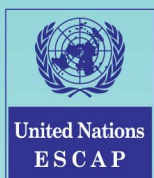




MOVING FORWARD POST-TSUNAMI: VOICES OF THE VULNERABLE



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Moving Forward Post-Tsunami: Voices of the Vulnerable



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Moving Forward Post-Tsunami: Voices of the Vulnerable

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FOREWORD

In response to the tsunami which hit eight Asian countries on 26 December 2004, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) initiated a project to increase understanding of how this natural disaster had affected people who were particularly vulnerable due to social marginalization, disability status, age and gender. Studies were commissioned in Indonesia, Sri Lanka and Thailand and national workshops were organized in those countries.

The workshops provided a forum for the voices of people affected by the tsunami to be heard and to put on record their special needs, concerns and priorities. Participants exchanged experiences on the conditions which exposed some people more than others to vulnerabilities and discrimination in times of disaster and steps that could be taken to counteract and mitigate the consequences for such people. Ways in which women were affected differently from men and the implications for appropriate policy changes were also considered.

The studies and workshops also served to identify lessons learned, as well as appropriate strategies and policies. A regional workshop brought together representatives from the project countries, along with those from India and the Maldives, for a broader exchange of experiences. Participants adopted recommendations directed to governments, aid agencies and others.

A key lesson learned from the tsunami disaster was that many population groups were less likely to survive such disasters. Of those who did survive, many were not able to struggle or stand in line for long periods to access relief. These were people such as the very young, older persons and persons with disabilities. Others, such as women, who often took on the responsibility of caring for the injured and physically weaker or more vulnerable members of the household or community, could not leave them alone in

order to access relief. Many migrant workers, low caste and marginalized social groups faced language barriers and could be denied access to assistance by those who had status and power in society.

In various global conferences over the past few decades, the importance of social integration, non-discrimination and respect for human rights has been given greater attention. Plans of action to promote gender equality, promote disability and child rights and the rights and participation of older persons have been adopted. However, the aftermath of the 2004 tsunami highlighted areas of deeply-rooted lack of social justice.

The incidence of poverty, discrimination and deprivation tends to be particularly high among members of marginalized social groups. They tend to be less able to rebuild their lives. They often experience a high degree of vulnerability to events outside their control because of their high level of social and economic dependency and the discrimination that they face. For poverty reduction and the protection of human rights to be effective those who are most discriminated against and most vulnerable must be identified and reached, especially when natural disasters strike.

Many of our Member States have learned important lessons along the way about how to prepare for and manage the after-effects of natural disasters. There is much that can be learned from them. ESCAP facilitates the sharing of experiences and lessons gained through regional cooperation.

The voices of people who are the most vulnerable will guide us in our future work in various aspects of disaster prevention, management and post-disaster reconstruction. I believe that any country, development or humanitarian aid organization will also benefit from learning from the experiences of these people, what made them particularly vulnerable and what they recommended be done differently.

Disasters can be opportunities to change dysfunctional social systems and discriminatory practices. All people have a right to be consulted and participate meaningfully in all phases of disaster management and in making decisions that would affect them. During a period of great change and rebuilding, laws, policies and programmes that address factors which make some people especially vulnerable to

the negative effects of disasters or crises can be more easily put in place. In such post-disaster situations we can ensure universal access for people with disabilities. We can ensure that groups who are otherwise excluded from the job market are able to earn an income. We can strengthen social protection systems and we can strengthen good community-based initiatives.



Kim Huk-Su
Executive Secretary
March 2006

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ABBREVIATIONS

ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
FAO	Food and Agriculture Organization of the United Nations
ILO	International Labour Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UN-Habitat	United Nations Human Settlements Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
UNRC	United Nations Resident Coordinator

INTRODUCTION

On 26 December 2004, a massive earthquake of magnitude 9.0 (Richter scale) occurred off the west coast of north Sumatra, Indonesia. This was followed by a series of aftershocks that triggered tidal waves (tsunami) that travelled at over 600 km/h causing extensive coastal damage to Indonesia, Malaysia, Myanmar and Thailand. Later on the tsunami reached Bangladesh, India, Maldives and Sri Lanka. Finally, it reached Kenya, Seychelles, Somalia, Tanzania and Yemen.

In all, over 2.4 million people were affected, with over 286,000 dead and more than 7,800 missing.

The fisheries sector was hit worst by the tsunami, but crop and livestock as well as coastal ecosystems, including mangroves and other crop trees, also suffered serious damages. In terms of economic losses, estimates from India, Indonesia, Maldives, Myanmar, Somalia, Sri Lanka and Thailand combined put the cost in the fisheries sector alone at US\$ 250 million.

In agriculture, the damages to crop production were mainly due to intrusion of sea water to agricultural land and deposition of saline sediment, destruction to irrigation and drainage facilities and loss of farming capital.

The livelihoods of millions of farmers and fisherfolk of many coastal communities in the affected countries were completely or partially destroyed. Economies at the community level were severely affected, causing hundreds of thousands of already poor people to fall into even deeper poverty. Rebuilding the livelihoods remains one of the main challenges facing the affected Governments and international organizations and its partners following the initial phase of rescue and humanitarian relief.

Committed to support the Governments of the tsunami-affected countries in the reconstruction efforts, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) organized a study to identify the needs and aspirations of the disaster affected communities in order to identify appropriate intervention strategies especially in relation to vulnerable social groups and livelihood issues.

1. Objectives of the study

The study project involved an assessment of the social development-related needs of people in tsunami-affected areas in Indonesia, Sri Lanka and Thailand. The aims were to: (1) enable socially-marginalized groups (people with disabilities, the elderly, youth, various ethnic, religious or linguistic minority groups, and especially disadvantaged men and women such as widows, the very poor, etc.) to express their priorities and needs in the process of post-disaster reconstruction; and (2) to share the findings and policy recommendations with the relevant stakeholders, especially Governments, in order to adequately address the priorities and concerns raised by these specific groups of survivors in the rebuilding process as well as in social services delivery, social policy and laws in areas such as property/land rights/security of tenure.

