tsunami. She said that she managed the situation only with the help of her mother. She was totally traumatized until her husband returned from the sea safely. She also mentioned the loss of family members experienced by close relatives her husband's brother's family living in a neighbouring street lost all their three children in the tsunami. She said that these losses and fear of the tsunami led to a worsening of her health condition with fits, breathing and heart problems.

Pavalakodi expressed frustration about the fact that she could neither teach her children any skills, though she has studied up to high school; nor is she in a position to work and support the family financially. She is a member of a women's SHG managed by an NGO in her village, which was started after the tsunami. She was happy with the ability to access small loans with minimum interest.

Pavalakodi recommended that there should be a vehicle at the disposal of the PWDs in every village to rescue them from disasters. She said that the financial assistance given by various sources were useful to manage the situation and was keen that such post-disaster programmes should focus on the needs of PWDs and their families.

**Table 44: No. of PWDs reporting Difficulties Faced in Accessing Recovery and Reconstruction Assistance**

Difficulties faced in getting R & R services	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	41	12.9	17	5.3	9	2.8	67	21.0
No	69	21.6	83	26	100	31.3	252	79.0
Total	110	34.5	100	31.3	109	34.2	319	100.0

The majority cited bureaucratic delays in getting services from service providers, especially government, followed by absence from the spot after the tsunami as the major difficulties in accessing services. (refer Annex V)

Focus group discussions revealed that in many instances, others had already claimed the benefits. Those who lived in rented houses did not get benefits. Some families reported that government service providers demanded bribes from them. Some had to travel several times over long distances to reach government offices to get a single type of assistance. In some villages, there was lack of coordination between village leaders and service providers, which led to a shortfall in relief supplies.

Many had left the place after the tsunami, and by the time they returned, it was too late to access services.

"I took my family members and went away to my aunt's house immediately after the tsunami, so I did not get any assistance". Chennai

"No use running around for benefits – we spend Rs 100 to get Rs. 10" Nagapattinam

"The owner of the house took everything; he refused to give me anything, saying 'this house is in my name, I am the rightful owner, so I should get all the benefits'" Chennai

"I am 70 years old, and my name was removed from the Fishermen Society, so I did not get any help". Nagapattinam

**Table 45: Difficulties Faced in Accessing Recovery and Reconstruction Services (N=67)**

Difficulties faced	Chennai		Nagapattinam		Kanya kumari		Total	
	N	%	N	%	N	%	N	%
Identify proof lost in tsunami	3	4.5	1	1.5	0	0	4	6.1
Lack of identity proof	1	1.5	0	0	2	2.9	3	4.5
Staying in rented house, so owners got benefits	2	2.9	0	0	1	1.5	3	4.5
Delays in having needs met because of systemic/organizational flaws	12	17.9	12	17.9	3	4.5	27	40.3
Was away from the spot for long	15	22.4	2	2.9	1	1.5	18	26.9
Due to disability	8	11.9	2	2.9	2	2.9	12	17.9



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#### Case Study: Kuppu, Chennai

Kuppu (36 years) is a mother of four boys. Her third child, 5 year old Dinesh has club foot and attends the Day Care Centre in the temporary shelter in Tsunami Nagar. Her two older boys are studying in school and the youngest one is at home. Kuppu lives in the temporary shelter at Tsunami

Nagar. Before the tsunami, her house was at Powerkuppam slum in Kasimedu, Chennai. Kuppu's husband is a fisherman. Post-tsunami, he is unable go for work regularly as the temporary shelter is located far away from Kasimedu. He is an alcoholic and does not support the family. Kuppu and her husband are illiterate.

When the tsunami struck, Kuppu was at the seashore, buying fish. Kuppu was three months pregnant at that time and became panic-stricken. She searched for her children, found them playing nearby, took them and ran to the roadside. In her tension, she missed her child with disability who was in the water. Her neighbour rescued the child and carried him to a safe place. Kuppu's husband was at the seashore and joined them later. Kuppu became shattered and nervous after the incident. As the situation worsened in the area with the crowds and jostling, she got more worried and ran away along with her neighbours to another slum called Korukkupet. The local people in the

area fed them, provided shelter and took care of them.

After two days, people started going back to their own houses but Kuppū was worried about her pregnancy so did not have the courage to go back to her house. When they returned home after 2 weeks, Kuppū came to know about the temporary shelter and other assistance being given to affected people. She had entrusted her ration card to somebody, with which that person claimed house allotment. When Kuppū approached government officials for assistance, she was thrown out by them for false claims. She learnt later that a house was already allotted to somebody else in her name/address. Embarrassed, frustrated and worried, Kuppū rented a house with a monthly rent of Rs. 200/-, at Singaravelan Nagar till the delivery of the youngest child. With four children and without a stable income, she has been struggling to run the family. She lost her few household articles/possessions and clothes and her house was completely damaged in the tsunami. With the help of NGOs, she managed to get a few basic household items.

A year after the tsunami, she moved to Tsunami Nagar as one of her neighbours gave their temporary shelter to her to stay and look after, without paying rent. Kuppū is not a member of any SHG. She is totally dependent on her husband. She has never had a job as she is illiterate and could not join the SHG due to poverty. Kuppū has missed out on all the rehabilitation and reconstruction services provided by various agencies, including the government. She is hopeful that she may get a permanent house one day because she is currently living in the temporary shelter.

As many as 63.3% of the respondents reported that all their needs were met through the services provided. The maximum number of respondents from Kanyakumari reported that all their needs were met, followed by those from Chennai. In Nagapattinam, only about half of the respondents reported that all their needs were met (Table 46).

**Table 46: No. of PWDs Reporting Whether Services Met all the Needs**

Were all needs met through R & R services or not	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	69	21.6	48	15.0	85	26.6	202	63.3
No	41	12.9	52	16.3	24	7.5	117	36.7
Total	110	34.5	100	31.3	109	34.2	319	100.0

Regarding the overall level of satisfaction of respondents with all services provided, about one-fourth (28.2%) reported that they were greatly satisfied, while 50.2% reported that they were somewhat satisfied. Twenty

one percent reported that they were not satisfied (Table 47).

More people in Kanyakumari reported that they were greatly satisfied, while more people in Chennai and Nagapattinam reported that they were somewhat satisfied. Nagapattinam had the most number of dissatisfied people, followed by Chennai and Kanyakumari respectively.

**Table 47: Overall Level of Satisfaction with all Services Provided**

Overall Satisfaction Level	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Greatly satisfied	24	7.5	10	3.1	56	17.6	90	28.2
Somewhat satisfied	64	20.1	60	18.8	38	11.9	160	50.2
Not satisfied	22	6.9	30	9.4	15	4.7	67	21.0
Total	110	34.5	100	31.3	109	34.2	319	100.0

Immediate family members and other relatives were cited by 63.9% respondents as their greatest source of support, followed by neighbours/friends and NGOs. Government support was cited by 12.5%. A smaller proportion (6.3%) reported that no organization/individual had supported them (Table 48).

No differences were observed between men and women with disabilities in the sample, in terms of greatest support during and after the disaster.

**Table 48: Help and Support to PWDs during and After the Disaster (multiple response)**

Greatest support	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Parents, Family members, Relatives	55	17.3	75	23.5	74	23.8	204	63.9
Neighbours/ Friends	26	8.2	27	8.5	65	20.4	118	36.9
NGOs	37	11.2	16	5.1	50	15.7	103	32.3
Church	2	0.6	1	0.3	2	0.6	13	4.1
Government	23	7.2	3	0.9	15	1.5	40	12.5
None	15	4.7	5	1.5	0	0	20	6.3

Loss of livelihood was reported by 23.5% as the greatest difficulty, followed by emotional trauma (reported by 10.3%), health problems (reported by 8.1%), difficulty in accessing services (reported by 7.2%), acquired disability/mental health problems (reported by 6.9%) and disruption in progress of disabled children (reported by 6.6%). These problems were more or less equally perceived across the three areas. Significantly, 17% did not report any problems, of which the maximum were from

Nagapattinam (Table 49). In terms of greatest difficulty faced during and after the disaster, no differences were found between the sexes.

**Table 49: Greatest Difficulty Faced During and After the Disaster**

	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Lack of mobility/no wheel chairs or tricycles	5	1.6	5	1.6	5	1.6	15	4.7
Loss of livelihood	48	15.0	9	2.8	18	5.6	75	23.5
Loss of family members	0	.0	1	0.3	10	3.1	11	3.4
Emotional trauma	9	2.8	8	2.5	16	5.0	33	10.3
Health problems	9	2.8	8	2.5	10	3.1	27	8.1
Difficulty in accessing services/schemes	7	2.2	1	0.3	15	4.7	23	7.2
Studies affected	0	.0	3	0.9	3	0.9	6	1.9
Disabled child's progress affected due to disruption of normal life	3	0.9	5	1.6	13	4.1	21	6.6
Personal/family problem	2	0.6	6	1.9	3	0.9	11	3.4
Very minimal/no help received	4	1.3	7	2.2	1	0.3	12	3.8
Disability/mental health problem due to tsunami	12	3.8	9	2.8	1	0.3	22	6.9
Escaping from tsunami	1	0.3	5	1.6	3	0.9	9	2.8
No problems reported	10	3.1	33	10.3	11	3.4	54	17.0
Total	110	34.5	100	31.3	109	34.2	319	100.0

About 87% of the respondents reported that their present livelihood was not due to the assistance received during/after the tsunami (Table 50).

**Table 50: Whether Present Livelihood Due to Tsunami Assistance Received**

	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	6	1.8	11	3.5	24	7.5	41	12.9
No	104	32.6	89	27.9	85	26.7	278	87.1
Total	110	34.5	100	31.3	109	34.2	319	100.0

Almost half the respondents reported social security schemes as their greatest unmet need, 18.5% cited livelihood assistance, 14.1% cited medical certificate, 12.5% cited medical help and about 12% reported that they had no unmet needs. Disability specific interventions were cited by 11.2% (Table 51). Men and women with disabilities reported

similar unmet needs (at present).

Focus group discussions brought out the fact that many respondents who had received livelihood assistance, expected more, for example, those who had received boats and nets, wanted better (fibre glass) boats. Some had expectations that the study team members were there to disburse more benefits, so they tended to hide information on what they had already received.

A man with locomotor disability from a peri-urban area in Nagapattinam said 'The government has neglected our special needs; some of the (non governmental) agencies came forward to help us; so far, three surveys for disabled people have been conducted in our area after the tsunami; we were photographed by them with the promise of delivering assistance; nothing has been done; even the government scheme for livelihood support is not given to us as we live in a municipal (urban) area'.

**Table 51: Unmet Needs of PWDs at Present (multiple response)**

Unmet needs	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Housing	2	.6	2	.6	5	1.5	9	2.8
Medical Identity card	28	8.7	0	0	17	5.4	45	14.1
Social security Schemes	50	15.7	36	11.3	67	21.0	153	48.0
Educational assistance	9	2.8	16	5.1	7	2.1	32	10
Livelihood assistance	15	4.7	27	8.5	17	5.4	59	18.5
Medical help	20	6.2	9	2.8	11	3.4	40	12.5
Disability specific interventions	17	5.4	10	3.1	9	3.4	36	11.2
Financial assistance	8	2.4	6	1.8	4	1.2	18	5.7
Nothing/no perceived needs	18	5.6	9	2.8	14	15.3	41	12.3
Hostel/institutions – Care Centres	0	0	1	.3	0	0	1	.3



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"We are happy and safe in the new house", says Tamil Selvan.

### Case Study: Tamil Selvan, Nagapattinam

Tamil Selvan (35 years) is a fisherman living at Vanagirikuppam, Nagapattinam. He and his wife are illiterate and have five children. The older of the three children go to school while the younger two attend the Balwadi. He has been a fisherman for the last 20 years.

Seven years ago, he met with an accident in a boat and his right leg was amputated. He continues to fish for his livelihood and has never been hesitant to go to the sea. His house was within 10 feet from the sea.

When the tsunami hit the village, Tamil Selvan was at the shore, mending the nets. For the first time in his life, the fisherman faced a terrible, life-threatening sea. He shouted to his family to escape. His wife heard his warning and rushed outside with her children. The elder children carried the younger ones and ran towards the road while his wife ran to rescue him. In minutes, both of them were carried away by the water in different directions. Tamil Selvan was pushed into thorny bushes and was hurt all over. After fighting for more than 30 minutes, he was thrown towards the safer side of the village. His wife was pushed towards a tree which she managed to climb. She was rescued by their neighbours after an hour and the family was reunited.

Tamil Selvan was taken to the hospital immediately by the neighbours. His children were taken care of by the public. They were thankful to the public who came from various places to help them. He said that it was consoling to have their immediate needs met without any problem. They stayed in a school at Melaperumpallam, which is about 5 km. from their village, for six days.

They were given Rs.4,000/- and Rs. 1,000/- for three months by the Government as a relief measure. He did not get the fibre-glass boats given by the government. Later, an NGO gave the fishermen fibre-glass boats (1 boat for a group of 15 fishermen), but they felt it was too big a group to work with one boat. He was given Rs.2,000/- to withdraw from the ownership of the boat. He had to give Rs. 500/- from that money as commission for the person who had helped him get this amount. He said that many fishermen in his village were given fibre boats at the ratio of 1 boat for 4 persons, and compared to them, he felt that his position as one among 15 owners was less advantageous.

At present, he is working as a coolie and earns in the range of ~Rs.

100/- to Rs. 300/- per day. During the 'off-season' period, he cannot get any work and the family needs to take loans to manage their day-to-day expenses.

Tamil Selvan said that he could not go for his regular work for about a year after the tsunami and the financial assistance that they received from various sources was useful to run their family at that time.

