

प्रेषक,

प्रमुख सचिव,
महिला एवं बाल विकास विभाग,
उत्तर प्रदेश शासन।

सेवा में,

1. अपर मुख्य सचिव,
चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग,
उत्तर प्रदेश शासन।
2. प्रमुख सचिव,
चिकित्सा शिक्षा विभाग,
उत्तर प्रदेश शासन।

महिला एवं बाल विकास अनुभाग-1


लखनऊ: दिनांक: 06 मई, 2021।

विषय : कोविड-19 महामारी से प्रभावित/अनाथ हुये बच्चों के सम्बंध में।

महोदय,

उपर्युक्त विषयक स्वास्थ्य एवं परिवार कल्याण मंत्रालय को सम्बोधित सचिव, महिला एवं बाल विकास मंत्रालय, भारत सरकार के पत्र संख्या-सी.डब्ल्यू. II/30/8/2021- सी.डब्ल्यू. II, दिनांक 04.05.2021 (छायाप्रति संलग्न) का कृपया सन्दर्भ ग्रहण करें, जिसके द्वारा यह अपेक्षा की गई है कि कोविड देखरेख केन्द्रों (कोविड केयर सेन्टर्स) तथा चिकित्सालयों में चिकित्सा हेतु आने वाले समस्त व्यक्तियों के पंजीकरण फार्म में उनके ऐसे भरोसेमंद व्यक्तियों/रिश्तेदारों का संपर्क विवरण (नाम, संबंध, संपर्क सूत्र, मो0नं0, तथा ई0मेल) भरवाने हेतु कॉलम अनिवार्य रूप से जोड़ा जाय, ताकि उपचार के दौरान यदि उनके साथ कोई अप्रिय घटना/मृत्यु हो जाती है तो ऐसे में 18 वर्ष से कम आयु के उनके बच्चों को पंजीकरण फार्म में दर्शाये गये व्यक्ति को कानूनी प्रावधानों के अंतर्गत सौंपा जा सके। साथ ही ऐसे प्रकरणों की सूचना अस्पताल द्वारा संबंधित बाल कल्याण समिति को भी उपलब्ध करायी जाय ताकि बाल कल्याण समिति द्वारा भी ऐसे प्रकरणों का फॉलो-अप सुनिश्चित किया जाय।


2. अतः सन्दर्भित पत्र द्वारा की गयी अपेक्षा के क्रम में अनुरोध है कि कृपया प्रदेश के कोविड देखरेख केन्द्रों (कोविड केयर सेन्टर्स), चिकित्सालयों एवं होम आईसोलेशन में रखे गये समस्त व्यक्तियों के पंजीकरण फार्म में भारत सरकार द्वारा की गयी अपेक्षानुसार बदलाव सुनिश्चित किये जाने हेतु समस्त सम्बन्धितों को स्वस्तर से निर्देशित करने का कष्ट करें।


(वी हेकली झिमोमी)
प्रमुख सचिव

संख्या- 22-आ०श०(1) /60-1-2021, तददिनांक।

प्रतिलिपि निम्नलिखित को सूचनार्थ तथा आवश्यक कार्यवाही हेतु प्रेषित:-

1. मुख्य सचिव, उ०प्र० शासन।
 2. समस्त मंडलायुक्त, उ०प्र।
 3. समस्त जिलाधिकारी, उ०प्र०।
 4. निदेशक, महिला कल्याण विभाग, उ०प्र०, लखनऊ।
 5. समस्त उप मुख्य परिवीक्षा अधिकारी/जिला प्रोबेशन अधिकारी, महिला कल्याण विभाग, उ०प्र० को इस आशय से कि अपने जनपद में स्थापित कोविड देखरेख केन्द्र (कोविड केयर सेन्टर्स) /चिकित्सालयों से नियमित सम्पर्क करते हुए ऐसे मृत व्यक्तियों की सूची, जिनके 18 वर्ष से कम आयु के बच्चे हैं, प्राप्त करते हुए सम्बन्धित बाल कल्याण समिति को उपलब्ध करायी जाय, ताकि बाल कल्याण समिति द्वारा ऐसे प्रकरणों का नियमित अनुश्रवण/फॉलोअप करते हुए बच्चों का सर्वोत्तम हित सुनिश्चित कराया जा सके।
 6. गार्ड फाइल।
- संलग्नक यथोक्त।


(सुनील कुमार यादव)
अनु सचिव।

राम मोहन मिश्र
सचिव
RAM MOHAN MISHRA
Secretary



भारत सरकार
महिला एवं बाल विकास मंत्रालय
शास्त्री भवन, नई दिल्ली - 110 001

GOVERNMENT OF INDIA
MINISTRY OF WOMEN & CHILD DEVELOPMENT
SHASTRI BHAWAN, NEW DELHI-110 001
Website : <http://www.wcd.nic.in>

D.O.No.CW.II/30/8/2021-CW.II

Dated the 4th May, 2021

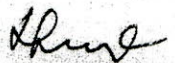
I am writing to you in light of reports regarding children losing parents during COVID pandemic, with no one to take care of them immediately. The distress and anguish is not only damaging to their being, it also puts them in a vulnerable situation, which can be manipulated to their disadvantage while encouraging evils such as Child labour or trafficking.

