THE JOURNEY BEYOND THE WAVES

Learnings from CHC's work with Tsunami affected communities

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Foreword

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THE JOURNEY BEYOND THE WAVES
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Celebrating CHC's 25 years' Journey in the Community Health Movement
1984-2009
with a tribute to the courageous Communities who braved the tsunami waves

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From 1984 since its inception, when public health was still a neglected field in India and Community Health was just an emerging area of intervention, *to* becoming an active participant in the People's Health Movement (PHM), Community Health Cell has traversed a long path in the last 25 years. During these years it has promoted community health awareness, supported community health action, undertaken research, and evolved educational strategies in community health apart from engaging in dialogue with health policy planners. Though remaining a *"small cell"* CHC has tried to influence communities, voluntary /non governmental organisations, social movements, and the Government policies by trying to build networks of solidarity and by being a catalyst of change.

In the last 25 years CHC's contribution to the community health /public health movement in the country and to the PHM globally has grown in phases. While it remained a small study-reflection-action team from 1984-89, the evaluation by a public health oriented committee, endorsed the social paradigm and prompted it to become the ***Society for Community Health Awareness Research and Action (SOCHARA)*** in 1990. From then on CHC through SOCHARA has represented collectivity of efforts and has continuously catalysed processes to build a society of justice and equity by remaining strong support to such movements.

From 1984-2009 CHC has grown in phases with interaction with an intense interaction with health and non-health groups and networks. The phase between 1994 -1997, marked CHC 's deepening of community health trainings at grassroots level, by reaching out to health and non-health groups through multi-lingual trainings in the southern states of India (Karnataka, Kerala, Tamilnadu and Andhra Pradesh) under the leadership of Dr. Shirdi Prasad Tekur, a multi-lingual community health trainer par-excellence. The learning of CH trainings contributed to policy advocacy through critical engagement with the State between the years 1998-2008. Though CHC played a international role through the Global PHM, the roots always remained in the communities. This linking of Communities to the Policy Advocacy at the national and international level has enriched CHC and this has been possible due to the role it played as a "catalyst" and "leaven" in mobilising communities, and strengthening the health movement at all levels – local, national and global by bringing communities together.

The communities affected by Tsunami, community health workers and the youth in Pazhaverkadu have added passion and value to the existence, ethos, values, growth and learning of CHC. The Silver Jubilee year 2008-09 is the apt occasion to affirm the strength and richness of these communities and cultures, to recognize their vibrancy and resilience and to learn from them. It's also time for the wake-up call to reinvigorate ourselves to the daunting tasks to work towards defending the fundamental right to health of these grass-roots communities.

With humility, we acknowledge the contribution of various grassroots communities who have helped us do what we did and inspired us to do what we should. Being rooted in the communities and the praxis of study-learning-reflection-action has been the threads that linked this journey from a small 'cell' to a large network of linkages in which, CHC remains an important hub. In the years ahead we shall continue our efforts towards building healthy communities by promoting people to people partnerships & solidarity, and building the alternative paradigm of public health and community health.

This report of CHC's intensive involvement with the Tsunami affected - **The Journey Beyond the Waves :** *Learnings from CHC's work with Tsunami affected communities* -, published at the occasion of CHC's Silver Jubilee, is a tribute to the resilience and strength of communities, and for the richness that they have added to CHC's own journey.

E. Premdas
Coordinator, CHC
Secretary, SOCHARA
Bangalore.

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The deity Picture on the cover page has been taken from Sathankuppam village in Pazhaverkadu island. On the eve of Pongal Festival (Harvest Festival) the villagers make this idol made upof Terracotta and celebrate

INTRODUCTION

On 26th December 2004 the tsunami caused havoc in the coastal areas of most of the South Asian Countries. India also suffered great loss due to the tsunami. In particular the state of Tamilnadu was one of the worst hit regions in India. Chennai, the coastal capital of Tamilnadu suffered loss of life and property that lead to many unpleasant and far reaching changes in the lives and life styles of the affected communities (Map 1).

In response to this hitherto unknown (in this part of the world) form of natural disaster, both the government and civil society responded immediately. The non-governmental organisations quickly formed coordination centers and with the use of IT resources helped assign relief materials to those in need   The Government, for its part, took control of the situation much faster than in many of the other tsunami-hit countries and initiated the setting up of relief camps, organised for burial of the dead, disinfected vast areas, immunised thousands of children and went about building temporary shelters.

Fishing as a livelihood bore the brunt of the disaster and livelihoods froze for almost five months. The boats and nets were replaced quickly but fear of the sea kept the fisher people away for some time but lacunas in relief measures kept them out of work for much longer period of time. The women sustained on subsistence allowances and meager cash wages.

The tsunami killed 7,997 people and 846 reported missing. More than 2,500 children in Tamilnadu alone were killed and many children have been orphaned, while others have lost family members and friends (CRY Report 2005). Both schools and communities play considerable roles in the provision of care and support to these children. At the same time schools played a new, more complex and comprehensive role in relief and rehabilitation, and provided continuous social and psychological support to their students. In administrative terms an effort was made to reduce or waive school fees, donate books, replace educational certificates, and provide transportation to school-going children from affected areas.

Tsunami saw women and children as the worst affected. As mentioned by women vendors and self-help groups during a public hearing in December 2005, they faced the 'burden of double debt'- the original debt incurred before Tsunami for their livelihood (individual as well as bank loans) and debt taken post tsunami from private moneylenders to restart their life and livelihood.

The tsunami killed more than 300 000 people and it displaced about 92 000 people over the age of 60 in India, Srilanka, Indonesia and Thiland. "Aid agencies ignored special needs of elderly people after tsunami" by Ganapati Mudur. BMJ 2005, 331:422 (20th August). Many elderly tsunami survivors with chronic illnesses such as diabetes and cancer faced hardship in resuming treatment, as they had lost their medical papers or could not travel. Many older people complained of unsuitability of food supplied by other agencies during relief operations, and that they were unable to stand in long queues

and couldn't compete with younger people (Help Age Report, Elderly and Tsunami Survivors 2005).

Thus it is obvious that like any natural disaster the Tsunami had far reaching impacts on the community, it also had different impacts on different parts of the community, this only emphasized for the rehabilitation to be comprehensive and innovative.

Table. 1 (Tsunami damage in India)

Tsunami damage in India					
Factor	Andhra Pradesh	Kerala	Tamil Nadu	Pondicherry	Total
Population affected	211,000	2,470,000	691,000	43,000	3,415,000
Area affected (Ha)	790	Unknown	2,487	790	4,067
Length of coast affected (Km)	985	250	1,000	25	2,260
Extent of penetration (Km)	0.5 - 2.0	2-Jan	1 - 1.5	0.30 - 3.0	
Reported height of tsunami (m)	5	5-Mar	10-Jul	10	
Villages affected	301	187	362	26	876
Dwelling units	1,557	11,832	91,037	6,403	110,829
Cattle lost	195	Unknown	5,476	3,445	9,116

(Source: DiMaRF, India-2005)