Tamil Selvan has also been given a permanent house at Vanagirikuppam and is happy about it. He said, "Earlier, my house was very close to the sea. During tsunami, it got completely damaged and now nobody is allowed to build a house there as it is not safe to live that close to the sea. Now I need to walk for about 10 minutes to go to work and am happy as this house is safer for my children". Tamil Selvan said that they lost everything in the tsunami and only their lives were spared. He said that he was thankful to the government and others who helped them rebuild their lives.

Tamil Selvan said that he is scared of the high tides in the sea and avoids fishing when the tides are rough. He mentioned that he has applied to the District Collector for financial assistance to have an alternative livelihood option and also for the ADB loan for PWDs, to which he has not received a response yet.

His wife Muthulakshmi (30 years) mentioned that they find it difficult to manage their large family with their meagre income. She said that their community's norm is to have more children and therefore, she has not thought of family planning. She is a home maker, who could not join SHGs due to poverty. She expressed the need for some livelihood assistance.

Remembering his battle for life against the tsunami, Tamil Selvan said that no one can fight the mighty sea and nothing can be done if disaster strikes again; only early warning can help people safeguard themselves. He recommended that financial assistance should be given to help the affected rebuild their livelihoods and that PWDs should be given priority for such livelihood assistance.

### **C. Change In Life Before And After The Tsunami**

Regarding any change in life after the tsunami, roughly half (50.5%) reported that their situation had become worse due to ill health, reduced income or emotional trauma; 37.3% reported that their lives remained the same and 12.2% reported that their lives had changed for the better due to new opportunities and assistance received (Table 52).

**Table 52: No. of PWDs Reporting Positive and Negative Changes in Life**

Change	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Became worse due to ill health/ reduced income/emotional trauma	65	20.4	41	12.9	55	17.2	161	50.5
No change	32	10.0	48	15.0	39	12.2	119	37.3
Life changed for the better due to new opportunities/help	13	4.1	11	3.4	15	4.7	39	12.2
Total	110	34.5	100	31.3	109	34.2	319	100.0

More people in Chennai and Kanyakumari reported a change for the worse, while in Nagapattinam, more people said there was no change (Table 52). No differences were found between men and women with disabilities in terms of changes in life after the tsunami.

*"I got referred for surgery after the tsunami and am now able to walk."*

Nagapattinam.

*"We came to know about government schemes for disabled people only after the tsunami, as there were no NGOs working for disabled people earlier in these villages"* Kanyakumari.

#### Chitra, Chennai – Mobility and a New World

Chitra is a 32 year old single woman with both legs affected by polio. She lives in a slum called Anna Nagar in Kasimedu, North Chennai. Hailing from a poor fishermen's family, she did not get the opportunity to pursue her studies. She was used to crawling to move around and hence was confined to the four walls of the house. Her sister is the bread winner of the family at present.

Both her parents are illiterate and her father was a fisherman, who became disabled to the tsunami. When the tsunami hit the Kasimedu area, she was asleep. The force of the waves threw Chitra out of the house and she became unconscious. She was taken to the Government Stanley Hospital by her family members 2 hours later, where she regained consciousness after 15 days. Her father, in his attempt to save his family, was injured on his left leg. Since he did not pay attention to it, the leg was infected and amputated three months after the tsunami. Her mother, who was thought to be dead, was found later and managed to get back to normal life after 3 weeks of the tsunami. Her sister was also thrown into the sea but was saved by the neighbors. Chitra's house, where the family had lived for 25 years, was located at a distance of about 40 feet from the sea, and was damaged

completely. The family lost all their belongings such as TV, fans, clothes, other household items, ration card and other documents.

Chitra and her family were taken care of by her brother's family who were not affected by the tsunami, when they were in the hospital. She reported that she received good care in the hospital by the doctors and nurses. The medical team, including the medical students tended to her immediate needs and were supportive of the family.

The family received all the benefits given by the government and other agencies in their area after the tsunami, without any difficulty. They were given a temporary shelter in Kargil Nagar which is about 15 km away from Kasimedu. However, in order to have easy access to fishing, they have rented a house close to their old house for Rs. 200/- per month. Chitra was emotional when she talked about the tsunami and said that she has not been able get over the fear of tsunami till now. Life changed for the better for Chithra after the tsunami as she was helped by an NGO that provided her with a tricycle to move outside her house, for the first time in her life. She had not received any assistive appliances until the time of tsunami relief works. Mobility has made a huge difference in Chitra's life. She started going for the 'Tailoring cum Vocational Training Course' conducted for PWDs by an agency nearby. She was also given a sewing machine the NGO that motivated her to move out of her house and join the course. She was also given raw materials to undergo the training. There appears to have been some duplication in the assistance provided to her as she was given another sewing machine that could be converted into a power machine later. Currently, Chitra's daily activities include her Tailoring and Vocational Training Class, making handicrafts and tailoring. She earns a minimal income of Rs. 200/ per month from stitching clothes for neighbours. Thus, the tsunami has opened new vistas for Chitra and served as an opportunity for her development. She has become confident of her own abilities. She has identified the need for marketing facilities for the handicrafts she produces and feels the need for assistance to set up a petty shop which she can run, for a stable and increased income. After her father's disability due to the tsunami, her younger sister is the sole earning member of the family. Now with her income, albeit small, Chitra can share some of the responsibility with her sister and feels happy that she is not a burden to the family; is not fully dependent on others and has found a way to stand on her own feet.

#### **D. Emotional Impact Of The Tsunami**

About 44.5% respondents reported that they had received some help to deal with the emotional impact of the tsunami, while 40.8% who needed help did not get it. Fifteen percent reported that they did not need such assistance (Table 53).

Medication and counselling were provided by government doctors, local churches and NGOs. Some college student volunteers also helped in counselling.

**Table 53: Psychiatric Medication/Counselling Services Received**

Counselling/ medication received	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	25	7.8	39	12.2	78	24.5	142	44.5
No	75	23.5	41	12.9	14	4.4	130	40.8
Did not need	10	3.1	20	6.3	17	5.3	47	14.7
Total	110	34.5	100	31.3	109	34.2	319	100.0

Forty four percent of respondents reported that they were able to get on with life as before, without any significant impact of the disaster on them at present. On the other hand, roughly 38 % reported that their life was not quite the same, although they were able to get on with life (Table 54).

Six people had to change their occupation because of their fear of water. Four persons reported presence of significant mental health problems due to the emotional trauma experienced.

Analysis carried out to check on emotional impact on children with disabilities (below the age of 14 years) revealed that the disaster did not have a significant impact on two-thirds of the children. According to families, about 20% of the children had undergone a change in terms of fear and shock, but are now able to get on with their life. About 5% of the children had had mental health problems requiring treatment.

At the focus group discussion in Chennai, many participants were emotional when talking about the impact of the tsunami on their lives. They feel fearful at any slight change in the sea, including rough waves. They mentioned that their children were also fearful and that they do not play comfortably near the sea as before.

A 23 year old woman with locomotor disability who was helped by family members to escape from the waves recounted how she suffered from the shock and trauma for more than three months. She could not sleep as she kept hearing people crying in fear and the sound of the waves. She was initially very worried that she may not get married due to her emotional problem but managed to overcome her fear and is getting married soon. (Refer AnnexVI)

"I feel it is nature's doing, and I am not afraid. I just want to continue to work and support my family." Chennai fisherman, locomotor disability

"I just pray that it doesn't happen again. If there is any disturbance in the sea, I don't go to work and I lose a day's wages often" Chennai fisherman, locomotor disability

"We get very worried about the tsunami rumours as there is no way for us to verify the information". Chennai and Nagapattinam

**Table 54: Emotional Impact of the Tsunami on PWDs (adults)**

	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Not Significant	33	17.0	23	11.9	29	14.9	85	43.8
Still scared of water, so unable to go fishing	6	3.1	1	.5	16	8.2	23	11.9
Emotional trauma leading to mental health problems	4	2.1	6	3.1	2	1.0	12	6.2
Normal life affected at present	28	14.4	27	13.9	19	9.8	74	38.1
Total	71	36.6	57	29.4	66	34.0	194	100.0

### Case Study : Bama, Nagapattinam

Bama is a 22 year old young woman living at Nambiar Nagar, Nagapattinam. Her mother Sathamma (55 years) was in tears when she narrated how the tsunami had made her life tougher than before. The main problem was that her daughter became emotionally disturbed and mentally ill due to tsunami.

Bama's father was paralyzed for 8 years after consuming illicit liquor, and died 7 years ago. Her eldest brother (35 years), never studied, never worked and used to wander in the streets or sit quietly somewhere. Her second brother (31 years) discontinued his high school education and started fishing when their father became ill - he is the family breadwinner. Bama failed in Std. IX and discontinued her studies. She was always reserved, but used to take care of the house. A few months before the tsunami, Sathamma took her to temples as she thought that her reserved behaviour was due to evil powers. Sathamma, who had never worked before, has recently started working as a housemaid and earns about Rs.300/- per month. She has been receiving the monthly pension for widows (Rs.400/-) since 4 years.

When the tsunami struck, Sathamma and her daughter were inside the house. At the sudden great force of water, Sathamma was pushed against the door and was rescued by her neighbours, two hours later. Bama was thrown out of the house and pushed to the railway track nearby. Three hours later, she was found unconscious, injured and bleeding. She could not eat or sleep for some days. A month later, she started talking non-stop about the tsunami, began talking to herself, laughing and crying without reason. She was taken to the District Government Hospital for treatment but did not show much improvement. At that point, one of the NGOs took her to Coimbatore, where she was hospitalized for two months. As there was not much improvement, they sent her back. Currently, she is given treatment in Nagapattinam by another NGO. She is given medicines every week and the psychiatrist visits her house once a month. According to Sathamma, her daughter can be

managed only when she takes her medicines regularly.

Sathamma's house was completely damaged in the tsunami. They were provided temporary shelter, where they stayed for some time. At present, her family stays with her sister, who looks after Bama, when the mother goes out to work. Sathamma said that she did not get any benefits from the government or other sources. As her house is located in the town, they were not given allotment for permanent shelter. She said that she was thankful to those who rendered her daughter good medical help. Sathamma said that the government should provide ration at a cheaper price for those who get the pension for destitute persons; she is refused ration items as she gets the pension. Sathamma expressed her desperation as her children are not leading normal lives. She was concerned that her sons are not married and her only daughter is undergoing treatment for mental illness. She was emotional when she talked about how she is caught up in the mire of poverty, illiteracy and helplessness, putting her family in a desperate and hopeless situation.

#### E. Perspective Of Women With Disabilities

The study examined the impact of tsunami on women with disabilities and their special needs during various stages of disaster management. This Section reports key findings/perspectives of women with disabilities, as gathered through the questionnaire survey and Focus Groups Discussions with women conducted in each of the study districts. (refer Annex VI).

About one-third of the respondents reported that they did face special problems, while two thirds reported that they did not (Table 55).

More women in Kanyakumari reported facing problems compared to Chennai while in Nagapattinam, no woman mentioned facing any problem.

**Table 55: Special Problems Faced  
by Women with Disabilities (N=92)**

Whether Problems Faced as Women	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	9	9.8	0	.0	19	20.7	28	30.4
No	21	22.8	27	29.3	16	17.4	64	69.5
Total	30	32.6	27	29.3	35	38.0	92	100

A majority reported facing problems such as the need for privacy and personal hygiene. Lack of clothes and toilet facilities in relief camps were

seen as major problems by most of the respondents. Four people mentioned occurrence of disability and health problems after the tsunami, while three mentioned that as women, they faced more anxiety and trauma due to their 'helplessness.' One woman mentioned personal security as a major problem faced.

*A 50 year old woman with locomotor disability in Chennai who was injured in the genital region was too embarrassed to go to male doctors, and used home remedies to treat herself. (refer AnnexVI)*

**Table 56: Types of Problems Faced  
by Women with Disabilities (N=28)**

	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Privacy needs	0	0	0	.0	3	10.7	3	10.7
Personal hygiene needs	1	3.6	0	.0	6	21.4	7	25.0
More anxiety/emotional trauma	2	7.1	0	.0	1	3.6	3	10.7
Disability/health problems due to tsunami or earlier	3	10.7	0	.0	1	3.6	4	14.3
Security	0	0	1	3.6	0	.0	1	3.6
Problems with privacy and personal hygiene	2	7.1	1	3.6	7	25.0	10	35.7
Total	8	28.6	2	7.1	18	64.3	28	100.0

About 39 % of the women were members of groups, while a majority was not. Tables 57 and 58 give details on membership in Self Help Groups and reasons cited by 60% of the respondents for not being part of the same.

**Table 57: Number of Women with Disabilities in Self Help Groups**

	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Yes	7	7.6	8	8.6	21	22.8	36	39.1
No	23	25	19	20.7	14	15.2	56	60.9
Total	30	32.6	27	29.3	35	38.0	92	100

**Table 58: Reasons for Not Being Part of Self Help Groups (N=56)**

	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
SHG not functioning	0	0	2	3.6	3	5.4	5	8.9
No income, unable to save and join SHG	3	5.4	2	3.6	9	16.1	14	25
Excluded because of disability	8	14.3	4	7.1	2	3.6	14	25
Not aware of SHG	1	1.8	1	1.8	0	0	2	3.6
Not motivated to join SHG	4	7.1	1	1.8	0	0	5	8.9
Student	1	1.8	5	8.9	0	0	6	10.7
Not answered	4	7.1	4	7.1	0	0	8	14.3
Total	23	41.1	19	33.9	14	25	56	100

Focus group discussions in Nagapattinam revealed that in one village, many women were swept away by water. They were rescued by the men. The main problems they faced in the immediate aftermath were lack of clothes, privacy and toilet facilities. They said that the men and youth from their village brought clothes for them.