2. The Juvenile Justice Act, 2015 and the rules made there under provide for a safety net for such children in need of care and protection. The Ministry is also implementing a Centrally Sponsored Scheme namely Child Protection Services (CPS) in partnership with the State Governments /UT Administrations for delivering the institutional and non-institutional care as stipulated under the Act. A 24x7 helpline for children(1098), called Childline is also implemented under the scheme, for extending outreach and support to children in distress situations. We have already requested the States/UTs to leverage the system for rehabilitation of these children.

3. However, it would be very useful, if parents could themselves provide details of their trusted relatives or friends to be contacted, in case of any eventuality. In this regard, I would request you to direct the hospitals and COVID care facilities through the State Health departments, to add a column seeking the name, relation and contact details of the person to whom the children should be handed over, in the hospital admission form. It will help ensure that in case of any unforeseen circumstance the children are handed over to the trust worthy person in the best interest of Children. The information about such cases can be sent by the hospital to Child welfare Committee for further follow up.

4. Your personal intervention in this matter will be extremely helpful to ensure proper rehabilitation of children in these distressful situations.

Yours sincerely


(Ram Mohan Mishra)

Shri Rajesh Bhushan
Secretary
Ministry of Health and Family Welfare
Room No. 156-A, Nirman Bhawan
New Delhi.

CHAPTER - 4

PSYCHOSOCIAL SUPPORT

'Whatever I have to cry I cried and there is nothing left to cry, I can't describe it by words' – A tsunami survivor.

"For 2 days I didn't eat. The parents of the dead came and told me if their child would have been at home he wouldn't have died. He went out to play with his friends and was taken away by the waves" – A teacher who survived the tsunami.

4.1 Introduction

How does one feel when everything – family, children and friends - is lost in a matter of seconds? How does one react to a situation where the whole world seems dark and there's no one to lean on? The survivors of tsunami had horrifying stories to narrate and the heart rending scenes will remain etched forever. The Government and numerous volunteers and development workers had an onerous task of consoling the bereaved ones and bring back normalcy in their lives. The State Government and the District Administration gave highest importance to psychosocial support in the immediate aftermath of the tsunami considering the scale and the issues that came up after the tragedy. The following lines describe the kind of impact that various section of the survivors experienced in the aftermath of the tsunami.

4.2 Impact of the tsunami

4.2.1 On the survivors and the community

"The place around the center looks like a graveyard (deserted). People are asking each other, when will we be the same again" – A tsunami survivor.

"I was on top of a coconut tree, holding my child after the first wave... did not know how I got there, after the second wave I wrapped up my child in my saree and got down to escape. And when the next wave struck... I ran" – A woman survivor.

Physical problems	Economic problems
<ul style="list-style-type: none">- Loss of lives- Injuries to men, women, children and aged.- Many people faint due to sudden onset of the event- Feeling hungry because of unavailability of food- Sleeplessness, irregular bowel moments, weight loss- Health problems due to drinking of seawater such as diarrhea, stomach pain and vomiting, skin allergies- Miscarriage due to shock- Increased workload without holidays causes fatigue and exhaustion among ICDS workers who are also survivors- Increase in complaints of illnesses such as cold, fever, headache and stomach pain- Increase in blood pressure among the aged after the event- Women reported of increased bleeding in the monthly cycle and also change in menstrual periods- Head ache and depression- Trembling of hands	<ul style="list-style-type: none">- Loss of house- Damage and loss of House hold articles- Agricultural land is affected- Fishing occupation is affect- Food, clothing and shelter affected- Boat and nets, catamaran lost- Loss of cattle and poultry- Seaside small industries also affected- Property documents and jewelry lost- Loss of money and vehicles- Import and export fish and related goods were affected- Transport, road, bridges affected, electricity, communication affected- Scarcity of essential commodity- Loss of food, clothing and shelter- School children lost educational aides, certificates- Anganwadi building and infrastructure is affected