The reports, based on the studies and presented in the subsequent chapters, aim to offer an overview of the efforts that have been made to mitigate the suffering of those who were affected by the earthquake and tsunami, in Indonesia, Sri Lanka and Thailand, and particularly to assess progress towards assisting communities to restore livelihoods and move towards a sustainable long-term recovery.

The findings of the three studies were discussed at national workshops in each country, as well as in a regional workshop of representatives from Governments, non-governmental organizations (NGOs) and the academia. Importantly, the meetings saw the participation of representatives from various tsunami-affected communities in the region. The three national workshops and one regional workshop were organized by ESCAP and summaries of the proceedings, as well as recommendations, included as annexes in this publication.

The workshops underscored how the pre-existing social, economic, and political marginalization of such groups was exacerbated after the tsunami. Based on lessons from various natural disasters that have affected countries in the ESCAP region, it was clear that all affected persons and groups did not have equal access to relief

and recovery in both the emergency and reconstruction phases. This was partly due to constraints in mobility, such as those affecting the very young, the aged, as well as persons with disabilities. Women, as caregivers were often unable to leave dependents alone for long periods of time and therefore had limited access to services, supplies, information and opportunities. These same groups were often neither seen nor heard to the same extent as others and were therefore not consulted and could not participate in the planning and reconstruction phases.

The purpose of the workshops was to provide a forum for the voices of people with disabilities (PWDs), the elderly, youth and disadvantaged women affected by the tsunami to “validate” and enrich the ESCAP commissioned studies. It was an opportunity for representatives of the tsunami-affected country Governments, NGOs and international organizations as well as academics to explore lessons learned and the implications for post-tsunami reconstruction planning and policies and to agree on a set of recommendations. The recommendations would also feed into the sixty-second Commission session to be hosted by the Government of Indonesia in April 2006. Additionally, the results from the workshops and studies will inform the planning of tsunami-related work of ESCAP.

2. Methods and methodology

The study in Indonesia was conducted in Kota Banda Aceh, the most affected area of the disaster. The research team consisted of academicians and NGO staff that carried out field visits to the tsunami-affected areas of Banda Aceh. Based on preliminary assessment of information available in Banda Aceh, the priority earthquake and tsunami-affected area of Banda Aceh and some locations on the west coast of Aceh Besar District were chosen for detailed fieldwork and consultations. The research team also held consultations with local government officials, Indonesia Red Cross and local NGOs. Information from survivors was obtained through focused group discussions (FGDs) and structured interviews conducted in three temporary camp settlements (Lampasi Engking a sub-district of Darul Imarah; Huntara Siron and Bada, both subdistricts of Ingin Jaya).

The main limitations encountered by the Indonesian research team were that the main respondents had to be selected from the

residents of temporary camps, varying degrees of cooperation from government officials, NGOs and other stakeholders, lack of data on certain vulnerable groups and limited budget allocation for the research.

The Sri Lanka study was carried out by the Centre for Research on Women (CENWOR). Besides the quantitative data provided by the Task Force appointed to coordinate and organize tsunami-related activities – the Task Force for Rebuilding the Nation (TAFREN) – and by the Department of Census and Statistics, CENWOR also relied on research done by international organizations, local NGOs and research organizations. The study looked at random samples households in two districts – Galle and Colombo. The households were located in administrative divisions identified as among the worst affected in the two districts, on the basis of macro data and the information provided by local officials.

The study had the following components:

- (a) A senior member of each household was interviewed by the field researchers, using an interview schedule that sought information on the different facets of their experiences as a consequence of the tsunami – loss of lives in the family, housing situation, loss of movable property, economic activities, participation of children in education, access to health care, water and sanitation, loss of documents, fears for the security of their families, and the assistance they received from the state, donors, NGOs, individuals and the community.
- (b) Field researchers interviewed members in the households belonging to four specific groups, using an interview schedule that sought their perceptions of the impact of the tsunami on their lives, particularly, in terms of their quality of life, present needs and future prospects. These groups included youth (defined as between 18 and 30 years old), elderly persons (60 years old and over), widows and widowers, and people with disabilities.
- (c) Focused group discussions with the above-mentioned groups.

The limitations experienced by the Sri Lanka field researchers were the practical difficulties in assembling older persons and people with disabilities for FGDs.

In contrast to the Indonesia and Sri Lanka studies, the Thailand study applied a methodology that was strictly qualitative. This was due to time limitations and the intended focus to gather information and experience “from the ground”, as it were, on the plans and processes of the long-term recovery process and how they are responding to the needs of affected communities. The study employed methods such as individual interviews and focus group discussions. A total of 151 respondents were interviewed in 11 districts from three of the six affected provinces (Phuket, Phang-nga and Ranong). Almost all survivor respondents interviewed were staying in temporary settlements. The exceptions were respondents from the Laem Pom community, who returned to rebuild houses in the pre-tsunami places and the Pak Tiam and Tab Tawa communities that chose their own relocation sites for permanent rehousing and settlement.

Due to time constraints, the limited information available and physical constraints in the field during the time of the study, a random sampling methodology was utilized.

The data was collected during three separate field trips to the three provinces during the months of July and August 2005. Information was gathered from secondary data, when necessary.

In all case studies unstructured interviews and ethnographic methodology were used (meaning the subject was allowed to express themselves in their own words). Translators/interpreters were employed when necessary. A variety of techniques were used to arrive at useful generalizations in a case study. One way to generalize from a sample of one is to argue that group data overlooks or blurs the significance of individual success or failure. Nomothetic (group) designs simply add up the totals and look at averages. Idiographic (single subject) designs have the advantage of rescuing individual data from the pile of averages.

Another way to generalize from a sample of one is to use the “universe in a dewdrop” argument as is common with ethnography. With case studies, this is called “methodological holism” and is quite common in historical-comparative research. The idea is to find a subject so average, so typical, so much like everyone else that he/she seems to reflect the whole universe of other subjects around him/her.