"As soon as I understood what was happening, I ran to save myself. I was pregnant and could not run very fast" Chennai

"My face is burnt so I never came out of the house till the tsunami forced me to come out and run. People looked at me with fear because of my face. My parents took care of me and helped me. We came back to our house that same evening because we were worried that someone might steal our things and because I was uncomfortable in the crowd with people staring at me" 18 year old female, Chennai. (Refer **Annex VI**)

#### **Christian Mary, Kanyakumari**

Christian Mary, age 42, is a polio victim. She is the only daughter in her family of seven children among whom two are disabled (physical and mental disability). She lives with her aged parents in a hut near the sea at Colachel in Kanyakumari. She crawls to move around.

She learnt sewing from her aunt at the age of twelve. She used to sit on the cot and stitch with her hands, using a hand sewing machine. She was helping a neighbour in her tailoring works till she was seventeen, without any payment. Later, her grandfather bought her an electric sewing machine, with which she was able to stitch, sitting on the floor. At present, she earns about Rs.100/- per day and takes care of her brothers and mother. In fact, she arranged the marriages of her brothers. She is considered as a brave and courageous woman in her village. Her neighbours trusted her and gave her fairly large loans that she repays on time.

Christian Mary was in a hospital at Nagercoil at the time of tsunami. On her

way back home, she heard about the disaster and got worried about her mother and brothers. Her anxiety increased when she realized that the telephone was disconnected in their house. Fortunately, she could talk to her relatives in the area over the phone and found out that all her family members were safe. They lost their household items, including the sewing machine. Later, she recovered her damaged sewing machine from her neighbour's house.

There were a couple of fruit-bearing trees in front of her house. Her brother escaped the tsunami by hanging on to one of the trees. However, the government cut down these trees later, to clear the place. Christian Mary was not happy as the trees saved their lives.

After the tsunami, the family stayed in their relatives' house and received relief materials from the government and NGOs. She was given Rs. 17,000/- as livelihood assistance by an NGO and was happy with the assistance received; she repaired her house and machine with the same. This helped them get their lives back to normal soon.

Christian Mary could not get ADB-supported livelihood assistance as she lives in a Town Panchayat. She could not get government pension for PWDs as she lives in a big house. She said that the house is shared among all the brothers.

She recommended growing trees at the seashore and government pension and other schemes to be given to all PWDs affected by the tsunami.

#### F. Perspective Of Families Of Children With Disabilities

*Emotional impact of the tsunami.* About 43% of the families of children with disabilities reported that they had received medication or counselling to help them deal with the emotional impact of disaster. A similar proportion reported that they had the need but did not receive help. About 14% reported that they did not feel the need for help (Table 59).

More people who needed help received the same in Kanyakumari, while in Chennai and Nagapattinam, more people who needed help, did not get it.

**Table 59: Psychiatric Medication/Counselling Services Received by Families of PWDs (N=125)**

	Chennai		Nagapattinam		Kanyakumari		Total	
	N	%	N	%	N	%	N	%
Needed and got help	8	6.4	12	9.6	34	27.2	54	43.2
Needed and did not get help	28	22.4	20	16.0	6	4.8	54	43.2
Did not need help	3	2.4	11	8.8	3	2.4%	17	13.6
Total	39	31.2	43	34.4	43	34.4	125	100.0

Regarding emotional impact of the tsunami on families at present, a significant proportion of respondents (71%) reported that they were able to get on with life as before, without any significant impact of the disaster on them at present. Roughly a fifth (22.4%) reported that their life was not quite the same, although they were able to get on with life (Table 60).

Around six people had to change their occupation because of fear of water. Two persons reported presence of significant mental health problems due to the emotional trauma experienced.

**Table 60: Emotional Impact of Tsunami on Families (N=125)**

	Emotional Impact	N	%
1.	No significant impact	89	71.2
2.	Still scared of water so unable to go for fishing	6	4.8
3.	Emotional trauma that lead to mental health problems	2	1.6
4.	Compared to earlier normal life affected at present	28	22.4
	Total	125	100.0

More than half the respondent women were members of Self Help Groups. Twenty-three men (constituting 18.4% of the respondents) were also members of such groups. About 29% (all women) were not part of any group (Table 61).

**Table 61: Number of Family Members in Self Help Groups (N=125)**

S.No.	Category	Chennai		Nagapattinam		Kanyakumari		Total	
		N	%	N	%	N	%	N	%
1.	Men	75.6	5.6	11	8.8	5	4.0	23	18.4
2.	Women	19	15.2	23	18.4	24	19.2	66	52.8
3.	Not in groups women	13	10.4	9	7.2	14	11.2	36	28.8
	Total	39		43		43		125	

A third of the respondents did not give any reasons for not being part of Self Help Groups. Of the remaining respondents, 6 people reported that their preoccupation with their disabled family members did not leave them with much time to join a group, while a similar number reported that they were not motivated to join a group. Five respondents reported that they were not aware of SHG activity in their area, while four reported that they were unable to save, hence could not join a group.

**Table 62: Reasons for Not Being Part of Self Help Groups (N=36)**

S. No.	Reasons	N	%
1.	Not answered	12	33.3
2.	SHG not functioning	1	2.8
3.	No income, unable to save and join SHG	4	11.1
4.	Not aware of SHG	5	13.9
5.	Not motivated to join SHG	6	16.7
6.	Student/under age	1	2.8
7.	Restricted by SHG rules	1	2.8
8.	Occupied with caring for child or person with disability, hence no time to join	6	16.7
	Total	36	100.0

Some participants in focus group discussions in Nagapattinam spoke about their difficulties in managing with their disabled children in temporary shelters. Since they could not leave their children anywhere, they missed out on the assistance provided to address immediate needs. Occasionally, they found someone to help them obtain assistance given to address immediate needs or share with them the assistance received.

A 45 year old woman whose son and husband have locomotor disability, found it very difficult to get the immediate assistance. Twice, she got caught in the crowd, was injured and hospitalized, after which she did not want to look for any more assistance. She said that since there was no special focus on people with disabilities, she found it difficult to get food and other items of immediate need for her husband and son.

"Our daughter is mentally ill and we keep her chained inside the house. As soon as the waves hit, we unlocked the chain and the local youth took her to safety in a catamaran".  
Nagapattinam

"We had no place to leave the (disabled) children, so we had to carry them and stand in long queues along with all the others to get help. Some of us got tired and came away without waiting and our relatives/neighbours shared what they got, with us." Chennai and Nagapattinam

#### Case Study: Radhika, Chennai

Radhika is a 22 year old young woman and her husband Ravi (25 years) works as a barber. Their only daughter, Geethalakshmi (3½ years old) has cerebral palsy.

Radhika has completed her high school and Ravi discontinued his schooling at the age of 10 to start working as a barber. When the young couple understood the condition of the child, they gathered courage and collected information on rehabilitating her.

When the tsunami struck, Radhika was feeding her 3-month old baby. When she understood the situation, she quickly wrapped the child, grabbed

her medicine bag and ran out of the house. She got into an auto-rickshaw and rushed to her in-laws' house which is located at some distance from her house. Her husband who went for work out of Chennai, returned only after a fortnight. Radhika could not leave her child and go to her house to salvage her belongings. Thus, she lost some of her household items such as the TV, furniture, cot and some jewels.

Two days after the tsunami, when the affected people were receiving various types of assistance, Radhika could not go as she could not leave the child alone. Her only focus was to work on the progress of the child and she did not want anything to hinder the same. This was a hard decision for the young couple as Ravi is the only earning member of the family, with meager wages of Rs. 100/- per day. Thus, Radhika missed out on the relief funds given by the government and the fishermen's society. She also did not get other benefits such as household items and provisions given by the government and NGOs as part of their relief and rehabilitation measures. The only assistance she received was the allotment of a temporary shelter, with the help of her mother. She is now eligible for permanent housing and is satisfied about the same. Radhika was consulting a pediatrician about her child regularly, before the tsunami. She was referred by the pediatrician to another specialist for the care of children with special needs. Through him, she found SPASTN (Spastic Society of Tamilnadu), a special school for children with multiple disability.

Exposure to the SPASTN centre enabled Radhika to learn about therapeutic interventions for her child and she started communicating better with the child. Geethalakshmi now shows significant improvement in areas of gross motor skills and other milestones. Radhika goes to the special school twice a week and carries out therapy for the child at home regularly. Presently, the family lives in a temporary shelter in Tsunami Nagar, which is about 12 km away from their original place of residence. She has to spend about Rs.30/- on her travel for each visit, part of which is given by the School. She has also had to spend on splinters and a corner seat for her child. The motivated young couple works hard to provide the best services possible for their child. Though they lost their belongings and received no compensation for the losses, they are quite satisfied with the temporary housing given. Radhika suggested provision of 'baby carriers' for mothers to escape from a disaster with their disabled children.

## VI: SUGGESTIONS FROM PEOPLE WITH DISABILITIES AND THEIR FAMILIES

This Section presents suggestions given by people with disabilities and their families for disability-specific strategies in future disaster situations.

**Table 63: List of Recommendations from People with Disabilities and their Families**

Training and formation of village level rescue squads to help people with disabilities
Facilities for transport of PWDs to reach safe place during disasters
Early warning system
Information and awareness, use of media for communication
Training for PWDs and families on first aid and disaster management
Social security or guardianship for disabled children in case of death of parents in a disaster.
Alternative livelihood options for women with disabilities
Safe shelters for all, especially women
Housing on higher levels for PWDs
Focus on needs of PWDs in immediate relief and rehabilitation
Protective structures and trees at the sea shore
Fencing wall on the coastal areas before the sea
Hearing aids
Disaster prevention measures to be taken by the government
Planting of trees to prevent soil erosion
Awareness creation among the general population on society's role in caring for and respecting children/persons with special needs, especially during emergencies
Need for rehabilitation and reconstruction programme focusing on the specific needs of PWDs
Need for immediate relief measures to address specific needs of PWDs
Avoid discrimination between village panchayath and municipality in disbursing relief
Insurance schemes for PWDs
Mobility aids to reach safe place
Alternative road to the coastal areas
Monitoring and supervising of services rendered by government
Safe play areas for children away from the sea

- › A large number of respondents emphasised the need for early warning systems, housing on higher levels for PWDs, training on disaster management, information and awareness, safe shelters and special focus on their needs in immediate relief assistance.
- › Transport to reach safe places, training/formation of village level rescue squads, and special focus on needs of people with disabilities and their

families in all stages of disaster management were other needs mentioned by some.

- Fewer numbers mentioned mobility aids and other assistive devices and special insurance schemes for people with disabilities.
- A few suggested measures to improve and monitor relief and reconstruction assistance schemes.
- Prevention and security measures were suggested by a few.
- Suggestions from women with disabilities and from mothers of children with disabilities that emerged during focus group discussions included the need for alternative livelihood options for this group, guardianship/ social security measures for orphaned children with disabilities and safe shelters for women and children.

## VII: REPORT FROM SERVICE PROVIDERS

### A. Introduction

A total of 141 service providers active in tsunami relief, recovery and reconstruction were contacted and their feedback sought on services provided to people with disabilities. Twelve service providers (8.5% of 141) returned the completed questionnaires (Table 64). This Section provides details on responses received from service providers.

Of the 12 service providers who responded, six were organisations working for people with disabilities and were directly involved in services for this group during and after the tsunami. Of the respondent service providers, four agencies reported inclusion of people with disabilities in their on-going disaster management programmes and two reported non-inclusion.

**Table 64: Number of Service Providers Contacted and Responses Received**

	No. Contacted	No. Responded
INGOs	29	5
Chennai NGOs	25	3
Nagapattinam NGOs	52	2
Kanyakumari NGOs	35	2
Total	141	12 (8.5 %)

**Table 65: Activities of Service Providers for PWDs during/after the Tsunami**

Category of Service Providers	Fully/Directly involved	Partly involved (included PWDs)	PWDs not included
INGOs	1	2	2
Chennai NGOs	2	1	0
Nagapattinam NGOs	1	1	0
Kanyakumari NGOs	2	0	0
Total	6	4	2

### B. Issues Related To Inclusion Of Pwds

The reasons given by service providers for not including people with disabilities were that the NGOs did not focus on people with disabilities as their target communities are different; they did not have sufficient funds to address the needs of this group and that they did not find people with disabilities in the areas where they worked.

A new NGO in Nagapattinam has started working with people with disabilities after the tsunami.

The major needs of people with disabilities identified by the service

providers were livelihood support, psycho-social support, mobility aids, identity cards, awareness and training on disaster management.

The services provided to people with disabilities included rescue; shelter; food, water and clothes; financial, medical, education, employment, housing and counselling assistance; provision of assistive devices, medical certificates, identity cards and government schemes; and training in disaster management.

### **C. Recommendations From Service Providers**

The following recommendations were received from service providers on actions/priorities related to various stages of disaster management.

#### **Relief/Response**

- › Identification and plans to address needs of people with disabilities in temporary shelters during the initial assessment
- › Immediate medical support, food, temporary shelter
- › Provision of barrier-free toilets for people with disabilities
- › Disaster Management training.

#### **Recovery**

- › Inclusion of people with disabilities in design and implementation
- › Post-trauma counselling and rehabilitation
- › Exposure visits, job offers, medical assistance.

#### **Rehabilitation**

- › Inclusion of people with disabilities in design and implementation
- › Income generation programmes, job opportunities, livelihood equipments
- › Mobility aids
- › Capacity building
- › Grace period for old loan, provision of new loans, provision of business assets and suitable training.

#### **Reconstruction**

- › Shelters and public spaces to have special provisions for people with disabilities
- › Permanent shelter
- › Better co-ordination between government and NGOs
- › Marketing assistance and linkages.

#### **Development**

- › Designing interventions to address needs of people with disabilities
- › Education
- › Employment opportunities
- › Focus on health and hygiene
- › Monitoring of recommendations and their implementation

- › Awareness generation among people with disabilities about government schemes.