Psychological problems	Social problems
<ul style="list-style-type: none"> - Hearing voices of the dead crying out for help - Withdrawn and aloof - Sleeplessness - Re-experiencing the event - Lack of interest - Drinking due to sadness - Loss of happiness - Panic while hearing wave sounds - Unable to return to routines - Not able to console any one or self - Feeling of not belonging to any family or group (Orphans) - Fear of leaving family members - Not wanting to continue with life - Feeling empty - Fear of future - Loss of interest in life - Inability to concentrate in studies - Aggressiveness - Lower self esteem - Loss of faith in God - Fear while looking at the sea - Fear about another tsunami - Negative thoughts about the future - Daily routine is affected - Lack of confidence to protect the surviving children - Thoughts of sending children to other places - Feeling of insecurity among adolescent girls due to loss of home - Self care has become problem for women and privacy is not there - Loss of parents had created lot o self doubts among the children and their future - Loss of siblings causing psychological deprivation (search for their siblings) - Women who lost the clothes in the waves feel embarrassed to face others - Unable to accept the current situation and one's own state - Constantly wishing that they as a family could be together and happy again - Self doubt among women about being able to conceive - Youth pressurized by society to remarry so that the parents can have grand children as there is fear about another tsunami - Due to unemployment among men and women becoming non receptive - Maintaining physical distance from the husband is putting pressure on the relationship 	<ul style="list-style-type: none"> - Loss of clothes and many women had to walk without cloths made them feel humiliating so avoidance of the particular - Loss of home and household things had left them with nothing - Loss of family members, loss of relatives, friends and neighbours - Loss of social status - Loss of property and no other livelihood options - Education affected - Death of children resulted in loss of a generation - Vulnerability to diseases - Vulnerable to rumors, the fear is always there in their mind - Stealing of ornaments from the corpses – antisocial elements within the community at the time of disaster - Problem in drinking water - Family routines affected - Loss of life-cattle and human beings - Sanitation problems – contaminated drinking water and lack of toilet facilities - Community – restlessness and shock - Expressing of self within families and community is affected - Occupations are affected (Fishing and Agriculture) - Increase in number of handicapped people - Loss of interest in daily living - Social adjustment problems in shelters – fights, quarrels over distribution of relief and reduced accessibility to minimum infrastructure – “Survival of the Fittest” - Social relationships affected - Change in family constellation – single parent families, orphans

4.2.2 On children

"The children keep saying Teacher Sathyavani is dead ... Surya is dead... it breaks my heart to hear them... I don't know how to distract these kids" – A volunteer in an ICDS centre at Pazhaiyar.

Individual level	School level
<ul style="list-style-type: none"> - Fear of water and sea - Fear of separation from parents - Fear to return to old residences - Lack of playing space - Over sensitive to loud noises - Non acceptability of temporary shelter - Wanting to return to earlier residence - Children say that they are talking to spirits - Refusal to go to school - Lack of sleep - Bedwetting - Yearning for / missing siblings - Fear of crowds - Crying - Wanting to move over to a place away from the sea - Thinking of lost property / household items - Crying due to inability to express emotions - Fell scared when the sky looks cloudy - Refusal to play with other children - Withdrawal from mingling with other children (decreased talking/interaction) - Longing for parental love and affection (those who have lost their parents) - Refusal to accept reality - Not able to comprehend the present situation - Forgot to laugh - Unable to adjust to new place of stay - Decreased appetite - Unable to comprehend the behavioral change in parents - Adamancy - Children in Anganwadis now play games, wherein one child acts like dead and the other children trying to shift the dead body 	<ul style="list-style-type: none"> - Fear of being separated from parents - Not wanting to come to the ICDS center alone - Constant talking water and event - Searching for and talking regretfully about the dead friends/classmate - Talking of dead relatives - Mentioning If lost property/gifts/precious toys etc - Speaking about personal experiences - State of forgetting about previous lessons, stories, and lessons taught to them - Decreased attendance - Fear - Decreased initiatives in class activities - Not able to accept new relationships (both at individual and family level) - Bereavement of dead parents - Feeling of isolation - Sense of insecurity about ones own safety - Longing for lost dresses, uniform, and educational aides - Longing for the missing friends / classmates - Lack of confidence to face examinations - Non acceptance of parent's remarriage - Fear of staying by the sea - Longing to be with family as before the disaster - Unable to continue education due to loss of parents - Children have take care of day to day chores at homes - Change of home is causing inconvenience to reach school or discontinuity - Reduced appetite (ICDS center) - Reduced concentration - Change in peer relationships - "When the children hear the sound that water is coming (drinking water being brought in a lorry), they start running"

Family Level
<ul style="list-style-type: none"> - Loss of parents - Refusal to eat - Nobody to support

- Nobody to supervise
- Loss of siblings/relatives/friends
- Longing for love
- Aggressive behaviour, temper tantrums
- Family routines and day to day habits are changed
- Loss of familiar surroundings

4.2.3 On women

"I was wailing, looking around in my area... and I stepped onto something.... it was the head of a dead child.... I didn't share this with anyone" – A woman survivor.

"People said that sea is coming. I thought it was a joke and went towards the east side to see the sea. When I saw the massive black and tall waves rushing in, I started running. The drainage was flooded with water. I reached Puthur and watched the situation. I saw a number of women who lost their children. Since I am a mother I could feel how it would be to lose a child. I pray to God that this should never happen again".

In any disaster women are the most vulnerable lot and in the tsunami the loss of life was more among women and children. With women playing multiple roles they become more prone to stress in a post disaster situation. Tsunami meant increased responsibility for women to care for their family when they are left without any source of income or savings. They become economically and psychologically weak. Loss of spouse, children and relatives brings more difficulties and they are left with no other option but to support the family. The following is the list of issues brought out by a group of pregnant women, feeding mothers, single mothers and mothers who had lost a child.

