

Report

In Response to Tsunami  
Coastal Areas Development Projects

May 07

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# 1 BACKGROUND

## 1.1 Tsunami - An Unfortunate Incident

- On Sunday morning, December 26th 2004, an earthquake measuring 8.9 on the Richter scale hit the area to the west of northern Sumatra. While initial damage was limited, the earthquake triggered a series of devastating Tsunamis, which have caused extensive loss of life and damage in a number of countries in South and South East Asia. Hundreds of thousands of people have been left homeless by the floods, and lacking the most basic household items.
- The tidal wave, which struck along the eastern parts of Peninsular India, has brought lot of distress and death tolls in Tamil Nadu and Pondicherry. Hundreds of thousand families have lost not only their kith and kin, but also their dwelling places, household assets and meagre livelihood assets. The people inhabited upto 7 kms from the seashore were affected. These people include *fishermen, farmers* and *wage earners*, who rendered services to fishermen and farmers.

## 1.2 Impacts of Tsunami in Tamil Nadu

- According to the Govt of Tamil Nadu, the impact of Tsunami in the state of Tamil Nadu is as follows:

- Districts Suffered	:	13
- Population Affected	:	984,564
- Houses/huts Damaged	:	126,182
- Loss of Human Lives	:	8,010
- Estimated Losses	:	Euro 380-450 million <sup>1</sup>

The estimate includes damages to dwelling places, fishermen household assets and livelihood assets such fishing boats, net, motors. Losses in other sectors – *agriculture and allied activities* have not been included.

- The Govt in India responded very quickly to the disaster by assisting in clearing up the debris, setting up relief camps for temporary shelter, providing cooked food and immediate medical assistance. The response of the Indian public including the civil society organisations, businesses, private individuals was overwhelming. UN agencies, International Organisations, NGOs have been actively involved in relief and rehabilitation measures for the affected communities since 2005.

## 1.3 Tsunami Affected Areas – Current Situation

- After two years of tsunami, normality is back in the affected areas. The fishermen, with their new boats, have started fishing as usual. The country boats, which were used before tsunami had completely disappeared. Fishermen including who had no boats, have now fibre boats. With inadequate labours, many boats are still lying in the beach. Some boats were sold in the neighboring states and were made good money. In spite of this, the fishing business has recovered and is back with usual vibrant and dynamic in nature. Farmers are also able to recover their affected lands

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<sup>1</sup> Source: study report of Feedback Consultancy Pvt Ltd

with external inputs as well as heavy monsoon rains, which helped to wash away the salinity of the land. They also received support such as milch animals and goateries for their income generation.

- The women and children are also in the state of recovering. Women are mobilized into groups and assisted with awareness creation on health, training inputs and alternative livelihood support. This helps them to divert their attention from devastating incident and participate in the developmental activities. Support in terms of motivation, confidence building and necessary educational supports have enabled the children to recover from the shock of tsunami. Almost all children are now attending the schools. Realizing the lack of quality education, regular schools are being established in the coastal areas.
- Overall, there has been tremendous improvement in the recovery of the affected families, but still there are gaps and area specific problems, which required attention.