#### Prevention

- › People with disabilities to be included in consultations so that disaster management measures can incorporate their specific needs
- › Construction of preventive walls
- › Mini-harbours and sea walls to be built, trees to be grown along the coastal belt
- › Early warning systems to be installed and effective measures taken to make information about impending disaster available to all.

#### Mitigation

- › People with disabilities to be included in consultations so that disaster management measures can incorporate their specific needs
- › Adult education and school curricula should include disaster prevention, awareness and first aid for vulnerable communities in disaster-prone areas.

#### Preparedness

- › People with disabilities to be included in consultations so that disaster management measures can incorporate their specific needs
- › Routine disaster management awareness and training
- › Adult education and school curricula should include disaster prevention, awareness and first aid for vulnerable communities in disaster-prone areas.

The present study, "Coping with Tsunami – An Exploratory Study on Disability and Tsunami", was an operations research study to document the situation of 319 women, men and children with disabilities and their families from coastal areas of Chennai, Nagapattinam and Kanyakumari districts of Tamil Nadu that were maximally affected by the tsunami of December 2004.

The study used a participatory methodology with quantitative and qualitative data collected from a purposively selected sample of key stakeholders, to elicit information on:

- › how people with disabilities and their families coped in the immediate aftermath of the disaster,
- › how they accessed immediate and post-disaster relief and reconstruction assistance,
- › the barriers they faced in accessing services,
- › the major service providers who addressed their needs during different stages,
- › the unmet needs of PWDs at present,
- › the emotional impact of the tsunami, their suggestions for disability-specific disaster management strategies.

At all levels, the study focussed on the special issues faced by women with disabilities and families of children with disabilities.

### A. Some Significant Findings

#### Sample:

The sample had near equal representation of the sexes.

- People with locomotor disabilities comprised the largest group, followed by people with mental retardation, speech and hearing problems, multiple disabilities, mental illness and visual disabilities. There was only one person with Hansen's Disease.
- Fifty percent of the respondents were from rural, underserved (in terms of disability service providers) areas. A comparison of the three districts studied showed that there were more people with disabilities in the rural areas.
- This highlights the need for disability-specific services in underserved rural areas after the immediate relief operations following a disaster.
- The majority of the sample belonged to the most backward communities, had a family income of less than Rs. 2000 per month, lived less than 200 metres from the sea at the time of the disaster, and were thus maximally affected by the tsunami.
- There were more illiterate people in the sample in Chennai, compared to that in Nagapattinam and Kanyakumari.

## **B. Disability Prevalence In The Study Areas**

The study attempted to estimate prevalence from secondary sources alone, as the focus was not on establishing prevalence.

Data from secondary sources (offices of the DROs, and literature review) revealed the number of people with disabilities in the three study areas, but these data are based on listing of people who received or are registered for relief and reconstruction measures.

The present study showed that 8.2% of the study sample had become disabled after the tsunami.

The prevalence data that are presented in this report from the three study areas are indicative only. The data are clearly incomplete and not comprehensive. This is particularly so in the case of rural, underserved areas of Nagapattinam and Kanyakumari.

*This highlights once again, the need for accurate prevalence data and disability-specific interventions in rural, underserved areas.*

## **C. Coping In The Immediate Aftermath Of The Tsunami**

A majority of people with disabilities were rescued and helped to reach safe places by family members and neighbours.

People in an urban area like Chennai were able to reach safe places faster than their peri-urban and rural counterparts. People in the interior, rural and coastal villages of Kanyakumari took longer to reach safe places.

Food, water, clothing, shelter and medical care were the immediate needs of a majority of respondents. The need for assistive devices was reported as an

immediate need by a small proportion of people with disabilities.

A majority of the respondents did receive the assistance that they felt they needed immediately after the disaster.

The general public was perceived as the major benefactor in addressing immediate needs.

The majority reported that their immediate needs were addressed and that they were satisfied with what they received. People from rural areas reported more satisfaction than those from urban areas.

About 20% of the respondents reported that they had difficulties in accessing immediate relief, the major reasons being delays in accessing services and their absence from the spot, as many had fled to other places in the immediate aftermath. Of this group that reported difficulties in accessing immediate relief, only a small proportion cited disability related problems such as lack of mobility or difficulty in carrying/looking after disabled children, as reasons.

From these results, it is evident that access to immediate relief as well as barriers to access, were the same for people with disabilities and their families, as for the general population. However, the difficulties faced by people with disabilities and by families of children with disabilities underscore the importance of making special provisions for them in the immediate relief operations. No differences were found between the sexes in relation to access to immediate relief, as well as barriers to access.

A few people were left out of immediate relief measures, but the reason had to do with their having fled from the spot in the immediate aftermath, rather than any disability-related reason.

#### **D. From The Recovery And Reconstruction Phase To The Present**

A large number of respondents reported receiving food and water, clothes and monetary assistance. This was followed by those reporting assistance with housing, medical care and counselling. Disability-specific assistance such as assistive devices, identity cards and medical certificates were reported by fewer numbers.

The government and NGOs were reported as the main service providers during the recovery and reconstruction phase by a majority, unlike the immediate relief phase where people reported that the general public was the main benefactor.

A majority reported that they had no difficulty in accessing these services, and that all their needs were met. More people in Kanyakumari reported this compared to Nagapattinam and Chennai. More people in Kanyakumari also reported that they were satisfied with what they received.

Of those who reported difficulties and dissatisfaction, more people in Chennai reported difficulties in accessing services, while more people in Nagapattinam reported that all their needs were not met and that they were dissatisfied with what they got.

Although people in underserved coastal areas of Kanyakumari faced more difficulties in reaching safe places in the immediate aftermath of the disaster, they were also the most satisfied with what they received in terms of relief and reconstruction services. People from urban and peri-urban areas where there were many more existing service providers reported more difficulties and dissatisfaction.

For those who faced difficulties in access, the main reasons were bureaucratic delays due to poor organisation and co-

ordination, followed by absence from the spot for a long time as they had moved to other places after the tsunami. A very small proportion cited their disability as a barrier to access.

As in the case of immediate relief, access to subsequent services as well as barriers to access, were the same for people with disabilities and their families, as for the general population.

No differences were found between the sexes in relation to access to recovery and reconstruction services as well as barriers to access.

Immediate family members and other relatives were the greatest source of support during and after the disaster to people with disabilities and their families, followed by neighbours/friends, NGOs and the government.

Loss of livelihood was the greatest difficulty faced by people with disabilities and their families, followed by problems with physical and mental health.

Setback in disabled children's progress was another major problem cited by families. The study results showed that there was an almost 10% drop in the number of disabled children attending formal education after the tsunami in the affected areas. The reasons were distance of new house from the school, drop in income/affordability on the part of parents, set-back in child's progress due to break from school during and after the tsunami, increased health problems in children after the tsunami, and loss of mobility aids after the tsunami.

This finding underscores the need for service providers to pay special attention to the education of disabled children in the subsequent stages of disaster management.

Major unmet needs at present include social security schemes, livelihoods, medical certificates and medical help. Disability-specific interventions were cited by a smaller number.

More people in Kanyakumari (underserved areas)

asked for social security schemes; the study revealed that many there had heard of such schemes for people with disabilities for the first time after the tsunami.

Since identity cards and medical certificates are the key to government benefits for people with disabilities, they should be considered as a priority during the recovery and reconstruction phase.

The study also revealed that many respondents tended to hide information on what they had already received, in the expectation of more benefits, especially for livelihoods. In some cases clearly, their initiative to work and earn on their own had gone down to some extent due to all the benefits received.

In the case of families, almost 70% were members of existing or new self-help groups. Among those who were not part of groups, the reasons were preoccupation with their disabled children, poverty and inability to save and lack of awareness on group activity in their areas.

Future disaster management programmes for people with disabilities will need to pay attention to inclusion of families of people with disabilities in self-help groups.

#### **E. Change In Life Before And After The Tsunami**

About half of the sample reported that their lives had changed for the worse after the tsunami due to ill health, reduced income or emotional trauma. However, about 12% also reported that their lives had changed for the better due to new opportunities and assistance received. A significant number belonging to the latter group had been confined to their homes and had been unaware of schemes for assistance for people with disabilities. The tsunami relief and reconstruction services helped them improve their mobility and participate in social and livelihood activities.

#### **F. Emotional Impact Of The Tsunami**

Problems with emotional trauma and mental health issues were reported as a major problem by many. About 45% of people with disabilities and 43% of the families received medication and counselling to help them cope with their problems.

Significantly, about 40% of people with disabilities and 43% of families who reported that they needed such help, could not get the same. It is however likely that others in the general population faced a similar predicament.

This finding emphasises the need for service providers to focus on mental health issues of people with disabilities and their families in disaster management services.

At present however, the majority of adults and children are able to get on with their lives as before, even though for some, 'life is not quite the same'. About 5-6% of adults and children continue to have mental health problems.

#### **G. Perspective Of Women With Disabilities**

A third of women with disabilities reported facing special problems, with a majority reporting problems with needs for privacy and personal hygiene in the immediate aftermath of the tsunami. Lack of clothes and toilet facilities in relief camps were seen as big problems by most of them.

However, these are problems that all women face in situations of disaster as documented in available literature and are not unique to women with disabilities.

What was more significant was that one-fourth of these women were excluded from existing and

new self-help groups during the reconstruction phase because of their disability. An equal proportion was unable to join these groups because of their poverty and inability to save. Focus Group Discussions with the women also revealed their pressing need for livelihood support.

Post-disaster service providers need to take into consideration the inclusion of women with disabilities as a special interest group in existing and new self-help groups and in livelihood activities.

## **H. Perspective Of Service**

### **Providers**

Only 8.5% of service providers contacted through email returned the completed questionnaires. Apart from the fact that email response rates are usually low, this could also be an indication of the fact that disability was not a priority for most of them in their work during the disaster and later.

*This emphasises the need to sensitise the development sector on disability issues and on including people with disabilities in on-going activities as well as disaster management programmes.*

Half of the service providers who responded were directly involved in services for people with disabilities during the tsunami. They provided useful suggestions for inclusion of people with disabilities in different aspects of disaster management as detailed in the relevant part of the preceding Section VII.

## **I. Recommendations For Disability-specific Strategies**

The recommendations for disability-specific strategies in disaster management situations listed below arise from the findings of the study. The recommendations are listed in the order of issues arising from different stages of disaster management.

### **Preparedness**

Many studies have emphasised the importance of early warning systems, addressing people with different disabilities, especially those with visual and communication disabilities. This came out as a need in the present study from people with disabilities and their families as well.

Existing literature underscores the need for information, awareness and training for people with disabilities and their families on all aspects of disaster management; the present study corroborates this. Service providers working with people with disabilities, especially disabled people's organisations and community-based services will need to include such training in their on-going programmes.

### **Relief/Response**

To address immediate rescue needs in a disaster situation, people with disabilities and their families suggested training and formation of village-level rescue squads of youth and other volunteers. This will help other vulnerable groups like the elderly, for example.

The study showed that most people with disabilities with mobility problems were carried by their families and neighbours to safety. It is important to ensure adequate transport facilities during the rescue efforts to transport people with disabilities. This is also expected to help other vulnerable groups.

In immediate relief efforts, people with disabilities and their families found it difficult to access services because of crowds and jostling. Service providers will need to make special provision, e.g., separate queues for people with disabilities and mothers carrying children with

disabilities to access these services. This will also help other vulnerable groups.

Many people with disabilities using assistive devices found the shelters inaccessible, including toilets. Service providers need to make shelters barrier-free to accommodate the needs of people with disabilities in future disaster management programmes.

Need for safe and secure shelter in the immediate aftermath of a disaster, especially for women, has been emphasised in available literature, along with need for separate facilities to ensure privacy and personal hygiene needs. This was brought out in the present study in relation to women with disabilities and mothers of children with disabilities as well and should be noted by service providers in future.

Many people with disabilities lost their assistive devices in the tsunami, and found it difficult to manage on their own in the temporary shelters. Along with other relief supplies, service providers will need to keep a stock of assistive devices like wheelchairs, hearing aids and white canes for the use of people with disabilities during the immediate relief efforts.

A few people with disabilities and their families did not get the immediate assistance because they had fled the scene and moved to other locations for periods ranging from a few weeks to months. By the time they came back, they could not get any assistance. Service providers should have a system of registering, verifying and assisting those who are away temporarily and are eligible and in need of relief assistance. This applies not just to people with disabilities but to all others in a similar situation.

### **Recovery**

Existing literature emphasises mental health treatment and counselling for victims of disaster in the immediate aftermath and during the reconstruction phase. A significant finding of the study was that a sizeable proportion of people with disabilities and their families who were emotionally affected by the tsunami and who reported the need for psychiatric treatment and counselling, did not get it. Service providers will need to make provision for such facilities to benefit all, including people with disabilities and their families.

### **Rehabilitation**

The study found that a majority of people with disabilities reported social security measures, identity cards and medical certificates as their greatest unmet needs at present. Some had lost their cards and some were not even aware before the tsunami that such provisions existed. Since identity cards and medical certificates are the key to government benefits for people with disabilities, it is important for service providers to consider this as a priority during the recovery and reconstruction phase.

### **Reconstruction**

Many people with disabilities suggested that they be allotted houses on higher ground during the reconstruction phase. This will need to be considered, where feasible.

Many women with disabilities were excluded from existing and new self-help groups during the reconstruction phase because of their disability and because of their poverty and inability to save. Likewise, family members of people with disabilities tended to get excluded

as well. Service providers will need to take into consideration the inclusion of women with disabilities, family members of people with disabilities and women-headed households as special interest groups in existing and new self-help groups and in livelihood support activities during the reconstruction phase.