Psychological impact	Social impact
<ul style="list-style-type: none"> - Death of husband resulted in isolation of the widows by the husbands family - Shock due to death of the husband - Fear and shame of facing the village men as they were without cloth - Forcing the widow for remarriage - Adolescents girls are feeling insecure because of men - Death of children and relatives - Loss of assets - Not bale to relax - Miscarriage due to anxiety and fear - Premature delivery due to panic - Problems in menstrual cycle - Decrease in appetite - Decrease in sleep - Body aches - Feeling fatigue - Not interested in talking and mingling with the others - Not going out of the shelter and remaining aloof - Ill treatment by in-laws - Scapegoat for loss of husband or children - Confusion about the situation - Fear about the future - Loss of confidence in the life - Suicidal thinking and attempted suicide - Feeling of vacuum and emptiness - Change in behaviour and habits – irritability, anger, not able to eat 	<ul style="list-style-type: none"> - The displacement of the family caused trouble in adjusting to the new environment - Living in a new area with out basic minimum facilities - Feeling uncertainty about their future as they are waiting for the Government to announce rebuilding of their homes and houses - Widows joining orphanage due to death of husband and child - Adolescent girls forced to marry as second wife to men who lost their wife - Restriction on widow to remarry - No privacy in the camps and temporary shelters for women for daily chores - The rumors creates continuous panic in them and their children - Feeling helpless and hopeless because of loss of property and life - Shock of doing last rites to her children had affected their mental health - No rituals performed after the death of the husband or others - Increase in stealing and robbery (stealing ornaments from the corpse and creating rumors and utilizing the fear to steal while people run out of their homes)

<ul style="list-style-type: none"> - Restless and not able to sit in one place - Feeling of hatred - Becoming very rigid that don't want to help others - Memory loss and forgetfulness - Not talking like before - Not able to think clearly - Change in relationship between the spouses - Getting repeated dreams about the tsunami - Feeling guilty of not feeding the child, as they are not lactating 	<ul style="list-style-type: none"> - Marriages being stopped for those got engaged - Those who had family planning and lost their children are left without any chances of conceiving - Death of family members left the aged women with no support
Physical impact	Economical
<ul style="list-style-type: none"> - Loss of life - Injuries, due to injuries loss of beauty - Inability to escape due to saree being caught on thorns - Fatigue - Numbness - Pregnant women not able to run - Miscarriage and increased bleeding - Sleep and appetite has come down - Weight loss - Loss of eye sight and decrease in clarity - Not able to lactate - Due to death of the child mother not able to extricate the breast milk resulting in fever - Due to lack of food, not eating, anemia - Headache, stomach ache, joint pain - Increased in blood pressure - Chest pain due to running to save themselves - Loosening of suture for the women had delivered recently 	<ul style="list-style-type: none"> - Death of husband left nobody to fend for the family - Loss of household property - Loss of fishing boats and nets - Loss of job for the husband - Not able to sell fish - Death of cattle - Due to new living situation - Due to health complication, pregnancy no money for medical expenses - No savings and the irresponsible spending by the men resulted in no money at hand - Not able to fulfill the basic needs of the children and the family due to lack of money

4.2.4 On workers

"My fifteen years of service doesn't help me now. I find it difficult to concentrate, don't know how to work" – A worker who survived the tsunami.

"While the bodies of my ICDS children were being carried in the area for cremation I couldn't stop myself crying out 'Aiyoh!'" – An ICDS worker.

<ul style="list-style-type: none"> - Fear of water and waves - Feeling very sad for the affected - Increases work burden - Working without a break - Very little time so many work to be completed - Not able to look after self as not time for sleeping, eating - Feeling tired - Not able to spend time with the family - Not able to look after the children - No proper place or space to work - Death of centers children made us feel very sad - Feeling sick – fever, headache, stomach problems and pain the joints - Not able to perform daily chores - Misunderstanding with the spouse due to spending time in the community and not able to look after the family - Relationship with the in-laws affected due to work and late going to home - Not able to speak to the mothers who had lost their children, feeling helplessness - Damage to center feel sad
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- Too much of traveling
- Death of pregnant women and listening to it makes feel very sad
- When doing the survey the death of children in the families makes depressed
- Not able to talk and console the child who lost his sibling
- Not able to concentrate properly due to rumors
- Not able to handle the survivors needs
- Not able to console the survivors with our work
- Feeling anxious of helping the survivor
- Talking extra care to do the work properly and always thinking about it and assessing our performance
- No motivation and encouragement even if we work day and night
- Reduced efficiency at work ('excessive work and no holidays')
- Not able to work according to plan

The above lines clearly point to the fact that survivors of disasters that involve loss of life, loss of homes and loss of livelihoods, experience significant physical, emotional, social and psychological impact. The psychosocial support system evolved by including and training local people and also giving professional support along with the mantra of being with the people was instrumental in achieving faster recovery. The issues were tackled successfully by the Government and various agencies in the following manner.

The National Institute for Mental Health and Neurological Science (NIMHANS), the Christian Medical College (CMC) Vellore and Government psychiatrists and social workers contributed immensely in this field. Helene Lauffer, a fund manager who was part of September 9/11 relief work in New York visited and shared her experiences which were immensely useful in formulating strategies. The severity of the impact and the period of time over which it lasts depends on a variety of factors, including whether there was loss of life in their family, their proximity to the disaster site and the degree to which their own life was threatened, how quickly they are able to resume normal activities, the extent of disruption in their family and community structure, and their own mental health status prior to the disaster.