#### 1.4 ASSEFA Response to Tsunami

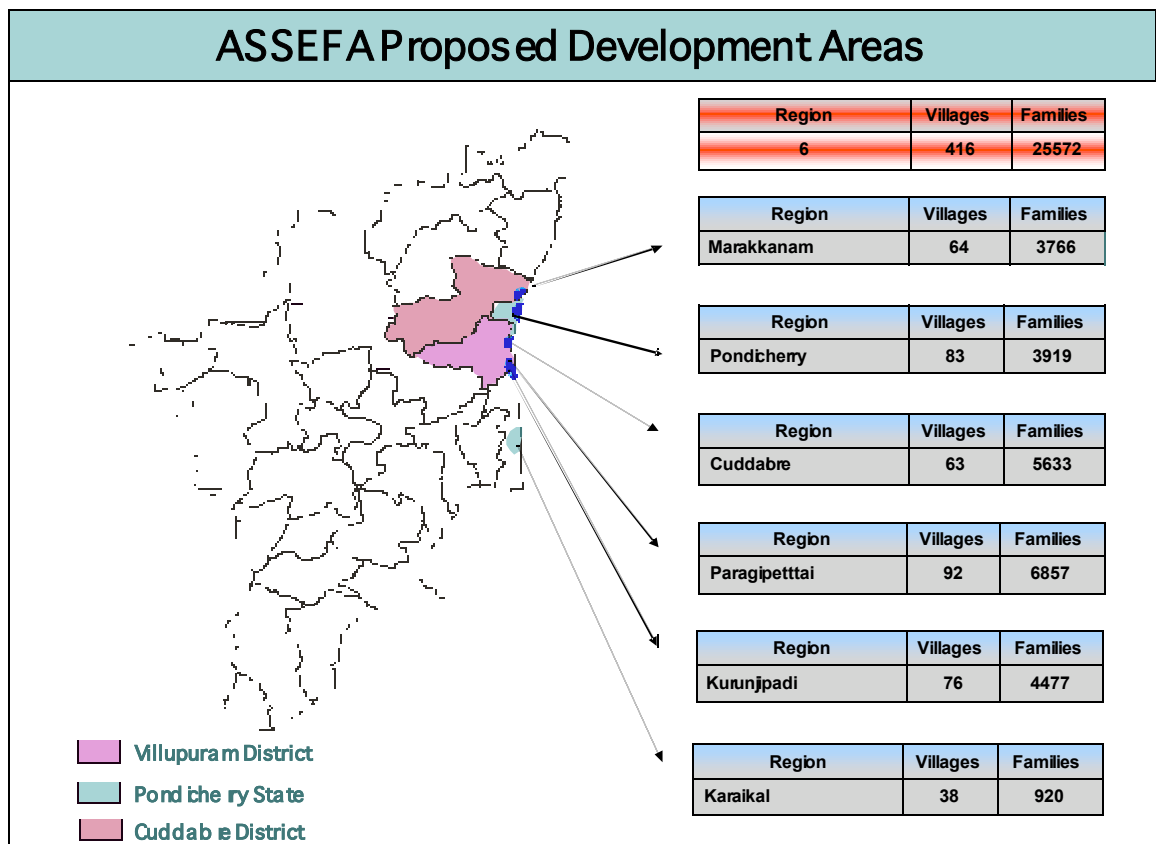
- Association for Sarva Seva Farms is one of the pioneering organisations working for the development of rural communities. It has been serving the rural poor for thirty-seven years. Multi facet programs such as *income generation activity, health care services, children education, social security*, are implemented for holistic development of the rural community. ASSEFA has been able to mobilise 5,57,000 poor families inhabited in 7,112 remote villages across eight states of India and support them with suitable socio-economic programs, based upon the need assessment.
- It was decided to support the tsunami victims, as ASSEFA is a humanitarian organisation. Moreover, it has been working intensively in Tamil Nadu, covering 64 blocks across 13 districts benefiting over 2,50,000 families. The villages adjacent to ASSEFA operational villages were affected in the Tsunami and its impacts were also felt in ASSEFA operational villages.
- Accordingly, ASSEFA has got into relief operation immediately. The senior workers were deputed to assess the situation and deliver relief materials such as dhotis, towels, shirts, bedspreads, sarees, nightdress for women, cooking utensils and food materials with the support from well-wishers and friends. To avoid duplication, village leaders were involved during the relief operations. Further, general health camps were conducted and supported the vulnerable with distributed nutritive foods.
- This process has been continued for nearly six months. During this period, interaction with various stakeholders was involved to assess the support for long-term rehabilitation. Simultaneously, village animators were fixed in each village to deliver the relief support as well as in establishing community organizations such as women self help groups, livelihood ensuring groups and children groups.
- Based on the outcome of the interaction, ASSEFA has developed a new concept, 'Coastal Area Development Project' to re-establish the foundation for sustainable development of children and their families in the tsunami affected areas. Subsequently, this project has been implemented in six areas in Tamil Nadu and Pondicherry with the focus on

- Establishing strong community organizations to plan and implement programs
  - Improving health care particularly women and children
  - Quality education for the children
  - Promoting livelihoods of affected and vulnerable families and
  - Development of Saline affected lands.
- This report explains the progress of various activities undertaken under coastal area development projects by ASSEFA for upto March 07.

## 2 OPERATIONAL AREAS

### 2.1 Area Coverage:

- ASSEFA has been working in the coastal areas of *Marakkanam, Pondicherry, Cuddalore, Parangipettai, Kurunjipadi* and *Karaikal*. Based on the needs assessment, support is being provided to 25,572 families inhabited across 416 villages. This includes both fishermen villages and farming villages. The supports provided include education for the children, comprehensive development programs for their mothers and livelihoods assistance for their father and youths. The area-wise coverage of families is given below.



### 2.2 Rapport Building:

- The team has built up rapport with the local communities for implementing the programs without any duplication of the support. Accordingly, community based organisations such as women self help groups, farmers group, livelihoods ensuring groups, etc., are formed and capacitated to identify their needs and implement the programs with the support of the ASSEFA team
- In addition, village animators, who are recommended by the village leaders, have been engaged to link the community with the project team. These animators organise regular meeting with the leaders of the community organisations to understand their issues, identify programs and assist in implementing the programs. This process has been initiated in all the operational villages.

## 3 HEALTH AND PYSCHO SOCIAL SUPPORT

### 3.1 Rationale

- The health conditions, particularly of women and children are not satisfactory due to lack of awareness and inadequate health facilities in the coastal areas. This has become complicated after tsunami. Many people were affected psychologically and physiologically and were prone to communicable diseases. In addition, the insufficient intake of nutritive foods added further worry with problems like vitamin deficiency, malnutrition, anemia...particularly among vulnerable – children and women. These problems have been addressed systematically by delivering the following medium term health care services.



- Organise regular health and specific camps in the affected villages
- Identify patients with chronic diseases and link to nearby govt hospital for treatment.
- Supply milk and nutritive mix to supplement nutrition for vulnerable sections.
- Select health animators and train them to deliver MCH services under the guidance of trained medical doctors.
- Mini clinic to deliver Mother and Child health care services to the coastal villages.
- Create awareness on preventive and promotive health care measures among women against common health issues such as anemia and
- Establish stress management center to reduce stress level among women and children

### 3.2 Health Camps

- o Camps have been conducted in the affected villages with the panel of qualified and trained medical doctors. During the camps, treatment to injury or other common health problems such as fever, headache, diarrhoea, etc., were given. Assessments of other health problems were also noted and accordingly follow up services provided. However, chronically ill persons were referred to the nearby govt hospitals for long-term treatment.
- o During the last two years, health camps have been conducted in 138 villages, benefiting 35,773 persons. The major health problems identified include anemia, URI, Vitamin deficiency, APD and PUO. In addition, eye camps were conducted in collaboration with a private eye hospital. During the camps, patients with cataract problems were identified and operated free of cost.