3. Summary of key findings and recommendations

The main needs and priorities of affected communities are:

- A return to the places and livelihoods they depended on prior to the tsunami destruction
- Survivors of the disaster staying in temporary settlements still need continued assistance and assurance that both the temporary site and the place of their permanent homes are secure from a future tsunami. They also wish to resettle in areas near their home villages and to pursue economic activities they are familiar with.
- They need assurance of legal ownership of their occupied land and house.
- While most who have lost land and homes have received temporary shelter assistance pockets of communities are unsatisfied with the assistance provided. These include basic services such as health and sanitation and livelihood assistance.
- A stable source of income is the main priority of all survivors. In this regard, the absence of other skills for many survivors are making them feel vulnerable being unable to support themselves and uncertain about their ability to pursue alternative livelihoods. Those that indicated a willingness to venture into new professions said access to capital, provision of livelihood materials and training are the most essential types of assistance.

Based on the needs and priorities articulated by the respondents, the study concludes and recommends the following:

- (a) Immediate return to villages of origin is foremost on the majority of the displaced survivors. It is recommended that communities be made aware of the rehabilitation plans and timeframe to enable them to prepare accordingly. They need to be assured that once conditions allow (basic services and infrastructure are available) return assistance will be available.

- (b) A significant number of displaced persons are hesitant to return as they remain traumatized by their horrific experience and continue to be fearful of a tsunami. Some, although aspiring to return, have also accepted that immediate return is not yet feasible or in some cases is no longer possible as the tsunami has rendered their villages uninhabitable. As such, it would be in the best interest of the survivors for the following to be factored into decision-making processes in relation to the planning of transitional settlement and/or permanent relocation activities to ensure that their needs and priorities are considered:
- (i) The temporary settlement or the permanent relocation site should be as close as possible to their villages of origin. Maintaining community integrity and upholding of family and social ties are vital to the affected communities; efforts should be ensured that those who originated from the same village would be relocated together.
 - (ii) Ownership status of the land and/or housing units must be absolutely clear to all stakeholders and all legal documentation should be in place prior to the movement to a temporary settlement or permanent relocation site, to avoid any dispute and complications in the future. Public information and awareness campaigns in relation to this should be factored into the settlement programmes.
 - (iii) It is essential for shelter assistance programmes to put a premium on community participation.
 - (iv) The viability of community members to engage in income-generating activities and/or the possibility of obtaining employment should be factored into the choices of the settlement sites.
 - (v) Resettlement programmes should have a public information and education component addressing people's concerns about a future natural disaster. To assuage lingering fears of another disaster, survivors should receive dependable and pertinent information and response training for natural disasters predominant in this region, including earthquakes and tsunamis. Resettled communities should be involved in developing contingency plans for disaster preparedness and management specific to their areas. The government, international and national partners should coordinate to the greatest extent possible to develop a consistent message regarding disaster preparedness information and training.
- (c) The needs and priorities of the affected local communities are linked to the immediate provision of economic self-sufficiency support structures. This implies that the displaced and local populations are well aware of the inter-linkage between economic self-reliance with other sectoral issues such as health and education, among others. The ties between sustainable sources of incomes at the household level and access to basic services and its contribution to the restoration of local economies are recognized. To support the recovery and restoration of household level economic activities that will eventually contribute to the rebuilding of the affected provinces' economic infrastructure, it is therefore recommended that:
- (i) Livelihood programmes supporting either the re-establishment of former livelihoods or a shift to an alternative economic activity should focus on the provision of access to capital, distribution of relevant tools and equipment, and training.
 - (ii) Livelihood programmes should be comprehensive in scope. Such programmes should seriously engage community participation to ensure sustainability and equitable distribution of benefits.
 - (iii) Livelihood assistance activities should take into account the change in family roles resulting from the loss of either the head of household or home-maker. This will impact on the ability of the families to participate in various activities as the person that has assumed the role of head of family will be taking on multiple burdens and workloads.
 - (iv) Livelihood programme activities should be implemented without delay.



Focus group discussion with older persons in Aceh. (Yayasan Emong Lancia photo)



Orphaned children may be vulnerable to exploitation and abuse. (ESCAP photo)



Social protection is crucial when other support systems no longer exist. (AP photo)

Indonesia

A. INTRODUCTION

The 2004 earthquake and tsunami that struck Indonesia resulted in widespread destruction to infrastructure, the displacement of over 500,000 people and the loss of 230,000 lives and the livelihoods of many more in the provinces of North Sumatra. More than 2.8 million people were directly or indirectly affected and more than 700 thousand people lost their homes.

The Government of Indonesia and the international and local communities responded immediately to the emergency and relief needs of the affected people in an unprecedented fashion. Various relief goods/assistance such as food, medical services and supplies, in some cases cash and/or human resources, non-food items, among others were provided and distributed to affected communities.

However, the people of Aceh, Capital of Nanggroe Aceh Darusallam (NAD) which was hardest hit by the tsunami, continue to be confronted with destroyed/damaged homes and community infrastructure, food insecurity, limited means of livelihood, absence of or disrupted delivery of basic services, and a multitude of other pressing concerns. With the international community providing full support to the Government of Indonesia's efforts, resources both human and financial are widely evident in NAD. Nonetheless, the challenge remains as to how to effectively respond to the needs and

concerns of the affected communities to enable them to return to a quality of life that recovers some sense of pre-tsunami stability.

This chapter is based on ESCAP's study on the tsunami recovery efforts conducted in Kota Banda Aceh.

B. BACKGROUND

1. About Aceh

The province of Aceh, also known as NAD, is located at the northern tip of Sumatra, one of eight administrative provinces of Sumatra. The province itself is divided into 17 kabupaten (regencies) and 4 kota (municipalities). The population of Aceh is estimated at 4.4 million or 2 per cent of the Indonesian population (Table 1) and nearly a quarter of the population of Sumatra as a whole. The predominant language is Acehnese, a language related to Malay, although in Aceh, as in all Sumatra, Bahasa Indonesia is the official language.