4.3 Additional factors

"I used to go to sea and love being there, as our place does not have seashore. After the tsunami and seeing the suffering of these people I don't want to see the sea again".

Given the loss of more than 6,000 lives spread across 73 villages in Nagapattinam district, the number of people affected is very large. Factors which impacted the mental health were:

- ❖ The particularly devastating nature of this event, in which many children were lost - in addition to grief, parents who survived were struggling with guilt that they could not save their own children.
- ❖ Large numbers of widows were left without any form of financial support.
- ❖ An even larger number of widowers who were unable to manage the daily life and child care tasks that were always handled by their wives.
- ❖ The resulting disruption of the family structure and in some areas, disruption of the community structure.
- ❖ The sudden nature of the catastrophe.
- ❖ The widespread fear that another tsunami will return.
- ❖ The fact that the disaster was from the sea, their source of daily sustenance.
- ❖ The large number of families who have been temporarily relocated while permanent housing is being built.
- ❖ The low income level of almost all of the affected communities.

4.4 Immediate activities

Some of the activities that were taken up immediately after the tsunami are as follows

- ❖ NIMHANS was brought in and was given a permanent desk at the collectorate.

- ❖ The professional and para professional mental health staff infrastructure were strengthened at the village, primary health centre and district level.
- ❖ Training was provided to these staff at all levels.
- ❖ Public education was provided about tsunami related mental health problem and how to access help village level.
- ❖ Three tier psycho-social support was setup.
- ❖ Local community volunteers were trained by NIMHANS to provide continuity in psychosocial care.
- ❖ Village health nurses and school teachers were utilised as an important resource for counseling after training.

Mrs. K. Krishnaveni, an Anganwadi worker at Nambiar Nagar was all praise for the training that she received on psychosocial care in the initial days. She says, "We were able to utilize the play way methods that we learnt in the training to help the children in the anganwadi to recover to a large extent".

4.4.1 Debrief and first point of referral

The people who responded in the first week of the disaster, especially those who searched for and removed bodies of the deceased were at particular risk for emotional and mental health problems. Like disaster survivors, most responders would recover from the stress of their work over time. However a small percentage needed further assistance. It was important to identify, communicate with and support those people from within and outside the affected communities who carried out the difficult emergency response work. They were instructed about the types of reactions they might experience, provided with the opportunity to debrief along with colleagues who were involved in similar work and given access to counseling if they chose to avail it.

The Primary Health Centres treated individuals who were referred for assessment by village health nurses and others at the village level. These patients were assessed, professional counseling was given and wherever required were referred to a psychiatrist for medication and in some cases hospitalization. The district hospital was the point of referral for the most severely affected cases. The number of psychiatric beds was increased. Social workers, psychologists and psychiatrists were added to the psychosocial support system with district level psychologists and experts from NIMHANS and CMC Vellore.

4.4.2 Assistance for grieving rituals

The affected communities need to develop rituals to memorialize the people that they lost in the Tsunami. Because of the scale of the disaster and the fact that many of the deceased either ended up in mass graves or were never located, long-held traditions of cremation and mourning were in most cases not observed. New traditions, such as the communal planting of coconut trees on the beach already initiated in several villages – one tree for each person lost - were important and the district administration played a facilitator's role in this.

4.5 Activities undertaken so far

- ❖ All religion prayers were organized
- ❖ Foundation stone laid for a fitting memorial for the dead in Velankanni
- ❖ Memorial parks have come up in a big way in many habitations
- ❖ Community weddings were organized for marriages fixed before Tsunami

4.6 Conclusion

Further under the Prime Minister's Relief Fund it is proposed to start 50 Trauma Care Centres which will be used for counseling as well. The activities undertaken in this field have immensely contributed in restoring the lives of the survivors and those who witnessed the disaster.

CHAPTER – 8

FOCUSING ON VULNERABLE GROUPS: CHILDREN, WOMEN, ADI-DRAVIDARS & DIFFERENTLY ABLED

8.1 Introduction

The Government and the district administration took special efforts to include the vulnerable groups in the recovery process. These vulnerable groups include children, women, dalits and the differently abled.

8.2 Children

The tsunami that struck Nagapattinam left a death trail along the coast. About one-third of the reported deaths were those of children. Within two days after Tsunami struck, the Hon'ble Chief Minister of Tamil Nadu, Selvi. J Jayalalithaa immediately announced the starting of an orphanage known as the Annai Sathya Home under the Social Welfare Department for the benefit of tsunami affected orphan children. The Home would provide residential school-cum-study facilities for the most unfortunate survivors of tsunami, i.e. children who had lost both their parents or one of them. The orphanage was opened by the Hon'ble Forest Minister Thiru.Vaithiyalingam at Sikkal on 3rd January, 2005. It is presently functioning at Kadambadi. There are 128 children admitted as orphans and semi orphans till date as follows.