S.	Particulars	Units
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<b>No</b>		
1	Male	10,016
2	Female	14,309
3	Children	11,448
	<b>Total</b>	<b>35,773</b>

- Based on the health camps, follow-up services such as regular health check up and supply of nutritive mix have been delivered to the vulnerable – *underweight children, pregnant ladies and young mothers*. Initially, half litre of milk was distributed for a month. Later, based on doctor advice, nutritive mixes were distributed every month. This mix was prepared from ragi, rice, Bengal gram and groundnut by the trained person. Being a healthy food, particularly for young children, mothers have been taught on how to prepare it, as the raw materials are available locally. The status of coverage under these services include

<b>S. No</b>	<b>Particulars</b>	<b>Units</b>
1	Pregnant Ladies	1016
2	Young Mothers	2501
3	Underweight children	6061
	<b>Total</b>	<b>9578</b>

- In addition, to supply of nutritive mix, regular treatment was given for URI, daehorrea and dysentery for underweight children. They were also supplied with multi-vitamins and de-worming syrup. As part of monitoring purpose, health cards have been distributed to the pregnant ladies to follow ante natal care services and to underweight children to note the progress of growth.

### 3.3 Mini Clinic for Sustainable Services:

- As part of providing long-term quality health care services to the coastal villages, a mini clinic with necessary facility has been constructed at Vasavankuppam in Marakanam with the support of AMI, Italy. This clinic will provide mother and child health care services to the surrounding 15 villages. A trained health worker will be placed to deliver the services. Specialist doctors on consulting basis will use this clinic for treatment.

### 3.4 Building Up Health Service Providers:

- Health Committee has been formed in the target villages. This committee will consist of five members with an elected leader (*animator*) to co-ordinate the programs. Bright women from women groups form the members of the health committee. It's main role is to deliver the health care services mainly MCH with the support of health team. Accordingly, comprehensive training is provided to these health animators



mainly on MCH services on regular basis under the guidance of trained doctors.

- In addition, these animators have been provided with medical box with medicines to address common health problems such as fever, stomach pain, diarrhoea, cold and other first aid kit such as cotton, gauze roll, iodine, nitrofurazone, dettol and scissors. Further, review of health animators' services have been conducted on monthly basis with *no of patients attended: age-wise, sex-wise, major health complaints, outcome of the services.*

### 3.5 Awareness on Health Care:

- Similarly awareness has been created among the Self help group members on basic health. This includes kitchen gardening, preparation of nutritive mix, on identification, treatment and prevention of anaemia and first aid services in emergencies such as injury, insect/snake bite, electric shock, fire burn, etc. In addition, awareness on planting tree saplings, soak pit, usage of smokeless chulas and construction of sanitation were also conducted.

### 3.6 Improvement of Hygienic Living:

- Assurances were also given for enhancing hygienic living. This includes provision of household support services – *improvement of flooring, roofing, electrification, cross ventilation in the kitchen*, construction of toilets and drainages and also provision of safe drinking water facilities. During the reporting period, 782 families had received support for this activity..

*Near to my home there was only single water pipeline for every one in my street. Because of this the water we get from the pipeline is not enough for all. In street water pipe I get only 2 or 3 pots of water. It's not enough for my family. Sometimes I have to wait for 3 hours to get water, if there is large crowd then fights start among us. Now because of attending the meetings I have come to know many schemes for women development. Then I thought of a separate water line to my home. I got help from ASSEFA and constructed a separate water supply to my home. Now there is no problem in getting water. My children were also very happy. I also give water to nearby people. All my family members were also very happy.*

### 3.7 Stress Management Centre:

- In the coastal area, multiple marriages are very common among men. Many women suffer due to this and go through lot of stress. The wide habit of drinking alcohol among men always leads to domestic violence in their families. This creates a tension, particularly women and children and sometimes makes them to take an extreme step - suicide. The problem of stress level increased after tsunami. Keeping these in view, ASSEFA started a stress management center in Cuddalore for women and children. The main objective was to provide a holistic physical and psychosocial support through recuperative measures and rehabilitative therapies for women and children.
- The stress management programme is carried out through progressive sessions. Each of these sessions comprise active programme which include

assessment, diagnosis of individual's vulnerability to stress and stress related problems. During the counselling instead of just identifying the problem, women and children are encouraged to identify their strengths and talents. Stress management center helps them to identify these on their own and are encouraged to implement those talents. Spiritual counselling, diet counselling and general counselling on health and diseases also are part of this. A consequent follow up session is advised to those who suffer from serious impact of stress in the form of chronic diseases such as Diabetes, Hypertension, Asthma and other systemic disorders.

- The stress management center is fully equipped with facilities for physio therapy, hydro therapy, exercise therapy, waxing therapy; massage etc. A separate team has been involved in delivering these services under the guidance of an experienced and qualified naturopathy doctor



### 3.8 Psycho Social support and Child Protection

- The psycho social intervention is delivered in affected villages in Cuddalore and Parangipettai with the support of International Institute for Child Rights and Development, Canada. The intervention is based on the notion that local children and their communities contain the 'seeds' of their own recovery from trauma and that reinforcing these local strengths is more effective and sustainable than imposing western psychotherapeutic approaches or clinical approaches.
- The tsunami has drastically increased the vulnerability of children in the coastal villages. This made imperative to support a local structure for children's full recovery and healthy development. A holistic approach, supporting children in the context of their own surroundings; family, school, community, culture, civil society and natural environment. With a focus on the needs of vulnerable children, particularly those who have been severely impacted by tsunami, this intervention builds on the protective factors with in the community to support children. Teachers and children were trained together on how to identify vulnerable children and children having psychosocial problems.