Production of oil and gas is very important resource for the economy of Aceh, accounting for 43 per cent of regional GDP in 2003. Aceh's nominal GDP was Rp.38.6 trillion (about US\$ 4.5 billion), 2.3 per cent of national GDP. Aceh's real GDP growth rate in 2003 was 3.4 per cent, about 1 percentage point below the national growth rate at 4.3 per cent. By sectoral basis, except of oil and gas, agriculture has the largest share of GDP at 32 per cent. In agriculture, livestock (10 per cent)

Table 1. Geography and population

Description	Indonesia	Aceh	% of Indonesia
Area (km ²)	1,890,754.0	51,937.0	2.7
Number of villages (desa) 2003	70,921.0	5,947.0	8.4
Number of households (thousands) 2003	56,623.0	1,004.0	1.8
Number of sub-districts (kecamatan) 2003	4,994.0	227.0	4.5
Number of regencies (kabupaten) 2003	348.0	17.0	4.9
Population (million) 2003	218.6	4.4	2.0
Number of municipalities (kota) 2003	92.0	4.0	4.3

Source: BPS, 2004

and food crops (10 per cent) have the largest shares. Almost half the people in Aceh (47.6 per cent) are employed in agriculture. Aceh has special autonomy status. Because of this status, Aceh has been granted a greater share of revenue from its natural resources, including oil and gas, compared to other provinces.

Poverty is severe among those directly affected by the long-running conflict, such as widows and internally displaced people. However, poverty comprises many other aspects than just consumption, and it is in these areas that Aceh faced the greatest challenges. For example, because of the conflict there was a large gap between how social services were delivered in urban areas compared with remote areas, where public health and education services were of lower quality due to poor infrastructure and the difficulty of attracting staff. The result was low school attendance and low coverage of public health programmes.

Social indicators of Aceh were not as low as compared to the national average. However, although the province's proportion of medical doctors and hospital beds exceeded the national average, infant immunization rates and antenatal care still lagged behind. Although fewer health facilities than schools had been damaged in the conflict, access to health services, especially at sub-district and village community level, had declined due to poor security of staff and patients. Aceh had no lack

of health personnel, but health personnel were often afraid or refused to work in rural areas. The declining coverage of essential preventive programmes, including immunization and maternal care, was in fact threatening the health status of the people. The conflict had also resulted in damage to education infrastructure, which included loss of equipment and textbooks. Before the imposition of martial law, school enrollment rates were similar to national rates. Actual daily participation rates were much lower. Teacher attendance was poor and there was a considerable outflow of teachers during the conflict period.

It is estimated that 35,000 people, predominantly women, children and the aged, had already been displaced by the internal conflict.

The damages and losses from the earthquake and the tsunami affected 17 of the 21 districts of Aceh. The affected population in the whole province of Aceh was estimated to be around 2.8 million people. About a quarter of the affected areas were urban and the remaining were rural. Bireuen was the affected area with the largest number of inhabitants (348,000) then North Aceh (328,500), East Aceh (292,000) and Banda Aceh (239,000). These areas had a young population with those older than 55 constituting only 8 per cent of the population of the province. Children younger than 15 years old were a third of the population while 55 per cent of the population was younger than 25.

2. About the study

A research team of 10 persons comprising representatives of local NGOs and academia conducted fieldwork in the tsunami-affected areas of Banda Aceh, in July 2005. The research team had consultations with local government, Indonesia Red Cross, local NGOs and other selected respondents. Information from survivors was obtained through focused group discussions (FGDs) and structured interviews.

FGDs were conducted in the Aceh Besar District, in temporary settlement camps located at:

- Lampasi Engking, a sub-district of Darul Imarah;
- Huntara Siron, a sub-district of Ingin Jaya; and
- Bada, a sub-district of Ingin Jaya.

A total number of 206 persons participated in the FGDs, consisting of:

- persons age 60 and above;
- persons age 16-24;
- widows; and
- persons representing community leaders, government agencies, camp coordinators and NGOs.

3. About the respondents

(1) The majority of respondents were native to Aceh. All the widows and elderly respondents were native Acehnese; 81 per cent of the youth respondents

were natives; and the remaining 19 per cent of respondents comprised migrants from other regions. As to the place of origin of respondents' spouses, the situation varied somewhat: 86 per cent were natives to the area and 14 per cent of them were migrants from other regions in Indonesia.

- (2) The majority of widows and young people did not indicate themselves to be particularly excluded. In fact, almost 100 per cent of widows and 74 per cent of young people responded that they feel a sense of belonging to the Indonesian nation. Twenty-six per cent of the youth did not answer this question. In contrast, 100 per cent of the elderly respondents indicated that they feel like a minority in their society.
- (3) The majority of Acehnese speak the local language. Almost 75 per cent of them predominantly use the Acehnese language in their daily conversation and 22 per cent use a mixture of the local language and Bahasa Indonesia.
- (4) All the respondents were Moslems, as Islam is the major religion in Aceh.
- (5) The highest education level of respondents was mainly primary school (Table 2). Only 7 per cent of them have no formal education (illiterate). These belonged to the elderly group of respondents. Respondents with tertiary education (2 per cent) belonged to the youth category of respondents.

Table 2. Respondents education level

(Percentage)

Education level	Youth	Widows	Elderly	Average
Primary school	3	44	71	44
Junior high school	52	31	6	25
Senior high school	39	25	8	21
None/illiterate	0	0	15	7
University	6	0	0	2

- (6) The majority of respondents reported living in extended or large families before the tsunami – 49 per cent of the households had consisted of 5-7 per family (Table 3). The situation had changed after the tsunami, where a majority of households were characterized by number of members ranging from 2 to 4 persons.
- (7) In terms of occupation and income, most of the respondents were farmers before the tsunami disaster (Table 4). In terms of ranking by numbers, the second source of income for respondents was either being self-employed or an owner of micro business. Fisherfolk and drivers represented the next two largest categories of occupation and income.
- (8) Based on levels of income households were categorized as “very poor” (<Rp.250,000), “poor” (Rp.250,000-1,000,000), “average” (>Rp.1,000,000-5,000,000) and “rich” (>Rp.5,000,000). In this regard, the survey found that almost 40 per cent of respondents’ households had become “very poor” and 52 per cent had become “poor” after the tsunami (Table 5).