Literature recommends inclusion/mainstreaming of people with disabilities and their concerns in all development work following a disaster and the need to sensitise the mainstream development sector (government and NGOs) on such inclusion. The findings of the present study support this recommendation too. A significant finding was that people with disabilities had the same needs, same level of access and same barriers to access as the general population. The biggest difficulty faced by people with disabilities and their families after the disaster was livelihoods and one of the biggest unmet needs was healthcare, like any other in the general population, which could be addressed not only by disability service providers but also by the mainstream development sector.

The low response rate from service providers in this study also underscores the need to sensitise the development sector on disability issues in their regular work and in future disaster management programmes.

#### Development

Another significant finding was the drop-out of children with disabilities from the education system after the disaster. Service providers working with people with disabilities during the reconstruction phase will need to pay special attention to this group and to evolve strategies to reduce the drop-out rate.

Although the study did not identify any orphaned, disabled children in the sample and areas studied, the families recommended the need for guardianship and additional social security measures for children with disabilities who may be orphaned in future disasters.

#### General

The study has shown that there were more people with disabilities in rural, underserved areas in Kanyakumari and Nagapattinam. At the same time, Chennai and peri-urban areas of Nagapattinam had many service providers for the general community and for people with disabilities, almost to the extent of being over-served. At times of disaster, it is important for service providers to co-ordinate their efforts and encourage some to move to underserved, rural areas, so that people with disabilities in these areas have access to the relief, rehabilitation and disability-specific services in the same degree as their urban and peri-urban counterparts.

Earlier studies have reported on the absence of accurate prevalence figures on people with disabilities after a disaster. This study found the same problem in trying to estimate prevalence of people with disabilities due to pre-existing and tsunami-related causes, based on secondary sources. Government and NGOs need to consider such prevalence surveys, especially in rural areas where fewer service providers are working.

People with disabilities and their families will need to be consulted and their needs taken into account during the recovery and reconstruction phases of disaster management. Service providers should make a special effort in this regard,

instead of clubbing this group with the general population.

Disabled people's organisations can play a key role in all phases of disaster management. It is important for disaster management service providers to consult and involve these groups in addressing special needs of people with disabilities in disaster situations.

It is to be noted that most of these recommendations would benefit not only people with disabilities in future disaster situations, but also other vulnerable groups like the elderly, pregnant women and women with small children. It would therefore be cost-effective for service providers to take note of these recommendations in addressing different aspects of disaster management in the future.

#### **J. Conclusion**

The present study focused on people with disabilities and their families affected by the tsunami in three coastal districts of Tamil Nadu state in southern India.

The findings and recommendations relate to the sample and areas studied, and are meant to add to/supplement the existing body of literature on the impact of disasters on people with disabilities.

It is recommended that more such studies be carried out in other coastal areas in southern India, to continue to add to the knowledge base in this field.

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### Instructions To Surveyors

#### Filling The Questionnaire

Explain the purpose of this study.

The study is being conducted to find out how children and adults with different disabilities coped with the tsunami and to see what their present situation is. After the study we hope to give recommendations to the government and service providers about how to include and address the special needs of persons with disability in disaster situations like the tsunami. Make it clear that we are not a funding agency or a service provider; there are no direct benefits for them from this survey. The study will be of help to persons with disability who are caught in similar situations in the future.

#### Types of disabilities to be included in the study

- > Locomotor (polio, amputated limbs, deformities from birth, e.g., shortened limbs, paralysis)
- > Visual (blind, one eyed, low vision, old people with cataract who cannot see at all)
- > Speech and hearing (deaf and unable to speak)
- > Mental retardation (low in intellectual ability, difficulty in understanding and following instructions, difficulty in coping with school, compared to others of same age)
- > Mental illness (strange or abnormal behaviour like talking, crying or laughing to himself/herself)
- > Cerebral palsy (child has stiffness of limbs or completely loose limbs with no muscle tone, no muscle co-ordination)
- > Leprosy cured (treated for leprosy, now

cured but may have deformed hands, feet or face)

#### For persons with hearing impairment

- > Fill the PWD questionnaire, using a family member to interpret. Ask the questions to the person directly, maintaining eye contact with that person. Tell the interpreter to tell the person exactly what you said, and to tell you exactly what the person said. The family member's impressions can be taken later. What we need is the response from the person with disability.
- > For persons with other disabilities also, encourage them to talk instead of family members talking on their behalf.

#### For persons with mental retardation and cerebral palsy

Fill the family member questionnaire for all persons with mental retardation or cerebral palsy.

#### For persons with mental illness

Fill the PWD questionnaire, with the help of family member if the person is unable to communicate well.

#### For children with disability

Fill the family member questionnaire in case of children with other disabilities (locomotor, visual, speech and hearing) who are under 14 years.

#### For women with disability

Make sure that a woman surveyor interviews a disabled woman, talk to her in private when asking about problems faced as a woman.

### Definition of 'Who is affected?'

1st priority: All those who lived less than 200 metres from the sea

2nd priority: All those who lived between 200 to 500 metres from the sea. If there is a person who was not physically present in the house at the time of tsunami, but was affected by losing everything, include them in the study.

In case some questions are not applicable, write NA (not applicable). For example, someone may not have received the immediate relief assistance because he/she was away somewhere else in the initial few weeks after the tsunami. For this person, the questions regarding the immediate needs will not be applicable, but you still need to go through the rest of the questions.

When asking about anxiety, depression, treatment and counselling, be sensitive about how to phrase the question. Tell them "we know that you must have gone through a very traumatic experience. How did you manage to cope? Did you get some help like someone talking to you about your feelings, or some medicines?"

Similarly, be sensitive when asking about the question on life before the tsunami and after the tsunami. For some people, it would be better now, because they got a lot of help. For others, it may be worse because they were left out of most assistance.

In cases where they say they did not get help either immediately or later, go into details about why they were left out. In some cases, others might have already claimed the benefits in their name. The officials may have been suspicious about late claims. They may be trying to get more benefits by telling you that they were left

out. Check out why they were left out, and cross-check with others, like neighbours if they were really left out.

If one of your respondents tells you that they know some person with disability who was left out of services, go and look for that person and fill the questionnaire for him/her. Again, verify whether they were really left out by checking and cross-checking.

When asking for their suggestions for the future, start by saying "we are looking for good suggestions that will help people with disabilities to cope with such disasters in the future. Please think this over carefully and tell us what you think is important for people with disabilities at such times".

At the end of the questions, there is a section called 'For the surveyor'. Here you can fill in any other relevant information that you think is not dealt with in the questionnaire.

You will need to rate the impact of the tsunami on the person, based on your assessment after talking to the person.

A rating of 5 is maximum impact – that means the person was hit by the waves, was in the water, was hurt or injured in some way, lost a family member, lost his/her house and possessions, was treated for emotional problems, is still fearful when talking about it. A rating of 1 is minimal impact.

Make sure you have completed all the questions by checking that all the items are filled in and nothing is left out.

Thank the respondent for their time and co-operation.



13. Where were you living at the time of tsunami?

1. Less than 200 metres from sea      2. Between 200-500 res from sea

14. Where are you living now?

1. Old house (where the person as iving before tsunami)  
 2. Renovated old house (renovated after tsunami)  
 3. New house (built after tsunami)      4. Temporary shelter  
 5. Rented house

**Part II – Coping pattern of PWDs at the impact of tsunami**

15. Where were you when the tsunami struck?

1. At home      2. On the shore      3. Any other (specify)

16. What were you doing when the tsunami struck?

1. Sleeping      2. Household work      3. Fishing      4. Others (specify)

17. What did you do when you understood what was happening?

.....  
 .....  
 .....  
 .....

18. Who reached you first and helped you?

1. Family      2. Neighbour      3. Others (specify)

19. How did you reach a place of safety?

.....  
 .....  
 .....

20. When did you reach a place of safety?

1. Immediately      2. Within 1 hour  
 3. Between 1 hr and 3 hours      4. After 3 hours

21. What were your immediate needs/concerns after reaching the safe place?

1. Shelter      2. Food and water      3. Clothes      4. Medical care  
 5. Assistive devices      6. Finding family members      7. Others (specify)

22. Were your immediate needs addressed?

1. Yes      2. No      3. N.A

23. For Q. No 22, if answered 2 or 3 explain the reason

.....

.....

.....

.....

24. If yes, explain how:

Agency (24.1)	Type of service (24.2)	When did you get this service? (24.3)	How did it help you? (24.4)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

25. To what extent were your immediate needs addressed?

1. Great extent                      2. Some extent                      3. Not at all

26. Elaborate on your answer.

.....

.....

.....

.....

27. What happened next? Please describe in detail.

.....

.....

.....

.....

28. What did you lose in the tsunami? Please describe in detail:

Lost	Y	N	NA	Explain( If answered 'yes')
a) Family members				
b) House				
c) Clothes				
d) Vessels				
e) Material Possession				
f) Gold				
g) Cash				
h) Assistive devices				
i) Ration card				
j) Identity card				
k) Medical certificate				
l) Fishing boat, net				

29. What did you recover later? Please describe in detail.

.....

.....

.....

30. What services did you receive during the reconstruction and rehabilitation efforts?

- |                        |                       |                        |
|------------------------|-----------------------|------------------------|
| 1. Shelter             | 2. Food and water     | 3. Clothes             |
| 4. Medical care        | 5. Cash               | 6. Assistive devices   |
| 7. Medical certificate | 8. ID card            | 9. Counselling         |
| 10. Housing            | 11. Education support | 12. Employment support |

Agency (30.1)	Type of service (30.2)	When did you get this service? (30.3)	How did it help you? (30.4)

31. Did you face any difficulties in getting these services?

1. Yes                      2. No



after the tsunami?

1. Yes

2. No

41. Please explain in detail.

.....  
.....  
.....  
.....

42. What are your unmet needs at this time?

(E.g., Medical certificate/ID card/Govt schemes/Education)

.....  
.....  
.....  
.....

43. How was your life before the tsunami and how is it now?

(Any changes for the better or for worse)

.....  
.....  
.....  
.....

44. What are your feelings now when you think of the tsunami and what happened?

.....  
.....  
.....  
.....

45. Did you get any help/counselling/medication to help you cope with your feelings of fear, anxiety or depression?

1. Yes

2. No

46. If yes, please explain how it helped:

.....  
.....  
.....  
.....

47. Do you know of people with disabilities in your area who did not get any help?

1. Yes

2. No

48. If yes, please give their details (where they are now, how to contact them)

.....  
.....  
.....  
.....

49. Do you know if any people with disabilities died in the tsunami?

1. Yes                      2. No

50. If yes, please give details

.....  
.....  
.....  
.....

### Part III - Recommendations

51. If there is another disaster like this in the future we would like to make suggestions from this study to help people with disabilities. Can you tell us what you think should be done on a priority basis to help people with disability like you?

.....  
.....  
.....  
.....

### For Girls / Women With Disability

52. Did you face special problems as a woman during or after the tsunami?

1. Yes                      2. No

53. If yes, please describe in detail.

.....  
.....  
.....  
.....

54. Are you a member of a self-help group?

1. Yes                      2. No

55. If yes, please describe the activities that are useful for you?

.....  
.....  
.....  
.....

56. If no, what are the reasons for not being part of a group?

1. SHG not available                      2. Any other (explain)

For The Surveyor

57. Please note down any other relevant information regarding this person's situation, which is not part of the questions you asked.

.....  
.....  
.....  
.....

58. Please grade your impression of the impact (financial, physical, and emotional) of the tsunami on this person (5= greatest impact, 1= least impact)

1                      2                      3                      4                      5

Address of the respondent :

.....  
.....  
.....  
.....

Name of the interviewer :

Date : April, 2007

## ANNEXURE II B: FAMILY INTERVIEW SCHEDULE

### Interview Schedule

To collect information from families of Persons With Disability  
(children, adults with mental retardation and cerebral palsy)  
Schedule No....

#### Part I - Details of family member answering the questions

1. Name :

2. Age :

3. Gender: 1. Male 2. Female

4. Relationship with child with disability:  
1. Mother 2. Father

5. Occupation of respondent :

1. Before tsunami -

2. After tsunami

a. Same

b. Different

3. If different, specify the activity and explain the reason for change

.....  
.....  
.....  
.....

6. Occupation of spouse at present

7. Approximate family income per month : Rs...../-

8. Education of respondent :

1. Illiterate

3. High school / HSS (Std. VI to XII)

5. Any other (specify)

2. Primary (up to Std. V)

4. College/ Technical Education

9. Education of spouse :

1. Illiterate

3. High school / HSS (Std. VI to XII)

5. Any other (specify)

2. Primary (up to Std. V)

4. College/ Technical Education

10. Community :

1. SC/ST

3. Backward

2. Most Backward

4. General

11. Marital status :      1. Married      2. Single      3. Widowed  
    4. Separated      5. Divorced

12. No. of family members currently living with person :  
     1. Adults                      2. Children

13. Did the child live with the respondent before tsunami?  
     1. Yes                        2. No

14. If no, explain in detail:

.....  
 .....  
 .....  
 .....

**Part II - Details about the child with disability**

15. Name of child with disability :

16. Gender of child :

    1. Male                      2. Female

17. Age :

18. Type of disability :

    1. Visual                      2. Speech and hearing      3. Physical (locomotor)  
     4. Mental retardation      5. Mental illness          6. Cerebral palsy  
     7. Leprosy-cured          8. Others (specify)

19. Disabled due to tsunami :    1. Yes                              2. No

20. Was the child going to school before the tsunami?

    1. Yes      2. No      3. N.A [0-3 years at the time of tsunami]

21. If yes, what is the type of school?

    1. Pre school                      2. School                              3. Special School

22. If No, what are the reasons?

.....  
 .....  
 .....  
 .....