Tsunami Hits Eastern and Southern Coastal India

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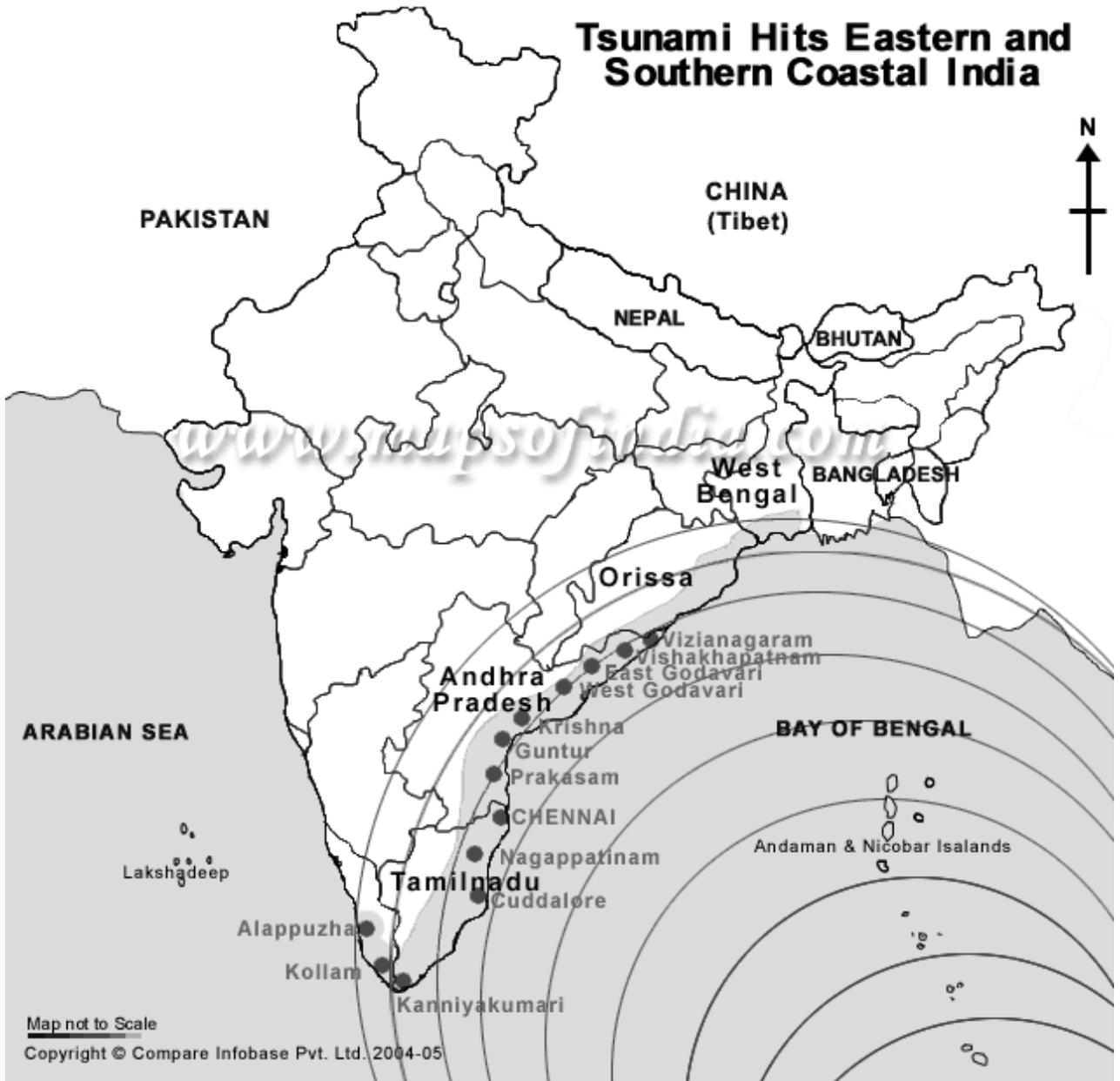
ABOUT THIS REPORT

This report is about CHC's experience during the Tsunami which devastated many countries in December 2004. It focuses on CHC's learning during its work in the post-disaster situation and looks at the complex web that is the community and describes Efforts at bringing health as a priority issue for people as well as Community based organizations (CBO). It also looks at accountability of governments and their role in responding to the tsunami. The report is an attempt to understand the complexities of NGOs and describes the building of networks as one possible strategies that may work for the benefit of vulnerable populations.

The Report is divided into eight sections that describe - CHC's experience in other disasters; why CHC decided to stay on; the areas chosen to work; the team; evolution of work plan; learning's about the community; learning's about NGO's and networking; and overall learnings and conclusions. The report gives a complete sketch of population, socio economic status, livelihood constraints, caste complexities and rebuilding of life after Tsunami.

CHC'S EXPERIENCE IN OTHER DISASTERS

The CHC team has a long history of responding to disasters starting from student day of the co-initiators. This has included work in the Bangladesh refugee camp (1971); Andhra Cyclone (1977); Bhopal gas tragedy (1984); Bangladesh Cyclone (1991); Latur earthquake (1993); Orissa Super Cyclone (1999); Gujarat earthquake (2001); Gujarat riots (2002) and now the Tsunami response (2004). These responses have been part of citizen initiatives from Bangalore, with multidisciplinary teams including some doctors. However they have usually been short term responses going up to a maximum of three months. They lead us to develop a five day training module for officials from the Indian Administrative Service conducted through the National Institute of Advanced Studies in Bangalore. Experiences in disaster situations many a time have been the key experiences in understanding the various broader aspects of health and inequity.

WHY CHC DECIDED TO STAY ON

CHC fellows in the Tsunami relief

CHC oriented over 100 volunteers from Bangalore before they went into the disaster area.. The volunteers contributed their services in the following areas - medical relief, psychosocial support, community organization, and networking with NGOs and government in Cuddalore, Nagapattinam, Chennai, Chidambaram and Kanayakumari for nearly two months. The first team of ten volunteers including CHC fellows, social workers, doctors and medical students left Bangalore on December 30, 2004 after an orientation at CHC. They worked in Sirkazhi taluk, Nagapattinam district. They worked in a total of 17 villages, providing psycho-social

support, medical care, and facilitating community involvement and public health initiatives wherever required. The first team was replaced by another team of nine volunteers, including five doctors in Sirkazhi on January 6, 2005. They continued the work of the first team, consolidating the work done there.

Being involved in the tsunami relief and rehabilitation from the first day onwards, the CHC team was requested to continue working with some affected communities by local and other groups. Several NGOs and volunteers who had gone during the initial relief phase had begun leaving, even though the situation was still not normal. The media focus on the situation had also shifted. Though the hype over the tsunami was dying down, the affected people's lives were far from normal. In fact their struggles were only beginning, as they began rebuilding their lives and homes.

Apart from the invitation from local groups – the fact that CHC had team members who were familiar with the language as well as the culture and geography, meant that the team could in fact work on a longer term and explore various aspects of community health work in a post – disaster situation.

THE TEAM

After the initial phase two of the team members Rajendran and Ameer Khan stayed on to form the nucleus of a project extension unit based in Chennai. After an initial period a few of the fellows from the fellowship program also spent some time in the project and one of them Asha, even joined the group for a year. During this time Rajendran decided to concentrate more focused on Northern Chennai and took over an NGO working with Tsunami Relief. Rakhal joined the team in 2006 initially focusing on the training of the health activists and gradually joining as a full time member of the team. More recently in 2008 Shalini joined the team to strengthen it to respond to the many demands that were now coming its way as well as strengthen the documentation aspects.

While the team was based in Chennai – there was almost a daily sharing and mentorship with senior colleagues in Bangalore. This not only enhanced the learnings but also helped a lot to broaden one's perspective.

THE AREAS CHOSEN TO WORK

Since the 26th of December 2004 CHC team members have worked in affected areas in Tamil Nadu in Specific villages in Northern Nagapattinam district (particularly in Maduvaimedu, Chinna Kottaimedu and keelamoovar kerai of Sirkazhil taluka);in Cuddalore district (Pudupettai, Pudukuppam) and Kanyakumari district (helping with coordination of a 17 member Oxfam team). CHC facilitated several teams of around 60 members totally, who undertook medical and general relief, surveys, community building, facilitation of bank loans and situation analysis of our future involvement.

After a lot of discussion and thought, CHC decided to continue its work in the tsunami affected region, especially focusing on the neglected areas and communities. CHC undertook a feasibility study to asses the need for continuation after the relief phase.

The assessment focused on looking at various focal points like resources, need for longer intervention, support group etc. CHC's own assessment suggested Chennai as one of the areas for detail intervention (Chennai was the only affected area where Government decided to do everything directly unlike other places where civil societies worked hand in hand with the Government) in terms of reflecting on Government's accountability towards people. Based on the visits and feedback of a field assessment team one rural area, an area North of Chennai in Thiruvallur district, called Pazhaverkadu, was also chosen for long term and direct intervention.

Chennai

Chennai Marina Beach at the time of Tsunami

Capital of the Indian state of Tamil Nadu and bounded on the east by the Bay of Bengal, Chennai is one of the oldest cities in India and one of the 13 districts of Tamil Nadu officially declared "tsunami-affected." Nearly 100,000 families live in the 44 villages on Chennai's coast, with approximately one-half of these families huddled densely in thatched huts built within 500 meters of the high-tide line (HTL).

Almost all of these families were involved in fishing and allied activities, and almost all had their housing and equipment badly damaged by the giant waves. The tsunami, however, also exposed the systemic vulnerabilities Chennai's coastal communities' face—ranging from very vulnerable incomes to an utter lack of sanitation and health care to deficiencies in literacy and other livelihood skills.