Table 3. Number of household members before and after tsunami

Number of household members	Before tsunami	After tsunami
	%	%
1	0	2
2-4	29	53
5-7	49	36
> 8	21	9

Table 4. Source of income

Source of income	%
Farmers	25
Self-employed including vender	21
Fishermen	16
Driver	16
Work in a small business or shop owned by others	8
Government employee	4
Professional (doctor, engineer, teacher, accountant)	1
No answer	7

Table 5. Household income before and after tsunami

Income level of household	Before tsunami	After tsunami
	%	%
Very poor	9	40
Poor	57	52
Average	34	8
Rich	0	0

- (9) In terms of housing, the majority of respondents had lived in privately owned homes before the tsunami (Table 6). Only 24 per cent had lived in rented houses. Following the tsunami, however, almost everyone lived in non-domestic quarters (33 per cent) or shacks (65 per cent).
- (10) In terms of ownership of home appliances, respondents indicated a drastic change for the worse following the tsunami (Table 7). For instance, numbers dropped from 62 to 4 in terms of ownership of televisions and from 40 to 3 in terms of ownership of bicycles/motorcycles and from 8 to 1 in terms of ownership of private cars. Ownership of sewing machines, washing machines, refrigerators, personal computers, tape recorders/radios, kiosks/shops, pedicabs, cows/chickens, furniture, boats, gold, and money also dropped significantly.

C. KEY FINDINGS ON RELIEF, REHABILITATION AND RECOVERY ASSISTANCE

1. Access to Assistance

The general indication from most respondents was that tsunami relief assistance was not distributed fairly to all survivors. From FGDs, 53 per cent of participants indicated that relief assistance was not distributed fairly and 33 per cent claimed they had no access to relief aid. Only nine per cent responded that relief assistance was carried out in a fair manner.

Table 6. Type of housing before and after tsunami

Type of housing	Before tsunami		After tsunami	
	No.	%	No.	%
Private ownership	67	71	2	2
Rented house	23	24	0	0
Squatter housing	1	1	0	0
Non-domestic quarters	1	1	31	33
Private owned residential flat	0	0	0	0
Rented flat	0	0	0	0
Others (no answer)	3	3	62	65

Table 7. Respondents ownership

Type of home appliances	Before tsunami		After tsunami	
	No.	%	No.	%
TV	62	65	4	4
Bicycle or motor cycle	40	42	3	3
Private car	8	8	1	1
Sewing machine	6	6	2	2
Washing machine	5	5	1	1
Refrigerator	5	5	0	0
Personal computer	3	3	0	0
Tape recorder/radio	3	3	1	1
Kiosk/shop	3	3	0	0
Pedicab	3	3	0	0
Cow/chicken	2	2	0	0
Furniture	2	2	0	0
Boat	2	2	0	0
Gold	2	2	0	0
Money	2	2	0	0

All respondents of the elderly group reported that aid distribution was carried out unfairly, with some 64 per cent of the group indicating that individuals who were not tsunami survivors had also benefited from relief assistance.

In relation to general relief assistance, the majority of respondents (33 per cent) reported that they were helped by their relatives; 31 per cent were helped by NGOs and the head of the sub-district; 18 per cent by host communities not affected by the tsunami; 9 per cent by the Indonesian army; 5 per cent by the village head; 2 per cent by Indonesian Red Cross; and 2 per cent by friends.

2. Access to information

In general, the main source of information on tsunami recovery work was through camp-visits by representatives of various organizations. This was the feedback from most respondents. Table 8 shows that only 18 per cent of the respondents received relevant information from the radio and 19 per cent from friends. No-one reported any information through Government officials.

3. Access to clean water

Most of the respondents reported problems with regard to provision of clean water. Only 16 per cent of them benefited from good access to clean water. The evidence suggests that most of the provision of clean water was facilitated by NGOs and international agencies.

4. Access to sufficient food

The results indicate that regular and adequate food supplies were ensured in the early months after the disaster. Beginning in the second month after the disaster, only rice supplies were continued. Only five per cent of the respondents indicated that food supplies were reliable and adequate. Another 17 per cent reported insufficient food supplies and 22 per cent with no access to reliable food supply.

5. Access to health care

According to results of the survey, some 32 per cent of the respondents had access to health care before the tsunami. This was mainly facilitated by the community health center (PUSKESMAS). Another 24 per cent of the respondents were served by different kinds of health services. Generally, the health services delivered was of low quality and was not free of charge. Following the tsunami, health care was provided, although irregularly. The majority of the affected people had access to health care services provided by the Indonesian Red Cross (31 per cent), the Indonesian Army (15 per cent), and by health task forces (2 per cent). Although services were not regularly available the respondents indicated that the services were of better quality and free of charge.

6. Access to education and training

A mere 19 per cent of the respondents reported having access to some form of educational or

Table 8. Main source of information

Main source of information	No.	%
Visits by people from an organization	64	67
Friends	18	19
Radio	17	18
Government official	0	0

training programmes organized by NGOs and local government. Not surprisingly, all respondents in the elderly category did not have access to any type of education and training programmes that were in operation in the affected areas.

7. Access to resources needed for income generation and reviving livelihoods

All the respondents reported having no access to necessary capital, equipment, tools, land, water, etc., which they needed for income generation activities. Some 31 per cent of the respondents had been promised this kind of assistance by an NGO but had yet to receive it.

Results of the research also showed that access to capital and relevant training were key areas of assistance required by the survivors in order to reactivate their livelihoods and revive the local economy. In terms of training, the assistance needed was in the areas of fishing, farming, sewing and carpentry.

Only 2 per cent of the respondents had found paid work since the aftermath of the tsunami. Of the numbers unemployed, some 10 per cent were continuing their studies and 89 per cent did not know of any job opportunities in their surrounding area.

A key concern for many is the security of land tenure and property rights. And a major problem in this regard was the physical conditions of the land they had owned and occupied. The earthquake and tsunami had made it extremely difficult to identify the borders of property. Only 14 per cent of the respondents did not have any problems identifying and securing their land and property rights. However, another 66 per cent indicated that they face serious problems in claiming their property rights without any documents.

D. KEY PRIORITIES IDENTIFIED

Of the 88 tsunami survivors interviewed, some 31 per cent of them wished to return to their villages, rebuild their houses and resume their previous occupations. This group consisted of persons whose former jobs were government staff or private company employees. And 19 per cent indicated their aspirations to rebuild their homes and secure working capital to revive their means of livelihood. Another 25 per cent wished to resume their studies.