23. Is the child going to school now?

1. Yes                      2. No

24. If No, what are the reasons?

.....  
 .....  
 .....

25. Where were you living at the time of tsunami?

1. Less than 200 metres from sea                      2. Between 200-500 metres from sea

26. Where are you living now?

1. Old house (where the person was living before tsunami)  
 2. Renovated old house (renovated after tsunami)  
 3. New house (built after tsunami)                      4. Temporary shelter  
 5. Rented house

**Part III – Coping pattern of PWDs at the impact of tsunami**

27. Where was your child when the tsunami struck?

1. At home      2. On the shore                      3. Any other (specify)

28. What was he/she doing when the tsunami struck?

1. Sleeping      2. Playing                      3. Household work      4. Any other (specify)

29. Where were you when the tsunami struck?

1. At home      2. On the shore                      3. Any other (specify)

30. What were you doing when the tsunami struck?

1. Sleeping      2. Household work      3. Fishing                      4. Others (specify)

31. What did you do when you understood what was happening?

.....  
 .....  
 .....

32. Who reached your child first and helped him/her?

1. Mother                      2. Father                      3. Other family members  
 4. Neighbour                      5. Others (specify)

33. How did your child reach a place of safety?

.....  
 .....

.....  
 .....  
 34. When did your child reach a place of safety?

1. Immediately                      2. Within 1 hour  
 3. Between 1 hr and 3 hours      4. After 3 hours

35. What were your child's immediate needs/concerns after reaching the safe place?

1. Shelter                      2. Food and water                      3. Clothes                      4. Medical care  
 5. Assistive devices      6. Finding family members                      7. Others (specify)

36. Were your child's immediate needs addressed?

1. Yes                      2. No                      3. N.A

37. For Q. No 36, if answered 2 or 3 explain the reason

.....  
 .....  
 .....  
 .....

38. If yes, explain how:

Agency (38.1)	Type of service (38.2)	When did your child get this service? (38.3)	How did it help your your child? (38.4)

39. To what extent were your child's immediate needs addressed?

1. Great extent      2. Some extent      3. Not at all

40. Elaborate on your answer.

.....  
 .....  
 .....  
 .....

41. What happened next? Please describe in detail.

.....

.....

.....

42. What did your child and you lose in the tsunami? Please describe in detail. (example, family members, house, clothes, vessels, material possessions, gold, cash, important documents like ration card, identity card, medical certificate).

Lost	Y	N	Na	Explain
a) Family members				
b) House				
c) Clothes				
d) Vessels				
e) Material Possession				
f) Gold				
g) Cash				
h) Assistive devices				
i) Ration card				
j) Identity card				
k) Medical certificate				
l) Fishing boat, net				

43. What did you recover later? Please describe in detail.

.....

.....

.....

44. What services did your child receive during the reconstruction and rehabilitation efforts?

- |                        |                       |                                  |
|------------------------|-----------------------|----------------------------------|
| 1. Shelter             | 2. Food and water     | 3. Clothes                       |
| 4. Medical care        | 5. Cash               | 6. Assistive devices             |
| 7. Medical certificate | 8. ID card            | 9. Counselling                   |
| 10. Housing            | 11. Education support | 12. Employment support to family |

Agency (44.1)	Type of service (44.2)	When did your child get this service? (44.3)	How did it help your child? (44.4)

45. Did you face any difficulties in getting these services for your child?

1. Yes                      2. No

46. If yes, what difficulties did you face in getting these services for your child?

.....

.....

.....

.....

47. Did these services meet all your child's needs?

1. Yes                      2. No

48. Overall are you satisfied with the services provided for your child after the disaster?

1. Greatly satisfied              2. Somewhat satisfied              3. Not satisfied

49. Please explain in detail:

.....

.....

.....

.....

50. What or who was of greatest help to your child and to you to cope, during and after the disaster? Please describe in detail.

.....

.....

.....

.....

51. What was the greatest difficulty your child and you faced during and after the disaster? Please describe in detail.

.....

.....  
.....  
.....  
52. What is your child doing at present?

1. Going to school 2. Staying at home 3. Any other (specify)

53. What are you and your family members doing at present?

1. Working 2. Staying at home (for mothers) 3. Dependent on others

54. Please explain in detail.  
.....  
.....  
.....

55. If you or your family member is earning a livelihood, is it due to the services you got after the tsunami?

1. Yes 2. No

56. Please explain in detail.  
.....  
.....  
.....  
.....

57. What are the unmet needs of your child at this time?

(E.g., Medical certificate/ID card/Govt schemes/education)  
.....  
.....  
.....  
.....

58. How was your child's life before the tsunami and how is it now?

(Any changes for the better or for worse)  
.....  
.....  
.....  
.....

59. What are your feelings now when you think of the tsunami and what happened?  
.....  
.....  
.....

60. Did you get any help/counselling/medication to help you cope with your feelings of fear, anxiety or depression?

1. Yes            2. No

61. If yes, please explain how it helped:

.....  
.....  
.....  
.....

62. Did your child get any help / counselling / medication to help him/her cope with feelings of fear, anxiety or depression?

1. Yes            2. No

63. If yes, please explain how it helped.

.....  
.....  
.....  
.....

64. Do you know of people with disabilities in your area who did not get any help?

1. Yes            2. No

65. If yes, please give their details (where they are now, how to contact them)

.....  
.....  
.....  
.....

66. Do you know if any people with disabilities died in the tsunami?

1. Yes            2. No

67. If yes, please give details

.....  
.....  
.....  
.....

#### **Part IV - Recommendations**

68. If there is another disaster like this in the future we would like to make suggestions from this study to help children with disabilities and their family members. Can you



1

2

3

4

5

Address of the respondent :

.....  
.....  
.....  
.....

Name of the interviewer :

Date: April, 2007

### ANNEXURE III: QUESTIONNAIRE FOR SERVICE PROVIDERS

#### Questionnaire For Service Providers

Name of organisation:

Type of organisation: Govt/NGO/INGO/ Private Trust or Foundation /Others(Specify)

Address:

.....  
.....

Telephone no.

email:

Name of respondent:

Designation/Role of respondent in the organisation:

1. What are the main activities of your organisation? Please tick

- Women's development
- Child welfare
- Disability rehabilitation and development
- Community development
- Health and medical care
- Education
- Livelihoods
- Agriculture
- Advocacy
- Training
- Research
- Disaster relief and rehabilitation
- Others (specify)

2. What services did you provide during and after the tsunami in the affected areas?

.....  
.....  
.....

Service	PWD included	PWD not included	Remarks
Rescue			
Shelter			
Food and water			
Clothes			
Medical assistance			
Housing			
Education assistance			
Employment assistance			
Medical certificate for PWD			
ID card for PWD			
Govt. schemes for PWD			
Mental health assistance and counselling			
Assistive devices			
Others (specify)			

3. If persons with disability were not included in your relief and rehabilitation efforts, what are the reasons?

.....

.....

.....

.....

4. If persons with disability were included in your relief and rehabilitation efforts, what were their major needs during and after the disaster?

.....

.....

.....

.....

5. Do you think that your efforts addressed the major needs of persons with disability?  
Yes/No

6. If yes, how did you address their needs?

7. If no, what are the reasons?

8. Did you conduct a survey of Persons with Disability in the affected areas?  
Yes/No

9. If yes, can you give us the details in a separate sheet? (attached/not attached)

10. If there is a similar disaster in the future, in your opinion, what should be done on a priority basis to include and address the needs of persons with disability at all stages of disaster management?

.....

.....

.....

.....

S. No.	Disaster Management Cycle	Actions/Priorities
1	Relief/Response	
2	Recovery	
3	Rehabilitation	
4	Reconstruction	
5	Development	
6	Prevention	
7	Mitigation	
8	Preparedness	

## ANNEXURE IV: ISSUES FOR FOCUS GROUP DISCUSSIONS

### Issues For Focus Group Discussions

1. Purpose of the study
2. Introduction of all participants
3. Their accounts of where they were, how they coped in the immediate aftermath of the tsunami.
4. Their accounts of the immediate assistance they got, who helped, when they got it, was it the same as all other affected people
5. Any difficulties in accessing the assistance
6. Did the immediate assistance meet their needs, if so how? If not, why?
7. Their accounts of the reconstruction and rehabilitation services, who helped, when they got it, was it the same as all other affected people
8. Any difficulties in accessing the assistance
9. Did the services meet their needs, if so, how? If not, why not?
10. What are they doing now?
11. Were some people with disabilities who they know, left out of services? The details of those left out.
12. What are their suggestions to include and address the needs of person with disabilities in future disaster situations?
13. Compared to people without disabilities do you think you got less or same or more than them in relief and rehabilitation efforts?
14. SHGs – how many women are members, since the tsunami?
15. In case the FGD is with a women's group, ask them to mention the specific problems that they faced as women with disability, during and/or after the tsunami, if any.

## ANNEX V: FOCUS GROUP DISCUSSIONS WITH PEOPLE WITH DISABILITIES AND CAREGIVERS

### Focus Group Discussion with PWDs and Mothers/Caregivers of Children with Disability

Venue : Anna Nagar, Kasimode, Chennai- 13, No. of participants : Parents/ care takers - 6, PWD- 9

#### At the time of tsunami:

- > Anna Nagar is one of the worst-hit slums by the tsunami in Chennai. In this slum, all 675 families were affected and 27 people lost their lives. Huts are located at a distance of about 15-20 meters away from the sea. The protective wall of huge stones for the sea delayed the severe damage in the slum; so many people escaped the tsunami with physical wounds.
- > One person became physically disabled and two persons are under treatment for mental illness due to the tsunami.
- > All the participants in the discussion said that they were saved either by their family members or neighbours. No PWD lost his/her life due to tsunami.
- > Ramamirtham, mother of two boys with mental retardation aged 25 and 21 years said that she was alarmed at the sight of water reaching above her shoulder level as she was standing at the shore. She rushed into her house, carried the younger boy, dragged the older one and managed to reach the place of safety.
- > Many people lost their lives as they were at the shore for their ablutions in the morning. Thus, some children who were close to the sea also lost their lives.
- > Some of the participants said that they had gone out of the area to work as housemaids and hence were saved.
- > A number of men in the area were at sea at the time of tsunami, and managed

to reach the shore few hours after the tsunami.

- > Kesavan (35/M), a fisherman with polio said that he was at the sea in a boat. His wife was selling fish at the seashore. He was thrown into the sea but managed to swim and reach the roadside in 2 hours. He said that he was very anxious till he found his family, and that he experienced terrible fear even today.
- > Rani (47 years), who has locomotor disability said that she was carried by the neighbours. She said that she lost everything in her house.
- > Mary (55 years) said that her younger son got swept away by the water. Due to her anxiety, she could not concentrate on her grandson, affected by mental retardation. He was close to the sea and was swept away by water but saved by a fisherman in a catamaran. Her son got caught in a thorny bush, was injured and saved a few hours after the disaster.

#### Immediate Needs

- > The participants said that they were provided with assistance for their immediate needs by the public within 2-3 hours of the disaster. They were given drinking water, food and clothes. Also, the local MLA distributed bread, water and food packets soon after the disaster.
- > As there were more deaths and missing members in the area, there was a lot of confusion and problems as people went searching for their family members. These families were helped by the public and neighbours immediately. Immediate medical care was given by the nearby government hospitals with the help of the neighbours. The participants who were hospitalized, appreciated the services



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provided by the physicians and medical students.

#### Discussion at Anna Nagar, Kasimedu

- › The state government gave Rs. 4,000/- as relief for all the fishermen affected by the tsunami. People from Anna Nagar were not given this relief amount on time as the organizers stopped the relief funds for residents of 3 streets due to internal, bureaucratic/ organizational confusion. People in the locality fought for their rights and received the benefit after 3 months.
- › The participants said that they were given Rs. 1,000/- for 3 months with other relief materials and did not face any problems in getting this. However, tenants who lived in the rented houses without ration cards did not get any benefits. Also, those who lived in rented houses with ration cards had to share their benefits
- with the house owners, partially or fully.
- › At the time of distribution of relief measures, people who had white ration cards (for those with higher incomes than blue ration card holders) were not given government benefits immediately. Participants said that only after the intervention of Mr. Jayakumar, the then State Minister for Fisheries, they managed to get the benefits.
- › In Kasimedu area and along the stretch, one part of the area was under Royapuram constituency and the other was under RK Nagar Constituency. People at the R K Nagar area were not happy with the assistance provided by the local MLA as against the other area where the assistance was given by the Minister Jayakumar. People complained about the difference in the quality of services provided between the two areas.

### Recovery and Reconstruction Services

- › Temporary shelters were provided by the Government at Kargil Nagar. These shelters caught fire and the residents lost all the household items and other things given by various sources. Again, they were shifted to another area called Tsunami Nagar. This area is about 15 kms. away from their original place of residence. All the participants complained about the location and said that most of them have vacated the area in order to continue to have access to their place of work /livelihood. These people have either repaired their old houses or rented a house near their old house.
- › The participants said that all the affected families in Anna Nagar were allotted permanent shelters. However, there is a problem with the allotment. People at Anna Nagar were promised houses in a particular area, but allotted houses in another. This slum community is not happy with this action of the government, which is under process. Hence, there is a delay in giving them the new houses.
- › The participants were anxious about their new houses and looking for the government to hand over their new houses soon.
- › A few NGOs were involved in rehabilitation efforts of the affected community. Initially, they provided the community with household items to use in the temporary shelter and are, at present involved in developmental activities for them.
- › New ration cards have been distributed to the people who lost them in the tsunami. Some of the participants

mentioned that they have not yet got their ration cards.

- › All the people with disabilities in the area have obtained their Medical Identity Card with the help of the NGOs. A survey of PWDs has been undertaken by the NGOs. However, the PWDs said that they have not yet received any specific assistance, other than their identity card.