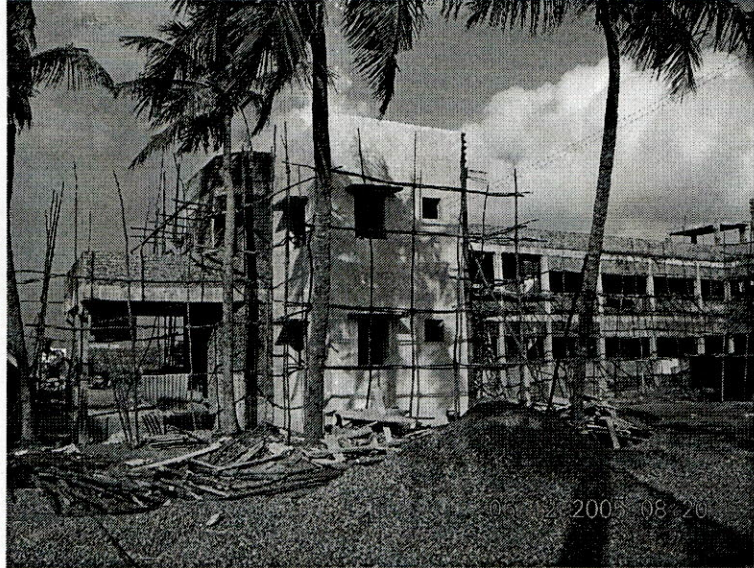
Table 8.1 – Details of orphans

Sl. No.	Details	Boys	Girls	Total
1	Full Orphan	19	34	53
2	Mother less	20	35	55
3	Father less	5	15	20
	Total	44	84	128

The Social Welfare Department takes care of all the needs such as shelter, food, clothing and education. The students upto 10 years old study in the orphanage itself. From 6th to 12th standard the children attend formal schools close to the orphanage. In the initial days counseling was given to the children by professional counselors, CM cell members, Social Welfare Board members, NGOs and Social Welfare Department staff to help them tide over their sorrow. Periodic medical check up and treatment is being given on alternative days by the Health Department. Entertainment programs such as music, magic show, mimicry, special dance, songs have also been arranged for the children. In addition to these materials for indoor and outdoor games were provided. Every Sunday yoga and karate classes are being conducted by voluntary organizations. A library in the premises containing books on stories, dictionaries, comics, drawing, painting, etc have also been provided. The children are all happy and safe in the Government orphanage with future dreams. The District Social Welfare Officer, Tmt. Suryakala and her team are always at hand to attend to this Home.

8.2.1 Annai Sathya Home – Truly a Home!!

Annai Sathya Home is a symbol of care for the uncared orphans. 99 such children have joined this home which was started first at Sikkal in a rented building and subsequently moved to Kadambadi. These are the homes where Stephenraj, Meenu, Nirmala and the ever smiling Vidya live. They serve as examples of how life moves on and gives hope for a better future. The state government swiftly provided adequate financial protection to these young children for their bright future. These young children are visited by people who desire to know how in Nagapattinam, people coped with the impact of tsunami and the high point of such visits was the one by His Excellency the President of India, Thiru. A.P.J. Abdul Kalam.



Annai Sathya Home – Getting its own building

What is amazing about this home is that the new permanent building including the residential school is ready before the first anniversary. When the Collector Dr. J. Radhakrishnan, I.A.S and the Additional Collector Thiru. Ranvir Prasad, I.A.S. posed this project under the Public-Private partnership announced by the State Government, it was immediately taken up. Initially what started as a Rs.15 lakhs proposal by Rotary Club of Madurai (Central) has now developed into a full fledged Rs.3.2 crore project on a 1.75 acre plot near the Collectorate. The land has been provided by the Government and other agencies who joined the project are Amway, German Association, Standard Chartered Bank and Rotary Club of Thane. The complex will house an Old Age Home to provide emotional support to the children. The spirit behind the project is that these children who have lost their parents should never feel unwanted. This is coming up as an example of the personal care offered by the people of Nagapattinam and the government. Incidentally the Government is providing Rs. 5 lakhs as fixed deposit in the name of children rendered orphans by tsunami.



Government Service Home at Sirkali

For the 30 odd adolescent girls of the Government Service Home at Sirkali, the common thread that bonds them is the fact that they were orphaned by the tsunami. The Service Home was opened on 17th January, 2005 (as per the Govt. Order # 5) when the Government of Tamilnadu, through its Department of Social Welfare came forward to care for the children orphaned by the tsunami. The concept of Service Home is different from an orphanage as it not only provides a home to orphaned adolescent girls (in the age group of 14-18) and unmarried girls (in the age group of 18 and above) but also imparts life skills to them. The girls are from various coastal villages of Nagapattinam district that were affected by the tsunami.

For Vanitha and Sasi, both 18 years old, the Home has meant a turning point in their lives. Vanitha from Seruthur near Velankanni, lost her father in the tsunami. Sasi lost her mother in the tsunami and her father had expired many years back. Forced to discontinue their school education after the 8th standard, due to poverty both girls stayed at home for three years before joining the Home. They now eagerly look forward to completing their secondary school education early next year. Four girls from this Home will appear for the State Board exams in March/April. Eleven children from the Service Home attend formal classes at the nearby LMC school. Vanitha says she aspires to follow the footsteps of Malaiarasi, another inmate of the Home who is currently doing her Nursing studies – thanks to the efforts of the Department of Social Welfare.