The damage the tsunami wreaked on property, fishing craft, and the livelihood system of fisher folk was enormous for the fragile coastal villages of Chennai, with damage estimates ranging from $17 million to $45 million. Officially, 25 villages and 65,322 people in Chennai district have been classified as "affected" and the number of damaged huts is put at 17,805—almost one-quarter of the district's total dwellings.

Socio- economic situation

A number of factors put the coastal population of Chennai both at special risk for the tsunami and at a disadvantage in recovering from it. These factors include population density, rudimentary housing, dwindling ways of making a living, poor sanitation and health care systems, and lagging literacy and education. Coastal dwellers have also traditionally been isolated from the rest of the district and are at the bottom of the region's socioeconomic ladder. The costal communities also face non accessibility to alternative vocation due to their diminishing economic factor many opt for selling of organs (kidney) to make end meet. This ugly situation took a gigantic turnover during the rehabilitation phase of the Tsunami when more and more people opted for it to

come out of the debts. Thus as is usual in most disasters those most affected are invariably the most marginalized and vulnerable.

Sanitation and Health

Those living along Chennai's coastline have some of the worst sanitation and health indicators in Tamil Nadu state, according to the Bay of Bengal Programme for Sustainable Fisheries Morbidity, mortality, and frequency of illness are much higher among Chennai's coastal communities, and particularly among women, than in the rest of the district. Most of Chennai's coastal residents live without basic amenities such as drinking water, toilets, drainage, or a health care system. The common use of the beach as a public toilet and the excessive crowding caused by the villages' cluster-settlement pattern have also given rise to poor health conditions. (Food and Nutrition Status of Small-Scale Fisher folk in India's East Coast States: A Desk Review and Resources Investigation –**V Bhavani** Bay of Bengal Program/ INF: Issue no 09).

Poor basic amenities

The quality of drinking water these coastal villages get, usually from non-piped sources, is severely compromised by the 267 million liters of sewage (partially treated/untreated) discharged daily into the city's waterways. The Adyar and the Cooum rivers, the Otteri channel, and the Buckingham canal—all crucial sources of water in Chennai—have become open-sewage conduits. The stagnant waters breed disease and cause germs, leading to a variety of waterborne diseases. Chennai accounts for nearly 70 percent of the urban malarial cases in Tamil Nadu.

Tsunami temporary shelter in Kannagi Nagar, Chennai

Literacy and education

Marine fishing communities in Chennai also lag behind the general population of Tamil Nadu in literacy rates and education levels. Close to 85 percent of Chennai's coastal village population is illiterate. Most families stop the education of their children early, as the fishing industry has traditionally absorbed young workers in large numbers.

But with profits dwindling, these employment rates in fishing are dropping. And while many coastal Chennai families want to move away from fishing in the wake of tsunami, they find themselves unable to do so because of their lack of education and alternative skills.

Diminishing livelihoods

According to Tamil Nadu Fish Workers Federation (TNFWF), livelihoods were not an issue for Chennai's fisherfolk a few years before the Tsunami struck. The daily arrival of

catch at the Kasimedu Fishing Harbour in north Chennai—home to 2,000 catamarans, fiber boats, and small trawlers was 300 to 400 tons, and Tamil Nadu's fishing industry earned $600 million in foreign exchange every year.

But this prosperity declined because of dwindling catch attributable to pollution; the increasing operation of giant trawlers; the lack of modern crafts for small operators along with the rising costs of diesel fuel, nets, and boats; falling prices for fish; and a lack of government policies tailored to the needs of the coastal community.

So the tsunami hit a region where fishing incomes were already fragile. These incomes were falling, according to TNFWF, from anywhere from 8,000 rupees to 10,000 rupees ($160 to 200) every week 10 years ago to hardly 1,000 rupees ($20) a week in 2005. Increasing commercialization of the fishing industry has also forced fishermen to borrow heavily from middlemen and traders to upgrade their vessels, binding these fisherman to pay high interest rates and to sell their catch to lenders at prices far below market rates.

Fluctuating fish harvests and unpredictable sale prices also mean uncertain daily incomes and living standards for the average fisherman, who is usually part of a crew of three or four on a catamaran or small motorized trawler.

Pazhaverkadu:

Pazhaverkadu also known as Pulicat is in Tiruvallur District, which is a coastal village with many hamlets adjoining the Bay of Bengal. It is 56 kms from Chennai city in the northern direction. It is located at the southern extremity of an island, which divides the sea from a large lagoon called the Pazhaverkadu lake. The lake is about 55 kms in length and about 5 – 8 kms in breadth. Observations made along the north Chennai coast indicated that Tsunami in one way benefited the Pulicat Lake by widening its mouth, but its fishing community, except a beach hamlet, was not affected too badly due to presence of sand dunes.

History Dictates the Present

In the 17th century the Dutch built their commercial empire around Pazhaverkadu area and the place was very much known for trading activities like weaving, ship building apart from fishing. Since ancient times there has been flourishing fishery for prawns, crabs and a wide variety of fish from Pazhaverkadu lake and backwaters. Close to the Pazhaverkadu village the lake opens into the Bay of Bengal through a narrow, artificial Mouth. Normally, commercial and land picked catches were estimated to over 500 tonnes a year before the tsunami.

Dynamics of Marine and lagoon Fisher folk

The marine fishermen are those who would use different gears and crafts to catch all sorts of fish in the sea. Even those who have been using small catamarans (two wooden logs tied together) have abandoned their traditional crafts and launch out for mechanized fishing in the sea. This has been a practice from early 70's but after the Tsunami the situation changed completely as the financial aid poured in the region all the fisher people (even those who never had it before) opted for free fiber boats and mechanized fishing gears. Some of them either didn't had the further resources (diesel money) or knowledge to use them and one can still see them unused anchored in the lake side.

Their standard of living is relatively very high and the catch is quite regular either by day or night through out the year. The average daily income of a marine fisherman is Rs.400/- (US$ 10.00) to Rs.800/- (US$ 20.00) in the early 80's when the area was rich in biodiversity and unique ground for some high quality prawns (for export). But situation started detoriating once the prawn farming got intensified and the Ennore Harbor was deepened and new Satellite Harbor was opened. All this had adverse impact on income of the people and post Tsunami the topography of the sea with respect to lake changed further and made livelihood more scarce. They usually do not spend day and night in the sea catching fish. Some go out in the day and some in the night. Those who work in the trawlers go beyond Exclusive Economic Zone (EEZ) and will stay for many days and months involving in deep sea fishing. They are more aggressive and always consider themselves as superior class or caste. (The marine fishermen never allow their women folk to go close to the sea and touch their tools for fishing).

The Lagoon fisherfolk always live below the poverty line with a daily income of Rs.100 to Rs.200 only. There are sixty days of "Thalavu" when they will refrain from fishing. They catch fish only for 200 days a year and that too not abundantly. They use traditional country boats which are heavy and never use outboard motors for fishing. They go with their families and stay in small islands around the lagoon for more than a week. They have to enter the water and lay the nets with bamboos as polls and wait for the baits for hours. They are often bitten by lagoon snakes and scorpians. The lagoon fisherfolk have to give their daily catches to a big trader whose agents are always watching their catch and grab them immediately so as to clear the loan borrowed during the lay off period. Each fisherman is indebted and is like a bonded labourer. They have to leave their long traditional country crafts in a jetty and carry their tools back to their villages which are located at least one to two kilometers away from the lagoon. On the whole the lake fisherfolk are poor, marginalized and are victims of money lenders and fish traders.

Complexities of the Communities

The total population around Pulicat Lake of Tamil Nadu side is about 35,000 spread over 82 kuppams (settlements) (PAN assessment survey, 2005). It is comprised predominantly of fishermen who belong to the traditional marine fishing caste called Pattanavan. The others include Dalit who are primarily involved in the lake fishing and the Tribals who have moved into the lake fishing sector from the agricultural sector. It is estimated that a total of 12,370 fishermen live on fulltime fishery in the lake (6000 in Andhra Pradesh and 6370 in Tamilnadu). The Pulicat lake (Tamil Nadu) area which

includes the three villages Christian Kuppam (Nadoor-madda Kuppam), Andi Kuppam and Kottai Kuppam with about 1670 full time fishermen and a total of about 3500 people in the villages. Along with this there are other fishing villages (Tohni-revu, Ambedkar Nagar and Zamilabad, Chenji-amman Nagar) which are dominated by Dalits, Muslims and tribals. The fishermen from the eastern side of the lake were mainly fishing in the sea. (Thiruvallur District Gazetter)

In the highly productive Southern sector of Pulicat Lagoon, closer to Ennore and 5 kilometres from the estuary and bar (where the sea water and Lagoon water meet submerge together) the lagoon is being controlled by fishermen of three main Pulicat Lagoon villages namely Kottai Kuppam, nadoor madha kuppam and Audi Kuppam. The system is which a part of the lagoon is controlled and earmarked for exclusive fishing of three villages is called Paadu system. The system was in practice from time immorial. The Paadu system as practiced in Pulicat Lagoon is also under practice in Srilanka and other coasts of Tamilnadu.