### Effects of tsunami

- › Ramamirtham mentioned that she has not yet overcome the fear of tsunami.
- › Ettiappan, an elderly person with locomotor disability said that he was totally traumatized by the fear of tsunami.
- › The participants were emotional when they shared that they are still caught up with the thought of the tsunami's impact on their lives. They expressed that their fear of tsunami surfaces whenever there are any unusually rough waves in the sea. They mentioned that their children were also fearful of the tsunami and that they do not play comfortably at the seashore as before.

### Unmet Needs

- › Kesavan said that he wanted to work and support the family rather than being dependent on them. He asked for some livelihood options. He wanted assistance to run a 'Bicycle Repair Shop'.
- › Many of the participants expressed their need for livelihood assistance.
- › All parents asked for the pensions to be sanctioned for their children.
- › All participants asked for the pension for PWDs given by the government to increased from Rs.400/- to Rs.500/-

### Recommendations

- › Houses for the PWDs to be located in higher areas.

- > Early warning system to be in place
- > Safe play areas for children required

**Focus Group Discussion with PWDs and Caregivers**

**Place : LCDDP Office, Nagapattinam**

**No. of participants: 13**

**During the tsunami**

- > Most of the PWDs were saved by the family members. Women with disabilities were carried by their husbands, older people by their children to safe places.
- > In Akkaraipettai no PWDs lost their lives as they were all taken care by the family members as a first priority.
- > Some of the PWDs who were pushed by water into the upper part of the houses (eg. One woman sat on the door for half an hour), climbed to the top of stairs or stayed on the terrace of one-storey buildings, and were rescued subsequently by family members and neighbours who carried them.
- > The members said that as 90% of the fishermen who knew swimming, saved lot of lives. One youth with locomotor disability involved in fishing said that he saved old women who were caught in water.
- > In places like Nambiar Nagar water came into the low lying areas and the central area was left without damage. So people could save themselves by moving towards the middle of the village.
- > Some of them went to other districts. Packiavathy the visually impaired woman said that her two daughters brought her out of the house and ran for safety. She said, "We kept walking towards Thiruvarur, the nearby district. We started around 9 o'clock in the morning as soon as the killer waves hit us and reached that place around 5.30 in the evening."
- > Many of the affected people dispersed to other districts like Thanjavur, Trichy, Madurai and Ramanathapuram in groups, traveling by buses and trucks. Many families got separated at that time and were re-united after a period of a week to 3 weeks.

**Immediate needs**

- > All PWDs got their immediate needs fulfilled like the majority of other affected people.
- > No disability specific benefits / relief measures were given for the PWDs during the immediate aftermath.
- > The public and the local community of the villages where the affected people took shelter provided them with food and water, clothes, shelter and in some cases they were also given money to manage their minimal daily expenses.
- > People from other districts such as Coimbatore, Madurai, Pattukottai etc. came with food, water and clothes and helped them.
- > One of the members said "we were desperately looking for our children and family members. At that time many people fed us and consoled us. We were not in a position to recognize them. Their gesture was very supportive at that moment."
- > Medical service was rendered by various organizations / government sector/ individuals which was accessible to the affected people as and when they approached them for help.

**Recovery and Reconstruction Services**

- > The families of PWDs received all the

- aids and benefits given to others.
- Temporary shelters were given to most of the affected people.
  - A considerable number of the affected people living in the temporary shelters moved back to their original houses after repairing them with the aid provided by the various NGOs.
  - The compensation they received from the government was Rs. 15,000/- if they belonged to fishermen community, Rs. 4000/- as part of immediate relief measures along with the basic household items and Rs. 1000/- per month for three months. Compensation was also given for loss of family members.
  - There was no specific assistance given to the PWDs either by the government or by other agencies in the Jagabar from Nagore said 'government neglected our special needs; some of the agencies came forward to help us; there were 3 surveys conducted so far in our area for the disabled after the tsunami; we were photographed by them with the promise of delivering assistance to us; nothing has been done in this regard; even the government scheme on livelihood (ADB-TEAP) also not given to us as we belong to the municipality'.
  - The following programmes were carried out focusing on the PWDS and addressing their special needs:
    - Packiyavathy a visually impaired person received Rs. 5000/- from 'All India Association for the Blind', Chennai for livelihood. She said that she started a petty shop but could not sustain it.
    - CWBC has helped a number of PWDs identified in the Nagapattinam area. Packiyavathy was trained by the CWBC on 'Coir Making'. She was given a stipend of Rs. 100/- for one month, provided with the raw materials and also given training on the same. LCDDP has also financially assisted her to start 'rice shop'. She said that the rice shop is giving her enough income to earn her livelihood. She also mentioned that her income is reduced after the 'Rs.2/- Rice Scheme of the Government in ration shops'.
    - Thilagavathy, another woman with locomotor disability said that CWBC helped her to restart her 'idli shop'. They helped her to get the vessels and stove which cost Rs. 6,000/-. An organization called 'True' gave her Rs. 5,000/- for livelihood, with which she started a petty shop, and her sister who is her caretaker is managing the idli shop.
    - After the tsunami most of the PWDs have obtained their Medical Identity Card. They said that it was done by the medical officers appointed to assess their disability. The government conducted these medical camps in the government hospitals.
    - Generally all the members expressed their dissatisfaction about the government services.
    - Malar a woman with locomotor disability said that she was sanctioned loan by the bank four times but from the government rehabilitation office she could not get the required papers to get the loan. She said that the government officials make them go from place to place without getting anything done and that it is a waste of her money to pursue this.
    - The members found the guidance from LCDDP on various government schemes and other opportunities, and the formation of SHGs for the PWDs, useful.
    - Kaliya perumal, 55 year old man with locomotor disability said that he was

helped by an agency called 'Avvai'. They had given him goats costing Rs. 6000/-. At present he has 9 goats and has already sold 6 kids at the cost of Rs. 600/- to Rs. 800/-. He is satisfied with the profit that he is making.

#### Effect of the tsunami

- There is no change in the lives of most of the PWDs after to the tsunami. In some cases, it has worsened as fishermen who were bread winners were killed and thus the economic status of their families has gone down.
- The members said, "We still have the fear about the sea. If the tidal waves suddenly rise we get scared; also worried about the tsunami rumours as there is no way for us to verify the information."
- Compared to other people who are not disabled, the PWDs felt that they got less help for their own development.
- Life is totally lost in the tsunami. We are still struggling to rebuild ourselves and get back to normal life' said a member with low vision.

#### Unmet Needs

- The members said that the following assistance could help them to reconstruct their lives:
- Tricycle (Thattu Rickshaw) which is used to transport vegetables, fish etc. was requested by few members. This could provide additional income for their families doing either fishing or agriculture.
- Medical help to undergo corneal transplantation for a low vision person whose vision is deteriorating. Medical aid required for one of the members with hearing impairment and for achild who gets seizures frequently.

- Loan to start business is required. The assistance Rs.10,000/- (ADB - TEAP) was given to those in the panchayats and not in municipality.
- Individual boats to be given to all the families of PWDs.

#### Recommendations from the group

- Houses must be given for all the PWDs in high areas and not in low-lying areas.
- Tricycles or other fast mobility aids are required to rescue persons with locomotor problems.
- For the visually impaired and the hearing impaired some kind of alerting equipments required to be installed at the coastal areas.
- 'Early warning system' is a must in all these coastal areas.

#### Focus Group Discussion with PWDs and Caregivers

Place: Keezhmanakudi, Kanyakumari

No. of participants: 15

#### During the tsunami

- The PWDs were carried by their family members. In this village when the first wave hit, the family members became alert and carried the PWDs to a safe place along with their valuables and important documents like Ration Card, Pass book, Passports etc.
- Some of them who ignored the first wave and became curious about the sea movement were caught in the second wave which was more forceful and were killed. Hence there was more loss of lives in Melmanakudi village, which is adjacent to this village.
- One woman (20 years) with mental retardation was killed in the tsunami as her mother tried to take her to a safer place.
- In some cases the villagers and local youth carried the PWDs.

#### Immediate needs

- > The PWDs mentioned that they were provided with food and water, clothes and shelter by the public. They said 'somebody' provided us with everything and that they were not aware who those people were.
- > The local churches and schools sheltered the affected people and provided them with the immediate needs
- > This fishermen community were given Rs. 15,000/- from the Department of Fisheries as an immediate relief measure, Rs. 4,000/- and Rs. 1,000/- for three months with other essential household items given by the government for all the 425 families in the village.
- > Many NGOs and other philanthropists were involved in the distribution of immediate needs.
- > The members said that they did not have any problem to access the assistance given by any agencies.

#### Recovery and reconstruction services

- > The PWDs were not given any disability specific assistance in this village.
- > The members said that they received only the benefits given to their families and not any specific assistance addressing their special needs.
- > The only benefit they have received is Rs. 10,000/- under the ADB-TEAP scheme. Out of the 36 who applied from the village 27 have received the assistance few months ago.
- > In order to apply for the ADB assistance, the village PWDs and their family members have formed a group. Through this initiative they have also obtained the Medical Identity Card and Income certificate for all of them.

- > Christopher, a youth with locomotor disability had never used any assistive aids for mobility. He now has a motorized tricycle with the assistance given by the 'local fishermen association' and the government. After being confined to his house earlier, he now runs a petty shop in the village and earns a small income to support his family.
- > Some of the PWDs who got Rs.10,000/- assistance, have started milk business, petty shop etc. In some cases the family members have expanded their existing businesses. Some have spent this money on buying jewelry.
- > Many NGOs are working in this village but nothing substantial is being done for disabled people.
- > SHGs for men and women were formed even before the tsunami but after the tsunami, groups have been formed for the PWDs and their caretakers in some places.

#### Effects of the tsunami

- > The members mentioned that they have become aware of the government schemes only after the tsunami
- > They have got identity card for themselves now and they said it has happened only after the tsunami
- > The members said that the economic status has gone down in their families; also 'our men who go for fishing and our families get alarmed even at the small changed movements in the sea; due to the Sri Lankan Army we have recently lost a few fishermen. That is also worrying us; moreover many skillful fishermen were lost in the tsunami'.

#### Unmet Needs

- > Social security
- > Financial assistance to start small business.

- › Alternative livelihood options are required for the PWDs involved in fishing earlier and also for the families who need to take care of PWDs.
- › No PWD was left out of the services given to the familie

**Recommendations from the group**

- › There has to be a vehicle like a fire truck always in readiness, to take care of the PWDs at any disaster condition.
- › Early warning system is required.
- › 'Safety Centre' should be built in all the coastal areas to take shelter at the occurrence of tsunami.
- › The ADB scheme is restricted to the age group 60 years. It should also be given for people over 60 years.

## ANNEX VI FOCUS GROUP DISCUSSIONS WITH WOMEN WITH DISABILITIES

### Focus Group Discussion with Women with Disabilities and Mothers of Disabled Children, Chennai

#### FGD I

Venue: SPASTN, Old Washermenpet,  
Chennai

No. of participants: Nine mothers of Children with Multiple Disabilities

#### FGD II

Venue: Tsunami Nagar, Ernavur,  
Chennai

No. of participants: 10 women with disability and mother/caretakers of children with disability

### During the tsunami

- > Most of the participants said that they heard about the tsunami, from men in the community. The women were involved in household work at that time and as soon as they heard that "water is coming" (literal translation), they mistook it for water supply by lorry and took their pots and ran to the streets eagerly.
- > On realizing the actual situation, they all carried their children with special needs as their first priority and ran to a safe area.
- > The women could not access correct information about what was happening and were confused and traumatized with fear and anxiety as they had to watch over their children without leaving them even for a short time.
- > All the participants said that they were the first to approach their children and help them to reach the safe place.
- > The participants said that they had sleepless nights for about a week/longer as they had to make their children comfortable.
- > The mothers mentioned that they could not leave the children anywhere and had to hold them or carry them always in the shelters.
- > In addition to looking after the other children and catering to their needs, these women had to pay special attention to their disabled children to avoid the discomfort caused by the crowded shelters.
- > Poongodi from Ennore said that she was at her mother's house at Kalpakkam at the time of tsunami as she had delivered her first baby a week before. She was emotional when she mentioned that she lost her sister, house and the jewels that they had made for her sister's wedding. Her house was located about 10 feet away from the sea.
- > Another mother of a 9-day old baby said that she was shocked at the sudden flooding inside the house when she was feeding the baby. She reached a safe place in a mad rush and went from there to a temple in Thiruverkadu. She was very frightened and believing that only God could protect her child, stayed there for 9 days.
- > Kamala, neighbour of a person with physical disability said that among the 7 children in her neighbour's house, 3 had locomotor disabilities. The family had to struggle to escape the tsunami with these children. She and other neighbours were of great help to this family to rescue their children.
- > One of the PWDs who had a sari business (sale of saris) said that tsunami washed away all the new saris that she had bought with great difficulty, for her business.

### Immediate needs

- > All mothers of young children said that the public provided milk to feed their



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children immediately after tsunami.

- A parent from Kalpakkam said that several infections spread near her village soon after the tsunami. Many villagers in that area developed abscesses and became sick. They were given immediate medical attention/care. The immediate needs were provided by the government, local politicians and the public. Generally all participants received various types of assistance provided by the government. In some areas, the services were delayed due to organizational flaws.
- A participant named Poongodi mentioned that they did not want to take any assistance as they were shattered at the loss of her sister but the officials waited and gave them a compensation of Rs. 2 lakhs.
- The mothers mentioned that they had to carry/hold their children for hours in

queues to get the supplies on immediate needs as they could not leave them with anybody. Also, they were not given any preference to get supplies and had to stand with others, which made it more difficult.

- People who lived close to schools took shelter there and found it comfortable as toilet facilities were made available for them.

