

Learning in Tsunami

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Ezhil Arasi, a grassroots leader from Tamil Nadu shared her experience how women organized themselves and what was the immediate problem faced by them during tsunami and how do they started working on long term sustainable development.

When people experience a disaster, they are very interested in income-generating projects because they have experienced a complete elimination of their resources.

Initially it was difficult to organize women because previously NGOs had come in and provided materials, but not discussed long term sustainability. SPP has a different value and vision, to include women in the development process, providing livelihoods training and local participation and governance (monitoring health and education programs).

She talked about how they were trained women for health services, sanitation, etc. Each village has a health group called ASHAA (Arogya Sakhi for Health Awareness and Action) and a Health Guide.

Before the Tsunami our community was male-dominated and couldn't even leave the house. Now the women have a voice, can make some decisions on their own, and engage with government.

After tsunami, SSP partnered with various medical institutions and healthcare service providers. We conducted medical camps focusing on women's and children's health. Now we are trying to link with local doctors and primary health centers to access affordable healthcare.

In the initial stage women leaders from Maharashtra and Gujarat with similar experience visited our villages and provided information and gain the confidence of the community.



Health Guides and ASHAA Groups

As a first strategy to intervene in health, we appointed Health Guides from the local villages to work with the community. They were promptly trained by medical doctor on various illness especially women related health issues, environmental and personal hygiene. Health

Guides provides training to ASHAA members who participate in village development work and build awareness among community women.

As the next step we formed ASHAA Groups (Aarogya Sakhi Health Awareness & Action) with 12-20 members in each village who are voluntary workers to motivate and guide villagers to take part in health and sanitation initiatives. Formation of ASHAA Groups has changed the way of women participate in the development process.

The women have approached SSP to build community centers in the villages. The space will be used for getting information from the government, livelihood activities, training, conducting medical camps, SHG activities.

Solid Waste Management

After the tsunami, Songnagkuppam village was not cleaned by Municipal Authorities. All the wastes and garbage were lying in and around the villages cause mosquito bites, and other illness among children. When we formed ASHAA groups in this village, we did a community mapping on the health and environmental sanitation in the village.

The groups convened a meeting on the issues and problems faced by villagers and listed the problems related to health and hygiene. When they realized that that ill health was linked to decomposed garbage, mosquito menace, open defecation sites, it was decided to meet Municipality Authorities to represent their problem. This was the first time they meet a govt official to represent our problem.

The Sanitation Inspector responded positively and confirmed them that the Municipality staff will visit our village tomorrow to initiate the cleanliness drive. Surprisingly, on the very next day, govt vehicles come to our village to remove the garbage. When they realized that this was in response to our representation to the sanitary inspector's office the previous day, they quickly swing into action by helping the workers to remove the garbage. The

municipality workers also sprayed the insecticides to get away with mosquito problem. This action boosted their confidence marginally.

Then the Sanitation Inspector met our groups and asked to start Solid Waste Management in the village. The authorities promised to give space for the Vermi Compost shed near to our village.

Learning from our experience this initiative expanded to two more neighbouring villages covers 600 households.

Model House

In order to demonstrate a replicable participatory process of housing, Swayam Shikshan Prayog (SSP) initiated a Model House with community involvement in Poompuhar village, Sirgali Taluka, Nagapattinam district. Later an in house discussion with the technical support of PSI, the women leaders from Maharashtra presented their learning evolved from the discussions. The final design of the house was evolved keeping these concerns in mind and incorporating disaster safe features.

Community Education Program on Disaster Safe Housing

One-day workshops organized at village level to create awareness about disaster safety and disaster safe shelters. The main target groups were SHG, local panchayat and community at large. The workshops used scale models to demonstrate the impact of disasters and imparted basic technical knowledge on how to achieve disaster safety.

Community involvement in construction

Community involvement in reconstruction phase was very minimal and most of the owners of the houses haven't had any role of monitoring or reporting any drawbacks in construction. In few villages women were part of the committees who checked the construction and made valuable suggestions.

Alternate Livelihood initiatives

Livelihood was another area where most of the ngos provided training with stipends. This actually prevented communities to go for a long-term sustainable initiative. Most of the trainings were common in nature like, tailoring, embroidery, candle making, cattle growing etc without look into the market and skills. Women and girls were participated in this training because they were getting stipend for them.



We have organized exchanges with CCD to learn about herbal gardens and herbal medicines. Then they came to SSP and trained how to organize the women and start the gardens in their own households, they

have this in 10 villages. This is a way to reduce health expenses and improve environment, and improve women's self-sufficiency. Many of the villages are isolated by water, and they can't access health care. They are marketing herbal medicine produced by Gram Moolika Company Limited (GMCL), to these villages.

We also organized exchange visits with Maharashtra where SSP work extensively on Health, Water and Sanitation. We learnt a lot of things from these visits to implement to our villages.

* Grassroots International Women's Academy (GWIA)

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