### **Children's action in Patchangkuppam**

*A group of close to 30 children met to analyze the data that was collected from women, children, male youth and community leaders on strengths and weaknesses of their community. Based on the assets and challenges in their community, children identified the main issues for them, these included: arrack consumption, mosquitoes from standing water, garbage, and caste differences and infighting.*

*After a discussion about the feasibility and practicality of implementing a child-led project to address community problems, the children chose to address the issue of garbage. In small groups, children drew "problem trees" to explore the "root" causes of the problem of litter.*

*Children formed a committee of boys and girls, selected leaders, and designed a solid action plan to create a clean and healthy community. They decided they wanted to start by cleaning the area around the temple, one of their favourite places and also a common place for the whole community. Staff supported the children in discussions with parents and community leaders to garner support for their initiative.*

*A date was set to launch of the children's project. Children decided on their roles and responsibilities for the event, the materials each child would bring, how they would manage the collection and disposal of the garbage and how they would inform the community of the importance of keeping the village clean.*

*During the opening ceremony, a young boy gave the welcome speech to the over 70 children, community leaders, teachers and village members that had assembled for the event. Children performed a play they had written demonstrating the effects of excessive littering, spitting and lack of latrines in the village. The play outlined some of the challenges they face because of the situation and suggested ways the villagers could improve their behaviour to make the village a cleaner place. They then performed a comedy skit to lighten the mood. More speeches were given by children and by the Panchayat and the day's activities began.*

*Children had decided to split the garbage between "recyclable" and "non-recyclable", and they dug pits for the recyclable waste. A supply station, a drinking station and a washing station were set up and marked with flowers and kolams. Children worked well together for the entire afternoon cleaning and organizing the temple grounds. In the end the area was spotless and they had gained the support and appreciation of the entire community. Children felt very proud that they had conducted the activities themselves and were eager to keep up what they had started!*

## **4 Livelihood Promotion Services**

### **4.1 Tsunami and Livelihoods**

- The tsunami had brought in extensive damages to the livelihoods activities in the coastal areas. Fishermen, who had not only human losses, but also their boats, nets, motors were either lost or damaged. The small and marginal farmers were also affected, as the sea water left the land saline and uncultivable. The daily wage labourers, who render services to either fishermen or farmers or sea products manufacturing based industries, also lost their livelihood. Similarly, women who had been involved in various activities such as fish marketing, processing of sea fishes, fishing net repairing, handy crafts and other petty trades, had also lost their activities. In order to assist these sections to restart their livelihood activities, community organisations such as Self Help Groups, Livelihood Ensuring Groups and Farmers Groups were formed in the villages.

## 4.2 Livelihoods Support for Women

- Initially it was very difficult to bring the women under SHGs. This concept was not new to the villages, in the wake of tsunami, as many agencies started initiating women groups. This overwhelming growth of SHGs and the pressure exerted on women to join these made them averse to NGOs. ASSEFA was not an exemption too. They were welcomed with hostility when they introduced SHGs. Many women refused to join. During one such bad experience, one young woman said 'no chance' very strongly.

*I am Sathya and I am the leader of Saibaba Sarvodaya Mahalir Mandram (name of the SHG). SHG helped to improve the growth of women. I and my members have received financial assistance and doing small businesses separately. Our group also does group business such as selling garlic, Tamarind, Red chillies etc. Some engaged in small - food stalls.*

*SHG leader, Pudukottai village*

- But ASSEFA slowly made inroads, as many agencies disappeared after the relief support. Today many women have been brought under the groups. The same person who said 'no chance' was later selected as a staff and now she works as a Programme Associate. Now she herself formed many such groups of women. At present, 25,425 women have been brought under self help groups. These groups are mainly used for the following services:
  - ♣ Identification of children and their development needs
  - ♣ Delivery of services without duplication and
  - ♣ Participation in income generating activities
- Group savings and thrift activities have been introduced to strengthen group activities. Today, each group has a saving in the range of Rs 20,000 to 40,000. They rotated this amount among the members to meet their immediate needs as well as for consumption purposes. In addition, financial assistance is provided to these members for re/starting income generation activities such as petty shop, retailing of fishes, dry fish making, refreshment centres, handicraft makings, tailoring, etc. Many of the women were housewives before tsunami. However, they started participating in income generation with ASSEFA support for fast recovery from the tsunami disaster.
- In addition, for better performance, these groups have been given regular training and awareness on various aspects livelihoods, financial management, child protection, stress management and disaster preparedness. They were also taken for exposure visit to understand how women in groups participate in income generation effectively in other project areas. This has given adequate and now they started participating in social events. Even men have realised the importance of their wife and started permitting their wife to participate in group activities.

## 4.3 Livelihoods Support for Youth

- Fishermen community do not have savings concept in general. They use fiber boats. Their only duty is fishing. Once they bring the fish their duty ends there. Women's duty is to sell or auction or sell to big businessmen who transport them to other states. Unlike this, in motorized boats there is an owner and he hires labourers. The catch is high and they keep an ice box to keep them fresh. Owner of the boat gets 2/3 of the fish and the remaining 1/3 fish is divided between the labourers.