Prior to the tsunami disaster, some 85 per cent of the respondents indicated that they were self-reliant. The remaining 15 per cent, mainly the youth were dependent on their parents. The tsunami dramatically changed the scenario. Only 18 per cent were self-reliant.

Many of the respondents, some 48 per cent, expressed problems in coping with the situation. Some indicated that they could cope if they were able to return to their villages, rebuild their homes and secure means of livelihood.

1. Livelihoods

The single greatest concern was loss of livelihood. Entire communities lost their fishing boats and equipment, thus destroying the local economy. While donations are providing for basic needs in the short term, people are extremely worried about how they will survive in the medium- and long-term when donations are no longer forthcoming. A stable source of income is the priority and the majority of the respondents indicated that they would shift occupations if it was no longer possible for them to engage in their previous economic activities. Those interviewed indicated a desire for the provision of capital and livelihood materials as well as skills training. As mentioned above, the loss of sources of livelihood cut across all respondent groups,

displaced or not. More than half of those interviewed took any available short-term employment to survive as less than 10 per cent had received assistance to reactivate their livelihoods.

2. Housing

The next greatest concern was the re-establishment of appropriate housing. In many areas, people are highly fearful of living near the ocean and refuse to do so again; they prefer instead to live on higher ground or further inland. Some are worried about government plans to construct homes in places they feel are too close to the ocean. Resettlement should be close to home and safe from future disasters; if relocated in temporary or permanent resettlement sites, they prefer to be close to their original villages and secure from future natural disasters. Additional critical considerations are opportunities to undertake livelihood activities, i.e. where they can easily find jobs.

The majority of houses in Aceh were classified in the semi-modern category with few of the houses classified as traditional and the rest being classified as modern. The data results from the survey conducted in Aceh Besar District showed that prior to the tsunami impacts, about 71 per cent of the residents owned their homes and about 24 per cent had some form of rental agreement, with an additional 1 per cent living in squatter housing and 1 per cent in domestic quarters. Following the tsunami, the results show that only 2 per cent still owned their buildings, 33 per cent were living in non-domestic quarters and some 65 per cent were housed in refugee camps. The shelter needs of these groups would, therefore, have to be addressed in the rehabilitation and reconstruction process.

3. Land security

Land, housing and livelihoods are inextricably linked. In an area where the geography changed in a matter of

minutes, and populations continue shifting, land control and ownership is a critical issue. This will be an issue not only in agricultural areas, as individuals try to return to land or settle elsewhere, but also in urban areas, as individuals try to rebuild on smaller plots. As mentioned earlier, in Aceh, most of the households lived in self-owned houses and less than 10 per cent of houses were rented.

Additionally, among those who had ownership of their houses before the tsunami, about 36 per cent reported they did not find a problem in reclaiming their properties. But this did not assure their ability to provide valid legal titles to their land. This situation may worsen for them and others with the substantial loss of land, and most of the existing records and the recorded boundaries and other reference points.

4. Basic services

The interruption of the education of their children, including adolescent or university students who are supported by disaster survivors is a widely held concern. Some families report that even small transportation and food expenses for children are difficult or impossible for them to afford now that they are without sources of income.

Water and sanitation services were fairly low both in coverage and even prior to the earthquake and tsunami. Most of the urban water provision facilities and infrastructure in the affected areas were destroyed, with the worst damage in the most affected urban zones in the north and west. Small-scale providers and rural water suppliers were especially affected. It was estimated that almost all wells in the affected coastal region were contaminated. Urban sanitation, comprising entirely onsite facilities, suffered damage to the treatment servicing equipment.

Several agencies were working on the problem of sanitation and good progress had been made in some areas. However, the continued lack of adequate sanitation in many places

and large quantities of debris in water catchments contribute to the risk of mosquito breeding.

5. Distribution of resources

Problems are emerging in some communities related to the unfair distribution of assistance, cash and goods. In some situations, aid groups arrive in camps or villages and simply hand out cash or materials to whoever is nearby or by using population lists, which are not always accurate. Other groups choose to give the aid to leaders who may choose to distribute it unfairly. Jealousy and competition among residents results, is reported to be damaging community strength and unity.

6. Information

Many people reported a regular stream of government and NGO officials who collect data, but fail to inform them what they will do with the information they collect or what services they will provide. It was reported that government response has been slow or inadequate, and having more of their needs met by NGOs than by their Government at the time of this assessment.

7. Social protection for vulnerable groups

Some social groups within the affected communities have been rendered particularly vulnerable as a result of the disaster. They include:

- Widows, especially those forced to single-handedly care for children, venture into the job market with no prior experience in the labour force and survive in an environment where communal networks have been lost;
- Children who are orphaned and are in need of care by adults;
- Elderly people, especially those in need of subsistence and health; and

- People with disabilities.

While the physical destruction will take years to mend, the damage done to families will take generations recover. Both men and women experienced the emotional trauma of having lost spouses and children. Single-head households will struggle to re-enter the job market in order to care for their families. For women, the challenges are particularly great. The number of female-headed households in Aceh was already at a high of 19 per cent even prior to the tsunami disaster. Many of these women were already marginalized and the tsunami brings an additional burden that may prove quite difficult to bear. For example, one woman had established a warung (small shop) with a micro-loan. The tsunami destroyed her shop and killed her chickens and she has yet to repay the loan that allowed her to set up the business in the first place.

Of the numbers of children who still have a surviving mother, 75 per cent of them did not live with extended families. What this means is that the mother of these households will have primary responsibility over the care and well being of the children. Of the newly widowed women, it is estimated that only 27 per cent have experience with work outside the home. For many of these women, new skills will be necessary to survive. When asked the main reason for not working, most respondents cited household duties (96 per cent) while only 3 per cent were discouraged to work and the remaining one per cent reported that they already had financial means. Those who did have previous work experience worked in agriculture, trade or services. There was a small proportion of urban single mothers who had previously worked in the formal social services sector.