Before the tsunami struck the situation in the area has some significant points to consider:

1. Augmentation of sand at Mouth (Meeting point of Lake with Sea) preventing sea water inflow into the river and lake. This reduces the fish resources in the lake and backwaters.
2. Pollution caused by North Chennai Thermal Power Station i.e. Degradation of natural resources and depletion of Flora and Fauna in the lake / river by the let out of coolant water from the power station.
3. Migrants from coastal villages near Sri Harikotta due to the Rocket launching station. These migrants are both lake and marine fishers. Hence the marine fishers settled down in coastal parts of Pazhaverkadu. This took place in 1984. Since past two decades, they are residing in this area in 17 habitations. As river is connected to these villages they halt their Boats in the River Banks closer to their habitations. While entering into the Sea for fishing and coming back from sea after fishing they take the route in river / backwaters. This situation causes problem for the people involved in backwaters / lake fishing.

   1. Disturbing the fish catches

   2. Cutting / Damaging the nets laid for fishing

   3. Frequent clashes among the people

4. As there was continuous drought due to deficient rainfall for the past four years in Thiruvallur district, the Pazhaverkadu area is also affected. The breading of fish, prawn, crab and other organisms in the lake and backwaters has been affected very much due to the lack of suitable temperature in the water, as the water level of the lake is reduced very much.
5. Due to increase of population and number of families, at present rotation of 'Padu' comes once in 6 days only for a family and also catch is reduced due to the problems highlighted in Sl. No.1,2, 3 & 4

6. The people in this area has so far never thought of any alternative work / occupation for the women and younger generation. Their man power is not used properly and also they lead a dependent life with the meager income earned from fishing.

Apart from the above existing problems in this location, Tsunami has caused additional problems. In the Tsunami hit areas, people were made homeless and jobless. Tsunami made the situation more volatile

- Loss of lives

- Damage to the houses (partially / fully)

- Damage to the boats and nets (partially / fully)

- Damage to the household properties (partially / fully)

- Damage to the other livelihood assets (partially / fully)

Though many of the people in the area did not suffer much by the above loss, they could not go for fishing for around six months after Tsunami. This was an additional problem, which made them to suffer even without food for many days. After Tsunami Government suggested relocation of some villages as they violate the Costal Regulation Zone (CRZ) guidelines which does not allow any settlement within 500m from the sea. But as seen in the Marina beach (Chennai) here too people are resisting the idea and not ready for relocation. The following problems are foreseen if some villages are relocated from seacoast to the main land.

- The population will increase in the main land
- They have to go for marine fishing passing through lake / back water again disturbing the fishing work and community life.

If such situation emerges, the people who are involved in back water / lake fishing also may like to go for marine fishing. This is a long standing demand and one of the main reasons for many conflicts in the past. This could be one of the alternatives. However it needs lot of resource support and mind set change among the people.

EVOLUTION OF WORK PLAN

An assessment of health care availability was done in the affected area to assess the facilities available to the local population to meet their health care needs. A public hearing was conducted on the theme of 'Right to Health care', in which testimonies of access to health care in the area was presented by the people.

To formulate the idea of networking in CHC work area a team member visited Nagapattinam in April 2006, organized by Tamilnadu Tsunami Resource Centre (TNTRC). The main aim of the visit was to understand the successes and gaps in the Tsunami rehabilitation after 15 months of the disaster. It was also meant to facilitate a network formation among the various district resource centers, which was established during the visit.

Initiative in Chennai

Relief for those affected by the tsunami in Chennai district was quick to arrive via the Tamilnadu government, nongovernmental organizations (NGOs), and individual and corporate philanthropy. Almost all of Chennai's residents who had lost their dwellings and means of livelihood were accommodated in more than 100 relief camps and provided food and medicines. While the rescue, relief, and recovery phases ended on Jan. 7, 2005, construction of temporary shelters and repair of damaged boats and fishing nets become a long struggle to achieve.

However, Chennai's fisherfolk were traumatized by the tsunami and were reluctant to return to the sea. Many also think that the Tamil Nadu government, in an attempt to "take over" the state's long coastline for tourism and industrial development, will use the fisherfolk's fear as a pretext to resettle them permanently away from Chennai's seafront.

Srinivasapuram was one area which was badly affected by the tsunami in Chennai. To address the local issues and as part of the capacity building of the community, CHC team conducted training programs on issues such as child health, women's empowerment, training on using play material to Balawadi volunteers etc.

Chennai NGO's Coordination Council (CNCC)

CHC took the initiative of forming Chennai NGO's Coordination Council (CNCC) to tackle various issues in Kargil Nagar and Kannagi Nagar. Through the work and efforts of the Council, around 2200 families in Kargilnagar were provided interim shelters at Ernavoor. Apart from this, the council also took initiative in many other areas like coordinating relief activities at the time of the fire which broke out in the temporary shelters and during the flood which affected the area. They also conducted training programs on SPHERE standards, livelihood etc. Dr.Magimai Pragasam, a former team member of CHC produced a documentary film 'Living on the Edge' on behalf of the Council, which brought to light the plight of the people at Kargil nagar and Kannagi nagar. This documentary film was very useful in conducting advocacy on rehabilitation issues in those areas.

Although the CNCC was able to lobby of enabling in temporary shelter for the Kargil but one of the unpleasant changes for the affected people living along Chennai coastline was the forced eviction of the people from the affected areas to government provided temporary shelters several kilometres away from their original place. The 2196 families from nearly 8 fishing communities were relocated and resettled in one area called Kargil Nagar 9 kilometers away the fishing harbour with little or no access to the sea.

The delay in providing the permanent housing has had its toll on the people. The people who were residing in the tar sheet temporary houses faced the brunt of two massive floods and a fire accident. The areas were unhygienic and the tar sheets were not conducive for the climatic conditions of the region. The men and the women lost their livelihood options because they had to spend a lot of time, energy and money to travel

to their work place. Thus other social problems like unemployment, alcoholism and acute poverty stemmed from this inadequate, unsuitable and delayed housing policy.

CNCC as a larger lobbying group facilitated Public hearing where (December 2005) women from Kargil Nagar who had been relocated from North Madras revealed that the temporary shelters provided by the government was abysmal and there were 2 fire accidents, then followed by flooding of their houses. They also added that the Government provided no basic amenities such as drainage, drinking water or even a window in their houses.

Model of Semi-permanent shelter in Ernavur
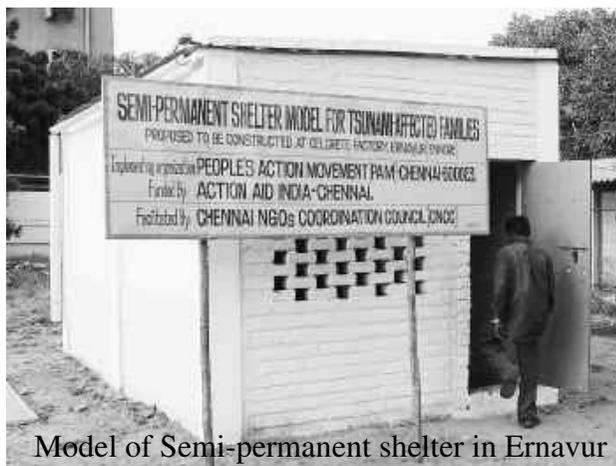
Kargil people were further relocated after the above mentioned incidence to Ernavoor and CHC felt that it was extremely difficult for it to work with this community as the situation had made them very volatile. They were under continue pressure of further displacement this has not only made them suspect outside agencies (NGO) but the sense of community as a social fabric was also lost.