- Alcohol addiction is very high amongst men in this area. One unintended outcome of the relief work by government and agencies is purchase of liquor with relief money. Men sold the relief and drank with the cash received. ASSEFA started encouraging men to save money and be part of Livelihood Ensuring Groups and participate in the development of their villages. According LEG has been formed with youth as members. Minimum membership is restricted to 10 in each group. Their main purpose is to carry out the following services.
  - ♣ Identifying livelihood opportunities for LEG members
  - ♣ Initiate alternative livelihoods with ASSEFA support
  - ♣ Involve in planning, organizing and participating in social functions
  - ♣ Support women and children groups as and when required
  - ♣ External linkages for village development
- Before the tsunami people were totally dependent on sea. They save minimum Rs 50/-, some groups save Rs 100/- also. Now each group have the savings in the range of 10,000 to 25,000. An assessment indicated that fishermen spend heavy amount every year in repairing boats, nets and motors. Since they face difficulties in accessing support from mainstream financial institutions, they avail credit from private money lenders, who exploit them with exorbitant high rate of interest. The fishermen spend more income (upto 20%) on paying the interest alone. Some time, the moneylenders place condition to sell the fish on low price to them.
- The floods in September 2005 increased the difficulties of other marginalized communities too. To support these men ASSEFA started providing financial assistance through LEGs. With this alternative livelihoods are provided to LEGs. For example: driving license, workshop, battery repair shop, saloon, bakery, poultry farming, dry fish making and marketing.. The groups are encouraged to utilize these funds on revolving basis, which means, LEGs will continue to avail these benefits on a sustainable basis. LEGs have received trainings on income generation, disaster management and other normal things necessary for group maintenance such as records maintenance and book keeping. As on date, 1934 members have been brought under LEGs and assisted them with necessary supports.

#### 4.4 Livelihoods Support for Farmers:

- The agricultural lands located in the coastal area were affected due to ingress of seawater. Apart from damaging the standing crops, the lands have also become saline. Reclaiming these lands for normal agriculture production has become necessary to restore the livelihoods of the affected farmers, mainly small and marginal. However, for immediate income, these farmers have been supported with the promotion of dairy activities due to following reasons:
  - ♣ Immediate and regular milk production
  - ♣ Regular cash flow under assured marketing of the surplus milk production
  - ♣ Supplementary nutrition especially to children and women and
  - ♣ Inputs supply (*cow dung, urine*) for organic manure and pesticide.
- Accordingly, interested members have been brought under the dairy group. These groups are given handholding training in systems and procedures to be adopted, clean, testing quality of milk (CLR) and hygienic milk production, collection and transportation. As on date, 55 dairy groups have been formed with the

membership of 741. Milk cans were also distributed to the new groups to collect the surplus milk hygienically.

- Depending upon the assessment, members were assisted in purchasing milch animals. After meeting their requirements, milks are sold locally. However, these villages being small, these farmers cannot dispose the entire surplus milk. To address this problem, ASSEFA has put up bulk coolers in four areas – *Marakanam, Pondicherry, Cuddalore and Kurunjipadi*<sup>2</sup>. The local youths were selected and trained to manage these units. At present, the surplus milks are collected hygienically and brought to bulk cooling unit for chilling and marketing..
- As part of improving animal productivity, trainings were provided to the farmers on feed management and hygienic milk production. Mass veterinary camps were organised in collaboration with Animal Husbandry Departments for extension services. In addition, cultivation of fodder is promoted wherever is necessary through distribution of fodder clumps to the dairy group.

#### 4.5 Livelihoods through Land Development:

- The agricultural lands in the coastal area had become saline due to ingress of sea water. The degree of salinity varied in accordance with the nature of undulated landscape. Reclaiming these lands for normal agriculture production has become necessary to restore the livelihoods of the affected farmers. ASSEFA has undertaken this task along with dairying to promote livelihoods for the farmers.
- Thanks to heavy rains during monsoon period that helped farmers to desalinate their affected lands. The severe flooding all along the coastal areas has helped to wash off the salinity naturally. Of course, the government also assisted these farmers. This has forced ASSEFA to delay in implementing its plan. Later, ASSEFA team has made a detailed survey and identified the missing gaps. Supports have been extended to these farmers in filling up these gaps. Accordingly, the team has supported 350 small and marginal farmers to bring 300 acres of their lands under agriculture purpose.
- There are large extents of lands in the neighbourhood, which are not being used for agriculture. However these lands can be brought under agriculture use with external inputs. The project team has already started discussing with these farmers regarding the support required and hence the development of these wastelands will be taken up in the next year.

#### 4.6 Promotion of Rural Market Yards:

- Common market yard is the traditional concept in India wherein buyer and sellers will come to a common place for making trade at a smaller level. Even during the barter system, people gathered in a common place for exchange of goods. Even today it continues in certain villages. There are potential villages, where establishing market yard helps both farmers and consumers in many ways: *income, saving money and time, etc.*
- In the tsunami affected areas, ASSEFA has identified potential places and constructed market yards to sell fishes, vegetables and cosmetics. During the

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<sup>2</sup> Bulk cooling units at Cuddalore and Kurunjipadi are under erection.

reporting periods, two such market yards were constructed at **Anaicut** and **Kandavai Kazhikuppam** in Marakanam region. A community managed structure is formed with three representatives from village panchayat, two from local ASSEFA SHGs and one from Federation of SHGs. This committee will sit once in a month to review the operations and maintenance of the Market yard. The committee also collects the user fee for each shop.