Vanitha (third left in front row) and SasiMeena's innocence speaks (second right in rear row) along with their friendsvolumes

For Meena from Keechankuppam, who lost both her parents to the tsunami waves, the Home is a bigger family where the adolescent girls and the care takers are more than mothers and sisters to her. Meena stands out among the girls as she was the first one to be admitted to the children's orphanage at Kadambadi, Nagapattinam and she's just two years old! With none to support her (her relatives were not traceable), the Government adopted her. In fact there were many who wanted to adopt Meena but the Government decided to bring her up under its care.

Some of the life skills that are being imparted to the girls are tailoring, computer, type writing, embroidery and plastic wire products. In fact, they now stitch new dresses for themselves and proudly display some of their handwork in making plastic wire products and embroidery. Some have even acquired skills to convince the visitors and market their products successfully! Incidentally each of these girls will get Rs. 3 lakhs as fixed deposit from the Government as an added security.

Vanitha says, "The seed for becoming a nurse was planted in my heart by the district officials who constantly motivated me to dream big." For Sasi coming to the Home has meant gaining new skills and knowledge and making new friends from different villages! They are also planning to organise a small event on 26th December, 2005 to remember the day that almost altered their lives forever, well almost.

8.2.2 Tsunami cards

The Secretary of Rural Development who was the focal point of relief measures in Nagapattinam came up with a novel idea of conducting a painting competition for the tsunami affected kids. The district administration conducted the competitions and the drawings brought out not only their talents but also the feelings in them. The kids vividly portrayed the impact of the tsunami not only on their lives but also on their families, their friends and their communities. The prize winning entries were selected and printed as greeting cards by the District Rural Development Agency (DRDA).



Turning despair into hope – The spirit of the recovery program

These cards are being marketed by the District Supply and Marketing Society, DRDA, Nagapattinam and are sold at Rs. 10 per card. The profit is intended to be utilized for the future welfare of these children who had painted them. This has helped in not only remembering the resilience shown by the tsunami affected people of Nagapattinam district but also helps in giving a new life to the kids.

8.2.3 ICDS centres

The Integrated Child Development Scheme (ICDS) centres were reopened in all the temporary shelters to cover the children in the age group of 0-5 years within two weeks of the tsunami. 2500 children between 0 to 3 years, 3000 children between 3 to 5 years and 1120 pregnant women were given twice the amount of nutritious food in tsunami affected areas. 67 new anganwadis were opened to strengthen the nutrition status of the children and lactating women.

Table 8.2 - Financial assistance to orphaned children, adolescent girls and unmarried girls

Sl. No.	Category	No. of cases reported	No. of cases found ineligible	No. of proposals sent	Balance to be verified	No. of cases Amount Deposited
1	Orphaned Children Age (1-14)	179	51	81	47	28
2	Adolescent Girl Age (14-18)	62	19	20	23	9
3	Unmarried Girls above 18 years	9	-	7	2	6
	Total	250	70	108	72	43

The State Government is investing a sum of Rs.5 lakhs as fixed deposit in the name of each orphaned child and orphaned adolescent girl rendered homeless. This amount will be available to them when they attain the age of 18 for further studies / self employment, etc. Proposals are being processed for the 250 total orphans by collecting necessary certificates to ensure that they get the Rs.5.00 lakh relief sanctioned by the Government.

8.3 Women

Women bore the brunt of the tsunami attack. Some of the women who had lost their children in the tsunami had undergone family planning surgery before tsunami. These women were encouraged to undergo recanalisation so as to regain their child bearing status. Among the many who had undergone recanalisation three of them have become pregnant. Ongoing pension schemes have been extended to cover all those rendered destitute by the calamity. Old Age Pension has been sanctioned to 242 persons, physically handicapped pension to 80, destitute widow pension to 380,

destitute agricultural labourer pension to 50 and destitute and deserted wives Pension to 14, totaling 766 persons. 294 women were widowed due to tsunami and all of them have received ex-gratia of Rs. 1.00 lakh while, 108 among them have also been sanctioned widow pension.

An inspiration and a role model for women

Thoduvai, a non-descript village in the northern corner of Nagapattinam district is witness to what a highly motivated woman can achieve. The 28 year-old M. Shantha Kumari, hailing from a fishing community, is the first woman to pursue Doctoral studies (PhD) in Nagapattinam district in the field of Fisheries. She is also the first person to pursue a PhD in the entire Revenue Village of Thirumullaivasal under which her hamlet falls. The Department of Fisheries provided her with the list of 51 fishing hamlets along the Nagapattinam coast. Her research attempts an in-depth study of the life of fishing communities in Nagapattinam district and their culture.

When asked why she chose this topic she said, "No one has ever attempted to study the life of fishing communities in Nagapattinam district although similar work has been done in other parts of the state. I want to be a link between the developed communities and the fishing community so that they'll know the issues that we face". One of her chapters deals with the history behind the present names of the fishing hamlets and how they originated. Another one is on the colloquial songs of the fishing communities!!