Framework for rebuilding

CNCC argued that it is important to rehabilitate the fishing communities holistically. Such an effort will not only concentrate on rebuilding, but also address the lacunae and inadequacies that have kept fisherfolk impoverished. An initiative must clearly articulate the structure of rights over the coastal area ecosystem—an interface of land and water—and its resources. There needs to be an integrated coastal systems research covering 10 kilometers of land and sea from the shoreline that also looks at the well-being of farmers and fisher people.

The NGO coordination also emphasized that aquarian reforms that allocate specific user rights to different classes of fisherfolk, such as those who do not own their crafts or own small boats, as well as others (such as salt panners) who depend on the sea for their livelihoods. And these rights must relate to both use and conservation of resources, focusing on long-term interest of the coastal communities.

Other aspects put forth for policy framework included:

- Developing multipronged and location-specific plans for provision of clean water and adequate sanitation that include prevention measures for waterborne diseases.

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- Framing a master plan for fisherfolk livelihoods that provides affected communities options for making informed choices and offers plans for those who wish to remain in fishing and those who do not.

- Conducting a family census and developing some baseline data on Tamil Nadu's coastal communities in order to gain a meaningful understanding of their socioeconomic conditions. The poor quality of data and information available regarding the coastal communities makes it difficult to target social security benefits or plan for rehabilitation of these communities.

- Generating local organizational support for identifying social security needs and the proper targeting of benefits. Formal social security should build on the informal, traditional fisheries management systems in the fishing communities in Tamil Nadu. These systems have helped reduce conflicts among fisherfolk and encouraged community unity.

- Planting mangroves or fostering coral reefs as natural barriers to resist the sea's fury, instead of building a proposed seawall along the Tamil Nadu coastline.

- Recasting India's Coastal Regulation Zone (CRZ) Act, which strictly regulates activities within 500 meters of the HTL, to protect the rights of fisherfolk, not those of industrial and hotel construction interests.

Enacting such policy measures would be cheaper than the tsunami compensation being handed out by the government. These policies would also improve the socioeconomic conditions of the coastal communities, reducing substantially the damage of future disasters.

Pazahverkadu: CHC entered the historically complex post Tsunami area of Pazahverkadu realizing that there was a need for coordination among various organization (February 2005, more than 22 organisations were involved in rehabilitation in Pazahverkadu) so as to avoid duplication and overlapping. Pazhaverkadu Action Network (PAN) was formed to meet this need and 18 organisations with long term plans in the area became members of the network. CHC was selected as the convener of the network.

The three main dimensions of CHC work included:

- The facilitation of the Pazhaverkadu Action Network – a network of all the NGOs working in that area, meant to facilitate cooperation, avoid duplication of actions and bring about a community health angle to all their activities.

- The training of deputed NGO staff as health activists, who will initiate / facilitate / be the hub of community health action in the communities they work in.

- Leadership development among youth – who will be the future leaders and decision makers.

Pazhaverkadu Action Network (PAN): CHC was in close association with National Entity for Social Action (NESA) which is a Dalit network which highlighted the disparity

within the community and its effect on the rehabilitation phase to CHC. PAM (People's Action Movement) which is a NESA partner introduced CHC in Pazhaverkadu with the purpose of executing health intervention in Dalit villages. Post Tsunami saw lot of disparity along the caste line in getting relief material and later on it got extended to the rehabilitation phase too. This Disparity was observed by many NGOs and there was a felt need to address the issue. Pazhaverkadhu was one such area where dalits were facing the problem in extremities. CHC team decided to do a situation analysis so that appropriate measures can be taken up. During This phase CHC team realized that Aid money was in ample and the numbers of NGOs focusing on the area were too many. Although everyone wanted to work in the area there was a rampant duplication of work with no transparency and accountability towards the community.

CHC suggested the idea of forming a network which many NGO also retreated and therefore Pazhaverkadu Action Network (PAN) was formed with the focus that civil societies are accountable to the community, duplication of work could be avoided, and long standing issues of the community could be taken up in a much organized manner. PAN identified five major issues and brought it to the notice of the government. The issues were: drinking water, construction of a bridge, resolving the community conflict, locating a suitable place for fishing by Sathankuppam and Koraikuppam communities and strengthening of Pazhaverkadu health care system. Efforts were made to address some of these issues

For an effective implementation of the network objectives, three issues based sub-committees were formed – (i) Livelihood and Shelter (ii) Health and Environment and (iii) Children and Education. Through these committees, the field animators were able to identify the overlapping programs and the gaps in the existing programs.

Based on the need expressed by the community at Sathankuppam, CHC helped to rebuild the roof of the community *Balwadi* centre and replaced the thatched roof with a new tiled roof and added a new kitchen, eight toilet were built for the use of Light-House high school students and water purification plant was setup in the Pazhaverkadu Higher secondary school.

PAN not only worked as a larger lobbying group where some old (regularization of Paadu system, construction of bridge) and new (proper rehabilitation and disaster preparedness etc) issues were addressed but also facilitated the process of capacity building of the community through disaster preparedness programs.. PAN members facilitated some of the public hearings (December 2005) where women from Pazhaverkadu complained that tsunami had deprived their to life and livelihood. The women explained that they were lake fishing community and their livelihood depended on the estuary. However the estuary had been clogged with sand post Tsunami and as a result there was a drastic drop in river fish farming. Also dredging needed to be undertaken on an urgent basis. However the government had ignored the river fishing community in its relief disbursement. They also deposed that the RDO and other officials promised to give livelihood assistance and showed the minutes of their meeting with officials on the basis of which they withdrew their hunger strike. They expressed their feelings that they were cheated by the concerned officials.

Health Activist training: Based on the expressed interest and need from the various NGOs, CHC initiated a series of sessions that provided community health inputs for a few selected NGO staff. Based on the success of these sessions, and after a few rounds of discussions with both the staff as well as the directors of the various NGOs, it was decided to initiate a formal and modularized training as part of our community health inputs into the region Annexure 1and 2).

The overall objectives of the training programme were as follows:

1. To train a group of health activists who would be nodal persons for health in their communities, who would be involved in identifying and counseling vulnerable groups, organizing community led monitoring of public sector facilities, develop two volunteers from the community to support them and incorporate health and the broader determinants and the principles of community health in their routine work.

One of the health activist taking training for community

2. To facilitate the development of community level workers volunteers who would support the health activist in her / his activities. This was to be done in partnership with the health workers.

3. To network among the various NGOs active in Pazhaverkadu and to facilitate the inclusion of health components into their respective agendas.

Trainings were organized for the NGO health activists on the following (See Annexure 2):
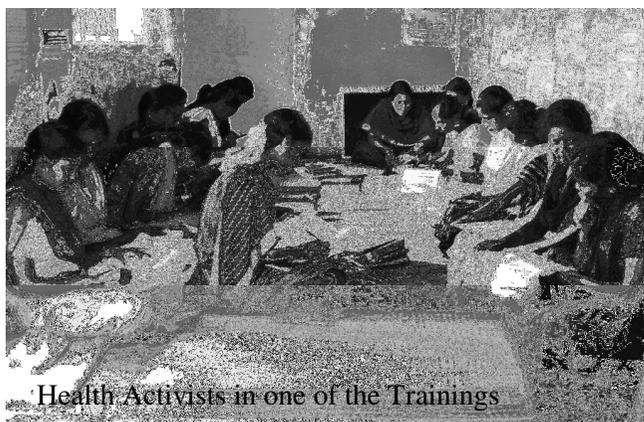
Health Activists in one of the Trainings

1. Training in simple community needs assessment / survey techniques.
2.   The involvement of community members in the training and the subsequent initiation   of training sessions for the community by the health activists themselves.
3. Facilitating the linkages of the health activists with the larger People's Health   Movement at the district and the state level.

Regular discussions on the methods of assessing the risk of the community the health activists were working in for diarrhea diseases. The group collectively developed a

simple questionnaire covering the various risk factors and pilot tested the same. It is hoped that this exercise would impress upon them the importance of a thorough design and planning of surveys, as well as give them a feel of real life research and also an opportunity to follow up on the results of their research.

Youth leadership: CHC initiated steps to create alternative leadership in the beginning from June 2005. The program consisted of three main components:

- Regular weekly meetings of the students.
- Monthly perspective building sessions.
- Financial support for their textbooks and travel to College.