#### **Recovery and Reconstruction Services**

- A few NGOs were involved in the rehabilitation services for the affected, including assistance given for replacing damaged huts, household items and financial assistance.
- Out of 10 members who participated in the meeting at Tsunami Nagar, only 4 members were part of SHGs. The SHG members of different NGOs were provided livelihood assistance and

educational support for their children. Those who were not part of the SHGs expressed their desire to join the new groups but said that they could not join as they were required to submit a copy of the house allotment papers as per the SHG rules. Some of them do not have these papers due to various reasons like staying in rented house, absence from the place when allotment was given etc.

- › People living in temporary shelters at Tsunami Nagar said that they face the following problems in the new area: loss of livelihood and discomfort in daily life due to distance of the area from the city, infrequency of transport facilities, improper medical aid (which is available for a few hours a day only) and unhygienic conditions leading to the spread of mosquitoes in the area. They said that presently they have to use 2 - 4 mosquito coils a day and even more during the rainy season.
- › Residents of Tsunami Nagar said that they are waiting for the government to make new houses available to them soon.
- › In Tsunami Nagar, some of the occupants, who were not affected by the tsunami, were asked by allottees of the houses to stay without rent in order to look after their temporary shelters. The participants said that these tenants make false claims for benefits given by the government.

#### Specific problems of women

- › Poongodi, who was shattered by the loss of her sister and belongings said that in her grief she could not focus on the needs of her child and failed to pay attention to his growth. She feels very guilty about it as it could have caused delayed development of the child.

Presently, the child is given therapeutic intervention by SPASTN.

- › Kalaiselvi (23 years), a physically disabled young woman said that she lived in Anna Nagar and escaped the disaster with the help of her family members. She said that she suffered from shock and trauma for more than 3 months. She could not sleep as the people's cries and the sound of the waves constantly bothered her. She said that she got very worried that she may not get married due to her emotional problem but now she is happy that she has overcome that fear and is getting married soon.
- › Aaraye (50 years) said that she was injured in the genital region as she tried to escape tsunami. She felt embarrassed to take treatment from the male doctors, so she treated herself using boiled rice water, turmeric and tamarind mix for more than 3 months. She also took pain killers from the medical shop.
- › Kamala said that she 3 months pregnant at the time of tsunami and found it very difficult to manage her needs for food, shelter and privacy.
- › The young mothers who were nursing their children at the time of tsunami also mentioned that they had difficulty feeding their children in the crowded place where they took shelter.
- › Some of the mothers at Tsunami Nagar said that they had lost their livelihood due to the distance of the temporary shelters. They said that they live in poverty and even sold the provisions and food items given by the government as relief measures in order to buy milk for their children.
- › Mothers said that they could not take their children with disability to special



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schools as they do not have proper transport facilities from Tsunami Nagar. They said that due to the infrequency of public buses and the crowd, drivers do not wait for the PWDs to board the buses.

- › All the women said that they did not perceive the troubles and inconveniences due to tsunami as special problems as they were all used to all sorts of family burdens from earlier.

#### Changes due to tsunami

- › Most of the mothers felt that the degree of severity of their children with disability had increased after the tsunami. They said that the delay in their progress could be due to the change in their normal routine life.
- › Anbu, mother of Ranjithkumar (15/M) said that her child with mild mental

retardation lost his speech three days after the tsunami.

- › Generally, all the members mentioned that breeding of fish in the sea has become less compared to pre-tsunami period and hence the income level of the household has gone down substantially.
- › The caretakers and women with disabilities expressed that they were not given any specific assistance. In most of the cases, women with disability mentioned that they did not get even the general assistance given to the affected population. Hence, they all expressed that their lifestyles have not changed for the better.

#### Unmet Needs and Recommendations

- › Safe play area and more play equipments required for children.

- › Disabled friendly parks/play areas for children which would promote inclusive play time of children with disabilities with other children.
- › Awareness creation among the general population on the society's role in caring for and respecting children/persons with special needs, especially during emergencies.
- › Awareness and information on disaster management
- › Prior information from the government
- › Social security or guardianship for children with disabilities in case of loss of a mother during disasters.
- › Group of people/volunteers to be at the service of PWDs to take care of them in emergencies.
- › Proper medical aid at the temporary shelters.
- › Focus to be given to the PWDs at emergencies
- › Mobility aids and appliances are required. Some of the mothers mentioned that their children were given wheel chairs or tricycles for the first time, only after the tsunami.
- › Women with disabilities expressed their need for alternative livelihood options. They wanted vocational training on tailoring or financial assistance to start small businesses.
- › Some of the mothers expressed the need for a hostel or boarding facility for children with disability. They said that their living condition/environment is not safe and conducive for disabled children to learn even the basic skills and have a comfortable life.
- › Participants at Tsunami Nagar mentioned the need for disabled-friendly buses. They also said that drivers and conductors

should be trained to accommodate people with disabilities in public transport.

#### Nagapattinam

Venue: Fishermen Colony, Poompuhar, Sirkali Block, Nagapattinam

No. of participants: Ten women, including 7 mothers of the disabled and 3 women with disability.

#### At the time of tsunami

- › When the tsunami struck, some of the men in the village were fishing and many villagers were at the sea shore. Though they were warned by the fishermen, they did not realize what the tsunami was like, hence, more lives were lost.
- › Most of the villagers escaped to the nearby town, Mayiladuthurai.
- › Anbazhagi, mother of a 20-year old daughter with mental retardation, dragged her daughter and ran to a school which was about 5 kms. from the village. Her daughter suffered from emotional trauma after that.
- › Kuppamma, a 65 year old lady has locomotor disability. When she tried to escape the tsunami, she fell down and broke her hand. She said that her son took care of her, spent about Rs. 35,000/- on her treatment in a private hospital.
- › The local panchayat was involved in the rescue of the villagers. However, they did not let the NGOs and private organizations work freely to help people. They tried to organize the work, which actually delayed the process of help reaching people.



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### Relief measures

- › All the affected families received the package of relief measures provided by the State Government, which included Rs. 4,000/- from the Fishermen Society, assistance of Rs.1,000/- for 3 months, with other basic assistance for the family. In addition, families that lost family members were given Rs.2 lakhs as compensation per person.
- › Muthu Lakshmi who became disabled due to tsunami said that she was at Keechankuppam in her daughter's house at the time of tsunami. In her attempt to save her grandchildren she was injured and became disabled. She was taken to Thanjavur Medical College and Hospital, where the first surgery was conducted. Dissatisfied with the services at the government hospital, she underwent the

next two surgeries at a private hospital near her village. She said that she got Rs. 5,000/- as medical assistance, whereas she has spent about One Lakh rupees on the treatment. She also said that she could not get other benefits given by the government and NGOs as she was hospitalized at that time.

### Recovery and

#### Reconstruction services:

- › The affected families received Rs. 32,000/- as assistance to start their livelihoods afresh. The fishermen could buy nets and catamarans with the money received. The affected fishermen in the village were promised by an NGO that their houses would be rebuilt in the near future.
- › The livelihood assistance was given by the government to the families with male

members. Anbazhagi who had lost her husband 15 years before the tsunami, was the sole bread winner of the family with the additional responsibility of taking care of her daughter with severe disability. She said that she was excluded from livelihood assistance due to an unfair reason: that there was no male member in the family.

- › She is yet to receive the ADB loan for livelihood assistance that is given for persons with disability or their families.
- › Women with disability at a discussion at Poompuhar.
- › Malar, another participant said that she had lost her father 12 years ago. Her brother, who was involved in fishing, was not regular at work, so her mother was the breadwinner of the family, from selling fish. They were given a catamaran and she said that they could increase their family income through this and that the brother is more regular with his work as an owner of the catamaran.
- › Padmini, affected by locomotor disability said that she was given an engine by one of the NGOs as livelihood assistance. This was fitted into the catamaran her husband received from the government.
- › All the participants except one received their Medical Identity Card after tsunami. The participants said that before tsunami they had to bribe government doctors to get their signature for their medical identity cards or other benefits, but after the tsunami they did not face any problems.
- › Three of the members said that they were not part of any SHGs as they were totally dependent on their husbands and did not have any income for themselves. Three other members who were part of SHGs,

got educational and livelihood assistance from the NGOs that manage the groups.

#### Specific problems faced by women

- › The participants said that they suffered from terrible shock and mental trauma and had a difficult time saving their disabled children during the disaster.
- › Priya, one of the participants said that she lost two of her younger sisters of school-going age in the tsunami. They were given Rs. 4 lakhs and other benefits. She said that no compensation could console the family for the loss of her sisters.
- › Anbazhagi said that she struggled to take care of her daughter with mental retardation as a single mother. She could not even go to work for long hours as her daughter was totally dependent on her. In spite of that, she was excluded from the livelihood assistance given by the government.
- › The parents and women with disability mentioned that they had to go to government offices many times to get any assistance. They said that they found it too expensive to take their child/person with disability to the office too many times.
- › In the village, many women were swept away by water. They faced problems such as lack of clothes, privacy and toilet facilities. They mentioned that the men and youth of their village ran for help and brought clothes for them.
- › The participants mentioned that they found it difficult to manage their disabled children in the new environment. Sometimes, they avoided queues to get the services (as it was difficult to stand in the queue for long hours with their disabled children) and missed out on immediate relief. Occasionally, somebody helped

them get whatever they required to meet their immediate needs or shared with them the assistance that they received.

- > Indrani (45 years), whose son and husband were affected by locomotor disability, found it very difficult to get the immediate assistance. Twice, she got caught in the crowd, was injured and hospitalized. Scared and worried, she did not want to fetch any more assistance. She said that as there was no focus on or preference given to persons with disabilities, she found it difficult to collect food and other immediate assistance for her husband and son.

#### Unmet needs

- > Livelihood assistance
- > Alternate livelihood options for the families of PWDs
- > Monthly pension for PWDs to be increased to Rs. 500/-
- > Monthly pension to be given for the elders even if they have male children. (Kuppamma said that her son takes care of her well but she finds other deserted elders in her village, who miss out on pension for the elderly as they have male children).

#### Changes after tsunami

- > The standard of life has become poor as income is lower than before. Generally, fish is not found in areas/depths in the sea where it used to be in abundance before the tsunami.

#### Recommendations

- > Anbazhagi said that alternate livelihood assistance should be provided for families with women as breadwinners.
- > The participants said that the panchayat leaders should be trained in managing

disastrous situation in the coastal areas.

They, in turn, should train and allot work among fishermen groups, youth groups etc.

- > Early warning system must be in place to alert the community to disasters.

#### Kanyakumari

Place : Mela Manakudy, Kanyakumari

No. of Participants : Twelve women

#### During the tsunami

- > Melamanakudy Village is one of the worst hit areas by tsunami in Tamilnadu. There were as many as 127 deaths recorded due to tsunami in the village, according to the participants
- > In Kanyakumari, all the fishermen were Christians. As tsunami struck on the day after Christmas, all the fishermen who had gone on long trips had come back home.
- > The fishermen and others who were at the sea shore watched the unusual rough tides but did not realize the significance; instead, they became more curious and went closer to the sea.
- > People who became alert at the first wave and ran away, escaped. Others who went close to the sea, got caught in the second wave and were swept away by water.
- > Many of the dead bodies were found near the cemetery of the village as it is a low lying area.
- > The schools and churches accommodated the affected people who escaped the disaster.

#### Women at the Focus Group Discussion in Kanyakumari

#### Immediate needs

- > The immediate needs such as food, water,

clothes, shelter and medical assistance were provided by the government, NGOs, local church, hospitals and the public.

- › The compensation and relief amount given by the government reached people immediately, which enabled them to get back to normal life quickly.
- › Initially, the immediate needs were met in a haphazard manner. To avoid wastage of supplies, the village committees and local churches introduced tokens/cards for identification, which was useful.

#### Recovery and Reconstruction services

- › Temporary shelters were provided immediately by the government to all the affected people.
- › Some of the affected people got their houses repaired over a fortnight, with the assistance given by the NGOs.
- › People who lived in rented houses did not get any benefits. Also, those who lived in joint families were treated like all others (the same type of house was provided).
- › The village roads and lights were repaired immediately.
- › In Melamanakudy village, the village committee was involved in deciding the modality of distributing services. One of the NGOs adopted the village and worked with the village committee. To avoid duplication of services, other NGOs left the village and focused on other places.
- › The fishermen who worked for daily wages did not get any livelihood assistance by the government. The owners of the boat and catamaran were given assistance to compensate the loss. The

government focused on the fishermen community and provided livelihood-related assistance.

- › The other workers and people involved in related work were not considered for any type of assistance by the government. Some of the shop keepers and other workers who had small businesses were supported by NGOs to restart their living.
- › Also, many people lost jewels and other valuables and did not get any compensation. All the affected people were given relief materials including food items, cash and basic household items.
- › Park / Play areas for Children were constructed by the government in these coastal villages.
- › No specific assistance was given to the PWDs by any organization
- › All the participants said that they were dependent on other family members for survival.

#### Specific problems faced by women

- › All the participants said that they were not part of any SHG as they could not afford to save with the meager incomes earned.
- › In the relief camps, there were problems related to privacy and toilet facilities.

#### Recommendations

- › Awareness and training on disaster preparedness
- › More than one route for coastal villages to be formed to enable escape to safer areas at times of emergency.
- › Bus frequency to be increased.
- › The unused and unwanted wells and pits in the villages to be closed.
- › Need for rescue forces and toilet facilities.
- › Alternate livelihood option for the affected people who could not continue

fishing/selling fish

- > Pension for the affected families/  
individuals
- > Educational assistance for children with  
disabilities
- > Reservation for people with disabilities in  
education.
- > Continuing medical care for the affected  
people and recheck-up medical camps to  
be organized
- > Provide women-friendly, disabled-friendly  
relief camps.