- An agreement is drawn to share a part of the profit for maintenance and the remaining to be shared between the village panchayat, federation of women SHGs and temple trust, which donated land for construction. A separate account is jointly operated by the village panchayat and local SHGs for day-to-day operations.
- With the introduction of this permanent structure, the hard times of selling fishes and vegetables is solved. Due to this permanent set up, the timings of market has been extended. The sellers have enhanced their income by selling at reasonable price and avoiding losses during hard days – extreme summer and winter. Finally, a self – managed community structure is evolved with local women members for the whole system of operations.



## 5 Child Development Programs

- Children and women are the most vulnerable sections among the society. Tsunami affected adversely on the lives of children and their education. Many children lost their kith and kin, houses and education materials. Attendance has gone down in schools, due to fear of tsunami. To support these children to restart their education and increase their self-confidence ASSEFA initiated many educational interventions for different age groups of children in the coastal area. These interventions aim to create an environment that is child-friendly, free of violence and abuse, and nurture the ability of children to acquire knowledge and critical learning skills and which incorporates joyful learning methodologies. The activities include
  - ♣ Pre-school education for young children,
  - ♣ Sarvodaya Pailagam for other school going children,
  - ♣ Regular Education Through Model Schools,
  - ♣ Children's camp, tour and Balar Sabha (Children's group).
- These activities helped as an entry point to the villages for ASSEFA.

### 5.1 Pre-schools for Young Children

- Pre-schools have been started with the purpose to support young children aged below 5 years old the following services with the support of trained teachers, selected from the same villages.
  - Health care services including supply of nutritive food
  - Improving social relationship of the children and
  - Prepare them for main school education
- Initially, starting the preschool in a village itself was a challenge. It was very difficult to get a place where children can sit and play. After negotiations few community members allowed them to use their houses and an extension was made to their houses where possible to run the school. Roofs were built with coconut branches. This was not the end of the trouble. Initially parents objected for preschools as ASSEFA doesn't provide anything to children where as others provided egg, apple, pencils etc. Naturally this sounded more attractive and beneficial to parents.
- However, ASSEFA continued to convince the parents to send their children to the center. It took nearly six months to convince parents to send their children to pre schools. At times teachers were also vexed and frustrated with this. Pre-schools have come a long way from then. After a year now parents who sent their children to other centers, have started sending their children too to these schools. All those centers which provided eggs stopped running after few months.

"I am Vennila and my husband's name is Kumar. He is a farmer. My daughter Preeti is of 3 years old and is studying in Preschool. My son Sanjay is studying in UKG at Katchi Shanmugam Matriculation School. I am spending Rs 280/- a month on him, but I don't have money to spend the same on my daughter. Now you have introduced Balwadi education for 3-5 year old children in English. Before this we didn't have such education. We have to spend money to go outside for good education. Now without spending money we received this opportunity. In our village we have government Balwadi too, but the teachers come at 11 AM and return by 3 PM. Only to serve food they come to Balwadi. But in Preschool children are being taught different songs and games.

There are many differences between my son's and daughter's education because the rhymes and songs learnt by my son in 1<sup>st</sup> standard is not equal to my daughter who is going to the preschool. She can write all the alphabets too. The teacher is from our village itself and we are very proud of it. Our children are playing happily with her like a sister. Children go to school at 8 AM every day and they are not eager to return home after school hours".

*Mother of child studying in preschool – Pilayarmedu village*

- These schools run from morning 10 AM to 12-30 PM on week days. ASSEFA has set criteria for enrolment of children to avoid duplication of services by different NGOs in the wake of Tsunami. These include: children of the Self Help Groups only are eligible, they shouldn't be going to Balwadi's or other NGO run centers and finally there should be a minimum number of 15 children in each pre school.
- Children are provided with uniforms, bags and books in preschool. To improve their health 'Nutritive mix' is given to children every day. Initially teachers felt shy of asking children "Did you drink 'Kanji' (nutritive mix)" in front of their parents, because they get eggs and apples in other centers. Moreover parents had a misconception that it causes Diarrhoea, to convince them teachers drank the mix and showed them it is harmless. Teachers check the height and weight of children regularly and record it in their individual growth monitoring record.
- Children carry an identity card along with them which consists of their date of birth and blood group along with their father, mothers name and village. ASSEFA ensured that they get birth certificates from the government. This initiative was very innovative and handy to the parents and children in moments of crisis.
- Teachers come from the same community who the children know very well. Married women were employed as teachers in the belief that they understand the needs of younger children and will be able to take enough care. In case if there are not married women in the same village, they were taken from the neighbouring villages. These teachers should have passed 10<sup>th</sup> standard and shouldn't be a leader or secretary in SHGs. But she can be a member of SHG.
- At present, 1221 children are getting benefited. After completion, these children would be assisted in admitting into main schools including model schools established by ASSEFA for regular education.

## 5.2 Sarvodaya Pailagam

- Pailagam was initiated first before the preschool. To divert the attention of children from tsunami and channelise their energies in a creative manner this initiative was designed. A friendly environment was created for children through out the pailagam where children can express their opinions without hesitation and exhibit their talents. Since it meets the needs of school going children (6-14 age group) the center runs from 5 PM to 8 PM in the evening at village level.
- Apart from learning their regular subjects of school ASSEFA has designed a special curriculum for these children. Children learn about health, hygiene, general knowledge, non violence, mediation and yoga etc. Disaster preparedness is another important component of pailagam, training children is under way and material is made available to children.