It was observed by the CHC team that Saffronisation of the youth started soon after the Tsunami when under the pretext of relief work some Hindu fundamentalist group started interacting with the youths. Regular Shakhas were functioning where the point of discussion were based on religious identities. CHC team felt very strongly that this need be countered with logical strategies and hence the youth club was formed where the goal was to develop a group of leaders who will be focal points for critical change (See Annexure 3).The goals and objectives of this program were clearly set out at discussions within the team and the students themselves. One of the reasons of starting the youth Club was to develop their perspective and build up a secular thinking. Some of the major campaigns taken by the group were:

Campaign against Water privatisation: Subsequent to a session of the privatization of water and the various issues. Students decided to conduct a campaign against water privatization and to focus on Coke and Pepsi as examples of improper management of water resources. They developed the material for dissemination and organized the rally which was widely reported in the local newspapers.
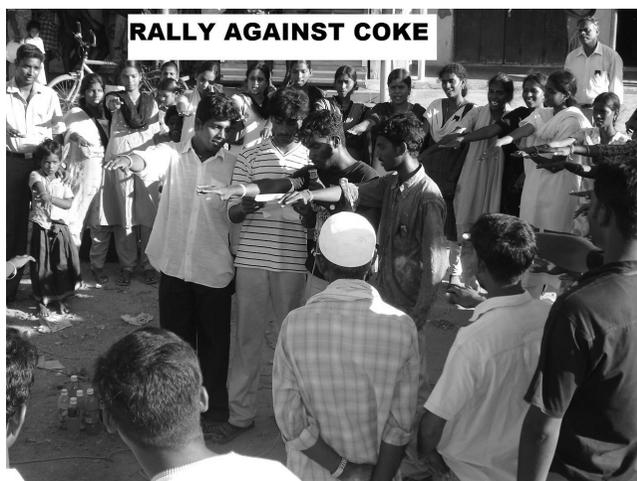
Addressing local transportation issues: The local transport connecting Pazhaverkadu to the local town was notoriously irregular. This put the students, local businesspersons and the localities to great trouble. The students took the initiative in going around the town, talking to all the stakeholders, collecting signatures on a petition and then submitting it to the relevant authorities. They also extracted a commitment from the transport department for regularization of the transport timings.

Public Distribution System and housing: The youth club observed that there was some malfunctioning in the Public Distribution System by some individuals and rice was sold in the black market where as the real beneficiaries were left in lump. The youth club took the issue seriously and put forth the same in the Panchyat. Similarly the housing

problem was tackled where the Panchyat leaders were doing partiality and some families were not given the appropriate compensation. CHC facilitated the training program for the youth wing in filing Right to Information Act and which invariably was used by the group in bringing transparency with respect to both PDS and housing problems.

Essence of volunteerism: Youth club got the sense of volunteerism which got showcased when the members decided to reorganize the government library. They not only cleaned the whole premises but also took stock of the books and suggested new books and organized library day. The same was reflected in maintenance of Government hospital (Pazverkadhu) as they cleaned the whole premises. Other issues taken up: Apart from the above activities the following were also done to facilitate various essential skills among the students, these include,

- Collecting used textbooks from those who had passed the yearly exams.
- Making lists of textbooks required.
- Making lists of transport requirements.
- Dividing responsibilities for actually going to the nearest town to purchase the textbooks.
- Maintaining accounts of all the money they handled.
- Preparing monthly account statements for the funds for transport.

All these activities increased their confidence as well as taught them important skills in management of time, human power and finance. The inputs from CHC team were largely in facilitating the meetings, guiding the office bearers and supporting decision making processes. Towards this CHC team members attended at least one meeting of the student club every month.

Larger debate of Justice: As the youth club was getting more confident about their work and they experienced the desired change circumstances changed for worse when a mentally challenged girl was raped. Youth club who as being the conscious citizen could not ignored the issue and decided to raise the same in the larger public domain by breaking the silence observed by the community on this issue. But as the lobby of the culprits were too strong and they also wanted to bring down the moral of these youths three boys of the youth club (the most active ones) were taken into police custody for enquiry and further threatening. Democratic Youth Federation of India (DYFI) volunteers intervened (they were the Pazverkadhu citizens) and rescued the boys from getting illegally detained by the police. This incidence left a big dent in the overall functioning of the youth club and many members were asked by their families to stay away from the club activities. It also brings an interesting aspect that what role does outside agencies (civil societies, networks, NGOs, political parties etc) could play. Do they restrict themselves with support in terms of training and capacity building or should it continue on a long term basis. As CHC has a minimal role (directly) in the above incidence nevertheless the efforts of CHC to bring support group (DYFI volunteers, conscious citizens etc) and the youth club on a common platform of looking equity as a larger issue helped in the situation. .

Way forward

CHC initiated the exit phase of the project from 2008 as it realized that NGO and community have developed capacity to look at health from the larger preview of "right to life" and Health as human right". CHC felt that there is a need for constant support to the community and NGO as a resource unit. Therefore, the skills of trained health activist were utilized by bringing them in the larger umbrella of MNI through NRHM community monitoring program.

LEARNINGS ABOUT THE COMMUNITY

Women strugglers

Many thousand women fisher, dalit, tribal women along the coast specifically from Pazhaverkadu in Thiruvallur District, Ponnan Thittu in Cuddalore District, Chinna Mudaliar Chavadi of Villupuram District, Mattan Kuppam, Pattinapakkam in South Madras and Kasimedu in North Madras did not receive the immediate food survival assistance. Women headed households and young families whose male members were non-members (while the societies had stopped new membership five years ago), were largely been left out of all the relief assistance.

It was reflected in many conversations with women that as the fishing community is very closed and mainly dominated by men, the women had a tough time getting initial assistance (especially with related to food). Women basket weavers along the Chennai coast were left out of all assistance and left out of even enumeration. Women vendors from the Marina Beach expressed that the petty shops in the beach were lost in Tsunami but their loss was not considered and no livelihood assistance was given.

In Pazhaverkadu the dalit women earn their living by catching prawns, snails, crabs and fish in the backwaters. They catch whatever is available and sell them in the local market. They are earning at least Rs.50 - 100 a day. During the interview they expressed that "We live on an island. We are not allowed to get into the boat, to buy anything, to walk on 'their' streets, to work in 'their' sea. After the tsunami we have no income, we want to go fishing in the sea," says Manonmani from Lighthouse, Tiruvallur District during the public hearing December 2005. Now with sand clogged backwaters they are struggling to survive on dwindling catches. Women, small vendors, are left out with no means to earn. Agriculture workers lost employment as agricultural land is salinated by the tsunami.

Paadu and caste

Paadu can be defined as traditional system of getting entitlements to eligible members of a particular community for undertaking specified fishing activity in certain designated areas. The fishing grounds fall within a radius of five kilometers from the mouth of the lake with a salinity well maintained without much drying even drying low tides.

This system according to traditional fishermen is caste specific. Among the traditional fisherfolk there are different classes and they are more or less designated as castes.

The "PATTANAVAN" (one who owns the village or one who founded the village) is respected as the traditional leader and the family becomes the ruling class or caste. The power of ruling is only in terms of traditional systems protected, maintained and developed. The Indian society which predominantly is Hindu gives prominence to castism and many a time it leads to caste hegemony and caste rigidity. Once a particular caste establishes it superiority over other castes, the values penetrate deeper into caste hierarcy in socio-economic aspects.

But in this particular case of Paadu, the designated caste of fishermen called "Pattinathar" are supposed to protect the goal mouth of the lake of from and other fishing community since it is the best fishing ground and it is only through this passage fish and prawns cross from ocean to lagoon and lagoon to ocean. The marine fisherfolk also live close to lagoons and throw their net at the "Bar" whenever there is a lean season in the sea.

There are three paadu systems in the lagoon namely (a) Vadakku Paadu which is in a canal shaped area of about 1.25 sq. kilometres. It is the most productive and therefore the most intensely fishing ground. (b) Moonthuri Paadu is about 2.50 sq. kilometres and is not as productive and lucrative like the Vadakku Paadu. (c) Odai Paadu is 0.45 to 2 kilometres and is the best productive paadu. It is almost abandoned by the paadu fishermen.

The paadu system as practised in Pulicat Lake is unique because of its traditional, caste-based nature and the control it has on the access rights to the high productive areas. During many hundreds of years the paadu fishing rights have had legitimacy among the lake fishermen but they don't have any hold over most of the eastern fishermen.