But it has not been that easy for Shantha Kumari. The tsunami almost brought her research work to a halt. With a three month-old child and the temporary displacement to a tsunami shelter near her village the transition was not pleasant.

Shantha Kumari – Inspiring women!

Shantha Kumari with her supportive family

She was first noticed by the outside world when the District Collector during one of his regular visits to the temporary shelter at Thoduvai saw her engrossed in her thesis work and was impressed by her undaunting spirit. Seeing her hard work in spite of the adversities made the district officials extend full support to her. She says, "The Collector and madam visited me in the temporary shelter and encouraged me to continue the research", her face beaming with pride.

Recollecting the reaction of her community at Chinnamedu, her native village south of Thoduvai she says, "My community was very skeptical in the beginning but now I'm looked upon by them as a role model for other girls of the village. Around 18-20 girls in my village are now continuing their higher studies. My philosophy is to demonstrate something rather than keep talking about it". Although her father was not very supportive of her efforts, help came from unexpected quarters. Her mother, uncle, husband and her in-laws have been extremely co-operative and supportive.

In fact she is an inspiration to her brother who discontinued his studies few years back but now wants to go back to school after seeing her sister.

Her research work has made various development agencies working in the field of tsunami recovery program to consult her to find out the issues related to her fishing community in general. When asked what her future dream is she says, "My priority is to become a lecturer so that I can motivate more students to get educated. Even if I become a lecturer I want to be involved in the development of my community and more importantly the women". She hopes to complete her doctoral studies by next year and Thoduvai will add another chapter to its remarkable recovery from the tsunami.

8.4 Adi-Dravidars

Tsunami inflicted damages on wide population and it made no distinction on the basis of caste, creed or religion. Therefore during the relief and rehabilitation process, it was ensured that the efforts reached out to all sections of the affected people. While doing so, care has been taken to provide special attention to socially and economically vulnerable groups particularly to families belonging to various Scheduled Castes (also known as Dalits).

Although fishing hamlets bore the brunt of tsunami waves as they were right on the seashore, several Dalit habitations were also affected either directly or indirectly. District Adi Dravida Welfare Department was involved right from the beginning to ensure that relief reaches uniformly to all people. Following relief was given to SC people under various categories

1. Deceased – 55 persons belonging to Scheduled Castes lost their lives in tsunami. They were provided CMPRF and PMRF ex-gratia amount.
2. Relief for directly affected families – 3068 families were given Rs. 4000/- each with other family kits.
3. Relief for loss of livelihood – 5671 families were given Rs. 2000/- each as compensation for the loss of livelihood.
4. Sustenance allowance – 7538 families were benefited through the allowance of Rs. 1000/-.
5. Agricultural loss – 451 hectares belonging to 932 farmers were affected and they were compensated.
6. Tsunami certificates – 2352 families were provided tsunami certificates.
7. Permanent shelters – Over 2000 families have been identified as beneficiaries for the permanent shelter program.
8. Livelihood – The families who have been affected by tsunami have been provided special livelihood support by dovetailing existing schemes. Goats and cows have been distributed as part of the livelihood restoration program.

8.5 Differently abled

In this regard the District Rehabilitation Department has arranged special medical camps in the affected villages with orthopedic surgeon, ENT specialist, Ophthalmologist and Psychiatrist. The team inspected the villages, gave treatment and also identified the suitable disabled persons. As issued by the medical certificates by the doctors the District Rehabilitation wing has issued disability identity cards to the affected persons. So far 1137 disabled identity cards have been distributed to the affected disabled persons.

The District Rehabilitation Department took necessary steps for getting financial assistance through various Government schemes implemented by THADCO & DRDA to the disabled persons. Various training programs on vocational skills like computer training, tailoring have been arranged to the disabled persons through various agencies.

Survey of disabled was taken in tsunami affected areas and a total of 1281 differently abled people were identified out of which 60 were physically handicapped, 248 were hearing handicapped, 687 orthopedically handicapped, 199 mentally handicapped and 87 multiple handicapped. Of them 90 have been provided with tricycle, 24 with wheel chair, 6 with caliper, 23 with couches, 6 with artificial limb, 176 with hearing aid, 385 with maintenance allowance and 119 with loan for self assistance.





Tricycles and livelihood assets for the differently abled

Table 8.3 Details of relief to differently abled

Sl. No.	Government/NGO	Total No. of Beneficiaries
	Government	
1	Tri-cycle	112
2	Wheel Chair	9
3	Walker	20
4	Auxiliary Crutches	250
5	Elbow Crutches	50
6	Hearing Aid	110
7	Solar Battery	110
	NGOs	
8	Sewing Machine	50
9	Bunk Stall	73
10	Iron Box	3
11	Bi-cycle	5
12	Push Cart	2
13	Vessels (Idli Pot)	10
14	Tea Cane	3
15	Cabler Equipments and Box	2
16	Grocery Shop	5

8.6 Conclusion

The effort of the Government was to ensure that the vulnerable sections are given special care and attention. This has greatly enabled these people to spring back to normalcy and the efforts will continue.