### ***Kutty doctors...***

*From each health committee of Balar Sabha 3 children are selected as Kutty doctors. These children are being provided training on first aid, health and hygiene, adolescent girls related issues, yoga and meditation. Adolescent girls feel so happy that they can share their issues in these trainings and learn about them. This Kutty doctor concept has become very famous in all the villages. The idea behind this concept is children's grasping power is more and it is very effective with other children if children themselves are trained. First aid kit was kept in all the pailagams with the teacher which Kutty doctors can use in cases of first aid. Children feel so*

digital thermometer were kept in each pailagam to monitor the growth of children regularly. Other nutritious pulses helped children to improve their nutritional status. Parents Teachers Association meetings once in two months which help discuss the issues related to their education. These centers had a huge influence on children, many parents stress that children have become more responsible and interested in their studies.

- Teachers from the same village manage the center. To ensure quality services, capacity building initiatives were taken up to improve teachers' understanding on joyful learning, child rights and child participation. Every month teachers receive trainings and are encouraged to use their learning in pre schools. Now after a year staff remember their experiences of the trainings and smile at themselves. For many of these teachers this is their first employment opportunity. They were all housewives and Tsunami has brought a sudden change in their lives. All of a sudden they got exposure to different things and many people. In the beginning many of them didn't come for the trainings and even if they come they used to come very late. Senior old staff of ASSEFA continuously explained their personal experiences to them, how the life is in the outside world and why one should work to change the lives of others. After pursuing for a long time now the teachers understand the thinking behind this project and are dedicated to their work. At present, 7165 children are getting benefited under this program.

*“Special curriculum for pailagams was evolved in a preparatory process with teachers of pailagam. Teachers prepared material on good family, healthy life, freedom of children, life oriented education and building a new world. Under each topic there are 20 sub topics which include*

### 5.3 Regular Education through Model Schools:

- Children are the most affected victims of the Tsunami. With damages to the dwelling places, household assets and education materials, the continuity of their education has been affected severely. Govt and other volunteers are helping the children with education materials and other accessories to resume their education. But still the following problems persisted:
  - } The children aged below 10 years could not resume schooling in some villages due to lack of proper schooling infrastructure in the accessible distance. The parents are reluctant to send their young children to schools in the neighbourhood areas.
  - } The parents not satisfied with the quality of education provided by the neighbourhood schools.
  - } Other schools focus on teaching govt prescribed syllabuses and limited approach given to holistic education. Hence, after completion, the students find it difficult to select their future and end up taking fishing occupation, from their parents.
  - } With the entry of many people into fishing occupation, there might be problem, for every body to catch sufficient fishes. Adding to this, the advancement of technology into fishing will pose further problem, particularly catamaran fishermen community in the future.
- Hence to address these problems, six model schools are being established in Parangipettai, Kurunjipadi and Cuddalore areas. These schools are functioning since 01.06.2006 and at present more than 900 children are getting benefited

under these schools. Already, a model school is functional in the coastal village in Marakanam area, which supports about 300 children.

- These schools are run in semi-pucca building with adequate infrastructure facilities. In fact, children camps were conducted to design the school and basic infrastructures according to children's view. The major involvement was by the children from 6 to 15 years. Children gave their opinion for designing the school. Accordingly, the school with basic infrastructure such as class room with providing large ventilation, children lavatory, educative measures, open spaces and protective measures have been provided.
- These schools provide quality and holistic nursery cum primary education for children from the surrounding villages. Apart from teaching govt prescribed syllabus, other value added subjects such as teaching non-violence, yoga and meditation, livelihoods activities are being taught. To make the learning more joyful, education tours, games and sports, cultural competition are organised as part of regular curriculum. The concept of kutty doctor is being introduced to bring awareness on health and hygiene among the children.
- Qualified teachers with adequate experience have been appointed for teaching. Moreover, ASSEFA with its vast expertise in children education will continue to guide this young team to deliver quality education and ensure joyful learning. For constructing these schools, ASSEFA Italia, Save the Children Canada and PARTAGE of France provide supports. For regular expenses, PARTAGE has come forward to support through child sponsorship program.

#### 5.4 Joyful Camps and Tours:

- The most exciting activities children look forward very excitingly are the camps and tours. Conducted every month, particularly on Sundays from morning to evening; the camps are full of fun and enjoyment. To create unity among children from different pailagams, encourage their hidden talents and improve group participation the project has initiated children's camps. These camps started immediately after the tsunami to divert their attention from the devastation. This platform helped considerably in reducing the gender and caste discrimination amongst children, developing their thinking and analytical capacity and improved group participation. Children from different castes and communities meet each other; make new friends and all of them eat together.
- It also brought out the talents of children in front of their parents, who didn't even know that their children have such talents. Children also enjoy the environment that is different from their regular routine. The fact that they are deprived of any such platform and space in government schools and teachers do not have that much time to spend with them made the camps most attractive and close to their heart. The appreciation they received from the staff and their parents regenerated energy among children and created a healthy competitive environment.
- They participate in competitions like games, oration, singing, drawing, essay writing and fancy dress competitions. Initially it was organized near the sea beaches to remove the fear of children and slowly shifted to their villages. These

*"As soon as my son comes home he washes his face and says 'I am going to pailagam'. It was not like this before. That is the one word which makes me feel so happy".*

*Mother of a child – Sandrorpalayam village*

essay writings range from social issues like dowry, alcohol to natural disasters. After giving away the first 3 prizes, complementary prizes are also given to all children in order not to discriminate them. Finally they end the programme with cultural shows.