The pressure on the system from within is enormous and arises mainly from shrinking fishing space, decimation of resource and demographic pressure. The internal fragility of the paadu system is worsened by outside pressure arising from claims on the paadu system on the paadu grounds from the marine-side villages. These fishermen do not honour the paadu rights and there have been periodic conflicts over the paadu water since the 1930s when the paadu fishermen had to concede fishing rights in a smaller area of Munthurai Paadu to those of Gunan kuppam and Lighthouse colony.

Why Paadu System Has to be Maintained

The State Government though knows the value of the "Paadu System", never makes any serious attempt either to protect or safeguard the interest of the lagoon fisherfolk who make use of the Paadu system. Instead of enabling the Paadu fishermen to establish some norms and control through the traditional fisher people councils, the Government tries to dump displaced lagoon as well as marine fisherfolk into the productive areas of Paadu to provide them mental and material satisfaction. Though displaced and uprooted from original settlements, these fishermen could reap rich harvest in fishing within Paadu areas and compensate their losses- as though material benefits alone are said to be the priority of losses as far as the Government is concerned. Fisher people properties including land, houses, crafts and gears and

sometimes, the kith and kin have to be taken away and forced to leave allowing the empty spaces of land for the use of the Government projects.

One such was the Federal Governments' "Sriharikotta Rocket space Landing Station" right across a small natural island in the midst of Pulicat Lagoon, displacing three lagoon fishing villages with one thousand two hundred fisherfolk household and also building a road with a bridge right across the lagoon, completely destroying the natural eco system of the lagoon and descertified the northern part of the lagoon by limiting the lagoon not extend further beyond the road and the bridge, thereby destroying fish and birds who have had sanctuaries of living for centuries.

In the same manner, in the South of Chennai city, about seventy five kilometer away, two villages of marine fisherfolk have been displaced and forced to live between lagoon and the sea right close to the Paadu area in Order to erect a huge Nuclear Power plant in Kalpakkam.

Once the displaced fisherfolk try to make a living in the forced settlements, their eyes always look out for rich fishing grounds and when approached the Government grants them special Fishing Rights both in the sea as well as in the lagoon because of their displacement.

In 1990 such special fishing rights were granted to five new settlement villages and using these legal rights as entry points, the new fisherfolk enjoy fishing, both in the sea and lagoon, there by creating increasing tensions, conflicts and inter village rivalry between lagoon Paadu fisherfolk and themselves.

This clearly indicates the attitude of the officials of the Government, especially those in the Department of Fisheries, who have no respect for breaking down traditional peoples legal rights of fishing no matter how precious and sacred they are to poor fisherfolk in the lagoon. Fisherfolk who are already marginalized and vicitimised due to Governments visionless planning against environment have no power to raise their voices in unison against such anti people forces at work.

Serious Implications

(a) As more and more space is being reduced for Paadu fishing for the Paadu fisherfolk of three major villages, the "Patinathars" the paadu caste of fishermen tend to become angry and often use violence against the new settlers when they keep on fishing a tirelessly without limits.

(b) From 1985 to 2000, there were twelve fisherfolk who have been killed and a large member of them beaten and plundered of their resources. This applies to both Paadu fisherfolk and settlers.

(C) Having seen this threat as immense and increases during busy fishing seasons, (October to December) the Paadu fisherfolk started calling for General fisherfolk leaders councils in Pulicat lagoon to have their solidarity and support to overcome crisis situations and ease out tensions and at the same time threaten the new settlers and

other marine fisherfolk of dire consequences if they disobey the rules and regulations laid by the Traditional Fisherfolk Leaders Councils.

(d) Unfortunately there are twenty three lagoon fishing villages around the lake and there are Tamilnadu villages and Andhra fishing villages, covering two different southern states of India. Besides all this are the new settlers with fishing rights provided by the Government with legal implications.

(e) Traditional fisherfolk because of their limited perception to, human development, community interaction and seclusion from the mainstream communities, often try to redress their grievances and vengeance by literally fighting with other village folks. The lagoon fisherfolk are divided over "Paadu" issue. Though seventy percent of the lagoon fisherfolk support Paadu system and the fisherfolk who have been benefited, the remaining thirty percent always oppose the system of paadu. They are mostly those who live in unproductive and dry areas of fishing.

(f) The mass media (Television and Radio) and the News media give wide publicity to fisherfolk conflicts creating prejudices in the minds of general public (non-fisherfolk) that by a large fisherfolk communities are backward, intolerant and uncivilized. The regular quarrels, riots and arson during seasons in Paadu areas create a general public opinion that if Paadu system is eliminated, there will be peaceful coexistence of lagoon fisherfolk.

(g) Some NGO groups and political parties who believe very much in "Socialism" consider Paadu system is creating a big gulf between the Paadu and poor fisherfolk and those who are also against caste system vehemently oppose the Paadu system for dividing the fisherfolk in the lake as privileged and non-privileged, upper caste and lower castes, rich class and poor and so on.

LEARNINGS ABOUT NGOs AND NETWORKING

When Tsunami hit Tamilnadu, there were a stampede of individuals, agencies, groups and NGOs from all over India and later abroad. The local NGOs who were mostly not health NGOs did all kinds work, health except for service was not the priority. No one had encountered so many NGOs in an area – each with their own idea of relief work. No one was initiating any coordination. No one had, time, leaderships to command attention and create environment for coordination. All were moving with no direction, except delivering what they had to people.

Concerns have been raised about the scope of relief and rehabilitation, in particular the recognition of all those affected by the tsunami. The rapid assistance to the fisherfolk and assistance in restoring their boats and nets has neglected many other people who have been affected by the tsunami and who depend on the sea, the crippled fishing industry, and the coastal agriculture for their livelihood. These include vendors and labourers, salt pan and lime workers, shrimp farmers, women involved in seaside limestone production, small coastal business, petty traders, Dalit and tribal inland fisherfolk, and farmers whose land has been made uncultivable by the influx of salt water. Restoring this diversity of livelihoods requires more than mending damaged nets

and putting catamarans and trawlers back to sea. Moreover, no compensation has been received for loss of livestock.

Critical issues

While all had good intention, often one did not check with local people or NGO regarding their needs cultural acceptance of certain services. So they wasted – clothes food and materials. Sometime there were no storage facilities for both people and local authorities. Those who brought materials just gave anything they liked. In Psychosocial care also too many different types of counseling methods were used – in the same place for volunteers and people by different organizations for mental health. This was confusing and did not get the desired result. Health care services were done in some sense of coordination as NGOs who had no health background created link with health services for services. In the same area there were more than one health camps duplicating services and encouraging people to use them.

The NGOs who came from other area both Indian and international were more powerful with resources and some technical skill or experience of other disaster. These NGOs also ignored or used, the local NGOs for their own end as guide or to collect data. They did not mostly coordinate with them. Because of these there were duplication of relief work, in some area, neglected area got neglected, and resources were wasted. INGOs had a mandate to spend their funds in any needy area – so had better access to government officials and were able to work directly with the support of government. Government had many things in their hand. So were willing partner with these INGOs. So local NGOs were side tracked. Because of these the INGOs did not have people did not accept knowledge of local culture or needs and sometime the work –so again waste of resources.

Were the resources wasted? Yes and no! Some people believed all that was told and distributed unsuitable materials and implements including boats, polypropylene tents etc were sporadic. Some items ended up in the second-hand market rather quickly and this again brought to light the contentious issue of a reliable data base for canalizing relief in emergencies especially in countries like India with sizable poor populations. Anecdotal evidence suggests that each coastal family had a net increase of Rs 35000 to Rs 50000 in the asset profile of an average family in the coastal areas of Tamilnadu due to the interventions of various agencies. Does coordination help in tracking these resources and put a stop at the right time so that wasting is minimal.

Need for coordination

Just like various systems in our body coordinate to help the person to function effectively, all players in any situation need to coordinate. But coordination is not just coming together alone – a meeting – but a process to work together. In general coordination needs leadership – some one to take initiative, to take risk. Some one to create an atmosphere – non-threatening atmosphere to meet and have a dialogue and did sharing for common cause and goal, able to share and listen to experience, identify issues of concern plan strategies, keep flow of information both ways and keep progressing.

In coordination, there is also a chance / opportunities for people to learn to build their capacity. Tsunami reflected the situation where coordination was a distant dream. There were NGO –government meetings at the office of the Collector (local district authority) – But mainly to get direction from government and for the government to identify who can do some of the tasks like providing temporary or permanent shelter or other facilities.