At the time of the study, there had been no comprehensive survey conducted either by the Indonesian Government or international organizations on the gender impacts

of the disaster. Rapid appraisal data, however, from surveyed areas shows that more females were killed by the tsunami than males, and in many communities, the number of female deaths was significantly higher than that of the death rates among males. Data compiled from two refugee camps show significantly higher losses of lives among the female population. Previous research showed that the female population in Aceh was slightly higher than the male population prior to the tsunami disaster. The situation had indicated a reversal following the disaster.

One apparent implication of the gender impacts of the tsunami is the changing gender roles in terms of home and child care. There are indications that men are experiencing serious difficulties fending for themselves, and taking on, at the same time, the unfamiliar tasks of looking after children and homes.

Children are clearly the most vulnerable victims of disasters and their aftermath. The Asian Development Bank estimation indicates that 37 per cent of the casualties were children below 18 years old. As many 12,160 or 13 per cent of those who died were infants. Striking as these figures are, they do not capture the fact that in some villages nearly all of the children are gone. In one village, Alu Naga, it was reported that all the children had died. Drawn to flopping fish on the beach as the sea receded, many were then killed by the wave that followed. This is not just a present loss but it is also an inestimable generational loss for the foreseeable future.

Many children who survived have lost siblings or extended family members. Added to their loss of homes and other securities, post-disaster trauma is especially acute among child survivors.

Another vulnerable social group are the elderly. Public health services in most of the tsunami-affected areas

are limited in coverage and are largely confined to urban areas. These facilities are often overcrowded, unevenly distributed and overstretched due to funding priorities and availability of qualified personnel, shortage of space and poor maintenance. In this context, the special health needs of the elderly are often the first to be neglected.

New post-tsunami poverty is also aggravating the situation for the elderly. Problems are especially acute in most rural areas, with indications of inter-generational rivalries over scarce resources, resulting in violence and abuse of the elderly.

People with disabilities represent another social group especially vulnerable to disasters and their impacts. Most people with disabilities are less able to flee to safety from disaster and they are probably disproportionately represented in the death toll. The WHO estimates that between 5 and 7 per cent of people in camps or temporary shelters have a disability. It is also estimated that, as a result of the tsunami, there will be a 20 per cent increase in the number of people with disabilities. Additionally, a third to half of all people affected by disaster suffered from mental distress.

Anecdotal evidence gathered from the survey suggests that people with disabilities suffer particularly high rates of mortality and morbidity. The reasons are several. People with disabilities tend to be neglected or rendered "invisible" to emergency registration systems. They are frequently left unregistered, which means that they fail to receive their basic entitlements to food, water, clothing and their specific needs. Added to this, people with disabilities are further excluded from disaster response efforts due to problems of access in new surroundings, the loss of support, barriers to and lack or absence of supportive aids (e.g. glasses, crutches etc).

E. RECOMMENDATIONS

The issues, concerns and priorities raised in this study will require concerted and coordinated efforts by relevant government and development agencies, as they continue in the recovery work. The development of specific programmes to address recovery and rehabilitation issues, in particular with regard to the settlement and livelihood sectors in NAD is obviously complicated. But it is hoped that the results presented by this study will be useful for designing and putting in place policies and programmes that reflect the needs and priorities of the tsunami survivors.

The primary principle of successful development interventions will always apply. Local government, NGOs and community institutions must work together and be supported by the central government and multilateral institutions. They must work together to ensure that programmes reflect the needs and priorities of the affected communities. They need to be supported – financially and technically – by the central Governments and international agencies in engaging and strengthening community participation for the design and implementation of programmes.

Needs and priorities of vulnerable groups must inform recovery efforts in every phase and at every level. Otherwise, post-tsunami recovery efforts will succeed to revive the economy and rebuild societies but only return to pre-tsunami societal inequalities.

Based on the findings of this research, the following measures are recommended:

1. Housing

(a) The majority of displaced people and communities wish to return home. For this to happen, basic needs must be met in order. This is obviously the first step to rebuilding homes and recovering livelihoods.

- (b) Local government, NGO and other agencies participating in the recovery programmes must have in place a construction action plan with the necessary technical expertise and coordination of its proper management.
- (c) Social and environmental aspects of temporary settlements must be taken into account.
- (d) Temporary housing must meet accessibility and safety criteria especially for the needs of the elderly, people with disabilities, young girls and women.

2. Income generation

- (a) Necessary financial and material assistance must be sustained. And provision of assistance must respect local culture.
- (b) New micro-enterprises must be developed and existing ones strengthened. Attention should be focused on the rural areas.
- (c) Re-establishment of small trading activities, especially for such rural areas,

3. Public services

- (a) Provision of health care services must consider the needs of all especially the elderly and people with disabilities;
- (b) Community health care centers must be rebuilt, especially in the most crowded camps;
- (c) The integrated service point (POSYANDU) must be re-established to provide basic health care for infants and young children;
- (d) Clean water and sanitation infrastructure must be rebuilt immediately;
- (e) Livelihood support services must be included in assistance programmes;

4. Psychosocial support

The need for psychosocial support remains urgent. Community support centers must be set up to provide psychosocial services for tsunami survivors, especially the vulnerable groups who are having difficulty in coping.

5. Consultation with and participation of community groups

- (a) Recovery efforts must maintain a focus on women's needs and priorities. In some areas, this is already being addressed. In many other areas, women's concerns are being sorely neglected. In many camps, women have little say in the allocation and use of resources. As reconstruction efforts continue, this lack of consultation and participation of women will translate into gender-unfriendly recovery outcomes.
- (b) Reconstruction plans must adapt to a universal design to cater for the needs of people with disabilities. This necessary entails the consultation with and participation of people with

disabilities in reconstruction efforts. People with disabilities must also be consulted in the setting up of early warning systems and immediate post-disaster relief management.

- (c) Older persons must be involved in the recovery process in order for their needs and priorities to be represented in recovery efforts. These concerns must include:
- Support for caregiving services provided by older persons, especially women caring for grandchildren orphaned by the tsunami;
 - Provision of appropriate social services and welfare coverage for the elderly, particularly for the poor elderly;
 - Prevention of discrimination, violence and abuse of the elderly, especially women, including inter-generational violence arising due to unfair distribution; and
 - Empowerment of older persons by way of involvement in training opportunities, engagement in poverty-alleviation activities, and participation in decision-making processes.