- Many of these children have never been out of their villages. Though they attend schools and study about history, science they never got to see them in real life. Government schools couldn't organize exposure for children. The children's tours organized through pailagam are their first exposure to outside world than sea. They have been to Tanjore, Mahabalipuram, Chennai and visited historical temples, zoo and parks. So far things they read in their books, which they never saw before became a reality to children. They practically understood on encryptions were done on pillars and temples and they still remember how the sun shade never fall on any other part of the temple in Tanjore but only on 'Nandishawara' (*bullock vehicle of Lord Shiva according to mythologies*) through a hole on the top. Peacock is their favourite bird, which almost every child draws sometime or other in their centers and camps. Both children and teachers documented their experiences of these tours in detail to share with others.

## 5.5 Child Resource Centers:

- Child Resource Centers cater to the developmental, educational and psychological needs of children from the affected villages. It includes both infrastructure and learning material support. The centers were designed in a highly participatory manner, to meet the needs of children, women and community priorities for better utilization. 33 child resource centers have been constructed. These centers are unique in nature, which caters to multi dimensional needs of children.
- These centers could be utilized as Pre School centers for 3-5 year age group, pailagam which primarily focuses on child centered education. These centers also act as the bridge centers in the villages and provide space for SHG and LEG to have their meetings and trainings. They are designed to extend the coverage on disaster mitigation centers and it also aims to educate the community on disaster preparedness.
- Children were involved through out the designing process of the center. Children did transect walk and social mapping as part of this process and consultations were held with community members. Both community and children played role in identifying the place for construction that is more suitable and appropriate for children, in terms of safety etc. children's groups initiated the task of designing the centers which include water outlets, black boards, toilets, height of toilets, colours or paintings on walls, toys, place to keep the books etc. the same is being shared with the technicians. Few modifications were done later to the design by ASSEFA. Disaster preparedness measures were taken up such as earthquake proof, cyclone resistance as they are prone to such vulnerability. Also low cost materials are being used which are easily available and eco friendly in nature.

## 6 Status of Programs: Area-wise and Agency-

### Area-Wise Programs - At A Glance

S. No	Particulars	Marakanam	Pondicherry	Cuddalore	Parangipettai	Kurunjipadi	Karaikal
<b>I Health and Pyscho Social Support</b>							
a	Health Camps and Follow Up	v	v	v	v	v	
b	Supply of Nutritive Food	v	v	v	v	v	
c	Awareness on Health Care	v	v	v	v	v	
d	Improvement of Hygienic Living Facility			v			
e	Mini Clinic	v					
f	Stress Management Center			v			
g	Pscho Social Support			v	v	v	
<b>II Children Development Program</b>							
a	Pre-School Education	v		v	v	v	v
b	Pailagam Education	v	v	v	v	v	v
c	Regular School Education	v		v	v	v	
d	Child Care Family Support		v				
e	Child Resource Centers	v	v	v	v	v	
<b>III Livelihoods Promotion Services</b>							
a	Livelihoods for Women	v	v	v	v	v	v
b	Livelihoods for Youths	v	v	v	v	v	
c	Dairy Promotion	v	v	v		v	
d	Development of Saline Land	v	v				
e	Promotion of Market Yard/Dry Fish Storage	v			v		



**Agencies-wise, Funding Support Details**





## 7 Conclusion

- In response to tsunami, ASSEFA has been giving thrust to rehabilitation measures under the 'Coastal Area Development Project'. The support extended for livelihoods activities through women self help groups, livelihoods ensuring groups and farmers have helped the socio-economically vulnerable sections to start earning regular income. The heavy monsoon rains, which lashed last year has helped the farmers in washing away the salinity of the lands. Hence these lands were reassessed and the support is extended to only gap fillings.
- Regular health care services through camps, follow up services, training and awareness has helped to understand their health related issues and address it with suitable intervention. The stress management treatment offered in Cuddalore through professionally qualified and trained team helps to reduce tension and of course improve their work efficiency and inter-personal relationship among SHG members and children.
- The initiatives to make children to concentrate on their education through pre-schools and Pailagam have started showing results. The parents appreciate these initiatives after noticing positive changes among their children. The need for promoting regular school education has been initiated from last year. In the first phase, six model schools are being promoted in the coastal areas. PARTAGE, ASSEFA partner for more than twenty years, has agreed to support the regular school education through child sponsorship program.
- The rehabilitation initiatives had shown positive impacts and ASSEFA has started consolidated the various programs and initiated various steps towards program sustainability. This includes.
  - Livelihoods Program: Strong community organisations such women groups, LEGs, etc., have been built up. They are trained regularly on group dynamism, financial management, accounting and other systems and procedures. This would help the group to attract credit support, if any, for livelihood activities from micro finance institutions. The introduction of group savings and thrift, would also enable the members to meet their immediate needs as well as for consumption purposes. The establishment of bulk coolers in four locations would ensure collection, chilling and marketing of surplus milk from the producers.
  - Health Care Services: The major health problems identified for women and children are due to lack of awareness. The causes for the health problems are being disseminated through women groups. Simultaneously, remedial measures are also provided. This has created confidence among the community and the continuity of these supports for some more time would strengthen the prospects of this program sustainability. In addition, establishment of a mini clinic and stress management centre would facilitate to provide regular health care services to the surrounding coastal villages.
  - Children Development Programs: The joyful learning atmosphere through Pailagam has created positive impacts among children. Parents send their children without any hesitation. Hopefully, the additional training

through Pailagam is expected the children to perform better in their school academics. Considering the positive aspects of these centres, the parents are expected to support these programs and link the local SHGs to provide moral and other support to these centres.

## FEW SNAPS ON TSUNAMI - REHABILITATION ACTIVITIES