CHC experience with coordination reflects that it is a two way sword which has to be carefully and effectively used. The coordinator not only has to motivate the organizations involved but also has to take the task of running the show. The larger lobbying has helped in reduction of duplications of work, pressurizing the government for proper rehabilitation, convincing the community leaders for larger issues of development, and building the human resources assets in the form of youth clubs. But at the same time once the host/coordinating organization withdraw there seems to be lump in the activities and igniting motivation becomes a fruitless activity.   This brings us to an understanding that how people's movement has different energy of motivation and NGO based networks are bound by time, agenda and funding.

To understand this CHC team reflected on two groups which it formed one was Health Activist (young NGO staff) and the second was youth club (self motivated young activist) whereas the first one works on organizational support the second irrespective of the organization takes up the issues of concern. In such a situation can there be a possibility of making community own the responsibility through forums like youth club where the basic ethos is based on equality and equity. There is a need for this coordination mechanism to be set up in all area as there are more and more disaster being experienced all over the world. Their systems need to be strengthened by capacity building of local NGOs along with government officials. They need to be prepared for responding to emergencies, to take initiative, for human rights and humanitarian issues – all included. And able to identify resources and create linkages.

Overall learnings from costal disaster community development

While CHC has been involved in sending teams to numerous natural disaster situations during the acute phase, this was the first time that CHC team members have continued to work in the longer term. Looking back our work seemed to focus on many different aspects of the disaster situation.

In the acute phase CHC team members not only actually went to the area, but also played an important role in orienting people who were going as volunteers to the tsunami affected areas.

By staying back beyond the acute phase we learnt a lot first hand about working with disaster affected communities. On the one hand there was a profusion of NGOs and other groups who either sprung up over night, got into work they were traditionally not doing earlier or who rapidly expanded their work. This meant that many of the projects / work was not well thought through and meant that much of the relief did not reach those who needed it most or were not relevant to the needs of the people. The large number of unused boats (with paint now peeling off) and the rows of unused toilets are just two such examples. Working with the people we realized that each community that we worked with had its own unique cultural and historical reality – using so called neutral

values, without fully understanding the underlying reality may lead to more harm than good. The example of the way the tsunami affected different groups of fisher people just on the basis of caste – and how the provision of fishing rights to different groups of people had very different repercussions are a case in point. Thus while it is important to be aware of traditional hierarchies which would consistently work against some groups of people, it is also important to be sensitive to cultural sensitivities while planning rehabilitation.

Another important aspect of our work was the formation of networks to coordinate relief and rehabilitation in the areas that we worked. Both in Chennai and in Pazhaverkadu the two networks we facilitated in our minds were a good way of making sure there was transparency, efficiency and sustainability of the work. The network also meant that that community had a larger voice and this helped a lot on numerous occasions for example with the issue of housing for the residents of Kargill Nagar.

While different groups in the rehab phase were involved in housing, education, livelihoods etc. we felt that one crucial issue would be in building up leadership in the future generation. This would be a permanent resource within the community and could enable the community to have a greater say in its affairs. Thus both the training of health activists from among those NGO workers from the network who were local and were interested and the facilitation of the youth club for the youth of the area were aimed ultimately at developing a rung of aware and alert citizens who would look out for their communities. In fact experience with the two groups over the last year when we were not no directly involved bears this out with members of the youth club leading various campaigns for better public transport, questioning corruption in the public distribution system as well as in the allotment of houses. The health activists even during our training got together for some very lively campaigns on the prevention of chikungunya (which was present in an epidemic form then), and in the post training phase some of the activists and NGOs have got involved in the community monitoring pilot project as part of the National Rural Health Mission. Another significant issue is that of the tendency for religious fundamentalist groups to make an inroad into the community immediately after disasters – this tendency though was present in the beginning was resolutely resisted thanks to these two programs at least in part.

Of course one limitation that we are acutely aware of is our helplessness in terms of a backlash. For example when one of a group of student club members were targeted by their community leaders for raising difficult questions there was very little we were able to do. Ultimately we had to get them in touch with local political organizations who backed them up and supported them through the situation. This shows that while raising the expectations of the community and facilitating new skills is all great, realizing that we as NGOs rarely have any locus standi in communities we work in, we should learn to strengthen horizontal ties that will help during such back lash.

Of course one way we tried to do that is to link the groups we trained to larger state level processes. For example the health activists and the students club were linked to the People's Health Movement at both the state and district level – thus there would be regular inputs regardless of our presence, and the groups could get a sense of the larger issues involved.

Thus over nearly 4 years CHC, through networking, capacity and leadership building, and linking with larger movements, has attempted to facilitate different aspects of a communities recovery post disaster. While not being presented as a model these are certainly important learnings from our experiences in working in a post – disaster situation – and hopefully will contribute to the large learning from such initiatives.

Annexure 1

Health Activists lesson plan

Apart from this there were detailed lesson plans developed, handouts and reading lists developed. A brief list of the training sessions held and the topics covered in them are given below:

Sl. No. Date Topic
1. June 8 & 9, 2006 Child health & adolescence health along with Aid India Resource Persons
2. July 6, 2006 Orientation and preliminary discussion on curriculum
3. July 20, 2006 Orientation and preliminary discussion on curriculum
4. July 27, 2006 Disease causation / inflammation / cold and cough
5. August 3, 2006 Finalization of curriculum – distribution of notebooks / importance of recording
6. August 10, 2006 PHM / Health Movements / Community health concepts
7. August 24, 2006 Field visit by CHC staff
8. August 31, 2006 Review of field visits / feedback
9. September 21, 2006 Approach to fever
10. September 28, 2006 Diabetes
11. October 12, 2006 Chikunguniya
12. November 2, 2006 Hypertension
13. November 23, 2006 Stomach Pain – Gastritis, Appendicitis, Gall stones
14. November 30, 2006 Stomach pain (cont'd.), Dysmenorrhea, Painful urination.
15. December 7, 2006 Social Determinants of health
16. December 14, 2006 Water borne diseases
17. December 21, 2006 Diarrhea
18. January 4, 2007 Orientation and preliminary discussion Tuberculosis.
19. January 11, 2007 Review on Tuberculosis and focus on the National Program.
20. January 25, 2007 Jaundice, Cholera, Finalization of the survey questionnaire.
21. February 1, 2007 Parenting skills training – Resource person Ms. Prema Daniels.
22. February 8, 2007 Review of Jaundice.
23. February 21, 2007 Open session with invited community members.
24. March 1, 2007 Cancers

Annexure 2

Format of training - Health activists

Knowledge of Community Health:

1. Basic understanding of common illnesses and home-remedies and first-aid for common injuries and accidents.
2. Basic understanding of significant public health problems including communicable, non-communicable and environmental issues.
3. Basic understanding of women's issues and child care.
4. Understanding the public health system and the ICDS and other welfare schemes of the Government – both health and non-health related.
5. Understanding the structure, functioning and functions of the local self government apparatus as well as the public administrative system.

Attitude on the determinants of health and critical issues:

1. To appreciate the broader determinants of health.
2. To appreciate the importance of community processes as not merely 'means' but as a legitimate 'end' in itself.
3. To develop critical thinking / questioning of the status-quo.
4. To develop a sense of team-spirit and facilitate collective action.

Skills to address community health:

To develop the following skills:

1. Communication skills.
2. Decision making and problem solving skills.
3. Training skills.
4. Motivating and skills to convince the community about the benefit of the health messages.
5. How to perform a community based needs assessment.
6. The importance and basic skills regarding recording and documentation.

Annexure 3

Objectives for Youth Club

Knowledge:

- To be aware of the history of the various social reform movements in Tamil Nadu.
- To know the history of the various student movements in the state of Tamil Nadu.
- To have a preliminary knowledge of Gandhian and other alternative economic thought.
- To develop an understanding of the different religions.
- To have an introduction to different political ideologies.
- To be introduced to a caste based analysis of society and social issues.
- To be introduced to a gender based analysis of society and social issues.
- To be introduced to the concept of an Alternative media and entertainment sector.
- To understand the concept, the components and the impacts of Globalization.

Attitude:

- To develop a questioning spirit.
- To appreciate the concept of religious tolerance and plurality.
- To develop a tolerant attitude.
- To appreciate literature.

Skills:

- Critical analysis.
- Communication skills.
- Information gathering.