Living in barracks, often with few working toilets and places to wash in private is an additional hardship for vulnerable groups and women. (Human Rights Commission of Sri Lanka photo)



After the trauma of the disaster, concerns about land and property rights begin to be felt. (AP photo)



Older persons want opportunities to participate fully in relief and reconstruction of their communities. (Helpage International photo)



Loss of assistive devices prevented some people from escaping the tsunami and assistive devices are needed for post-disaster rehabilitation. (Motivation and Navajeevana photo)

Sri Lanka

A. INTRODUCTION

The tsunami that unexpectedly devastated almost two-thirds of the coast of Sri Lanka on 26 December 2004 had a horrendous impact on the lives of people in the coastal areas of northern, eastern, southern and western, and to a lesser extent, the north western provinces of the country. The scale of losses and damage was unprecedented in recent history. Around 40,000 lives were lost, which included persons missing and presumed be dead. Over 20,000 persons were injured, approximately 500,000 persons and over 250,000 families were displaced from their homes, and over 1,000 children were orphaned. Thousands sought refuge immediately in schools and places of worship, which were transformed into camps or welfare centers.

There was extensive damage to infrastructure and families were traumatized by the experience. Some districts were reported to have lost more women than men and in some districts surviving single parents, many of whom were men, had to single-handedly cope with family responsibilities while many children lost one or both parents and were displaced from their homes. Both women and children faced insecurity in the camps and were vulnerable to sexual abuse. In the north and east, families affected by the ethnic conflict experienced yet another trauma with the onslaught of the tsunami.

The areas affected on the eastern and southern coasts are among the

poorest in the country with around 40 per cent of inhabitants living below the poverty line. The families belong to fishing communities or were engaged in services and small-scale trade in the informal sector. Two-thirds of the fisheries sector was adversely affected and small businesses and village-based enterprises such as apparel and coir were swept away. As a result, around 200,000 were estimated to have lost their livelihoods, thereby exacerbating their poverty. High levels of soil salinity affected agricultural production.

Despite the disastrous situation, the remarkable resilience of those affected and the immediate relief provided by the State and assistance that flowed from international agencies, organizations, donors, local NGOs and individuals helped partial recovery. Essential services such as transport, communication, electricity, health and education services were restored speedily. The State provided dry rations of food and condiments and cash grants to affected families, and grants to about 200,000 displaced families. United Nations organizations provided school kits, uniforms and books to children, and clean water and sanitation facilities. Psychosocial support programmes to relieve trauma were conducted by a large number of organizations. The National Child Protection Authority took measures for the protection of children. Both local and international NGOs provided support of sorts and women's organizations lobbied for women's land rights in this fluid situation and for prevention of gender based violence.

While over 85 per cent of displaced children were reported to be back in schools and epidemics did not happen as feared, the distribution of relief items and cash grants was uneven, and the restoration of livelihoods and the rehabilitation of housing had been very slow, thereby creating frustration among tsunami survivors. A major obstacle to ascertaining problems and constraints to progress in recovery was the absence of data, particularly sex disaggregated data and data pertaining to specific vulnerable groups such as the elderly/older persons and those with disabilities who have been marginalized in policy and action over the years.

This chapter is based on ESCAP's study on the tsunami recovery efforts conducted in two affected districts – Galle and Colombo.

B. BACKGROUND

1. About the study

This study was supported by ESCAP and conducted by the Centre for Research on Women (CENWOR). Its aim was to explore how families and vulnerable groups were affected by the tsunami and to identify policies and action programmes that could facilitate effective recovery. Quantitative data was provided by the Task Force appointed to coordinate and organize tsunami related activities, currently known as the Task Force for Rebuilding the Nation (TAFREN), and by the Department of Census and Statistics. This study also relied on qualitative data from studies carried out by other international organizations, local NGOs and research organizations.

The study explored prevailing conditions in a random sample of 150 households, 75 households each in two districts – Galle and Colombo. The households were located in administrative divisions situated along the coast and identified as among the worst affected in the two districts, on the basis of macro data and the information provided by local officials.

The sample included households living in their own houses as well as those living in camps and tents.

The study had three components:

- (a) A senior member of each household was interviewed by the field researchers, using an interview schedule that sought information on the different facets of their experiences of the tsunami and its impact – loss of lives in the family, housing, loss of movable property, economic activities, participation of children in education, access to health care, water and sanitation, loss of documents, fears for the security of their families, and the assistance they received from the State, donors, NGOs, individuals and the community.
- (b) Field researchers interviewed household members belonging to four specific groups, using an interview schedule that sought their perceptions of the impact of the tsunami on their lives, particularly, in terms of their quality of life, present needs and future prospects.
 - (i) Youth, defined as 18-30 years old,
 - (ii) Elderly/older persons, 60 years and over,
 - (iii) Widows and widowers, and
 - (iv) Persons with disabilities.

The numbers depended on the availability of members of those groups in the households in the sample. It has to be noted that there were few elderly males in the Colombo households and few widowers and persons with disabilities in both locations.

- (c) Focus group discussions (FGDs) were held in each location with three groups of seven to eight persons. The groups in Galle comprised (i) youth, (ii) widows or widowers, and (iii) officials and community leaders. The groups in Colombo comprised (i) youth,

(ii) widows or widowers, and
 (iii) residents living by the sea.
 The distribution of sample households and special groups are provided in Tables 9 and 10.

It should be noted that field researchers had practical difficulties in assembling participants from the elderly category and persons with disabilities for group discussions.

2. About the respondents – Galle District

(a) General information

The 75 households in the study were located in three of the worst

affected administrative divisions in Galle District, 25 households in each of these divisions in Kotugoda, Magalla and Pettigalwatte. They are contiguous divisions situated along the coast, south of the Galle Fort. In Kotugoda, 18 of the 25 households were in houses (72 per cent); four households were in camps (16 per cent) and another three (12 per cent) in tents. In Magalle, 16 households were residing in houses (64 per cent); two were in camps (8 per cent) and another seven in tents (28 per cent). In Pettigalwatte, 18 households were in houses (72 per cent), six in camps (24 per cent) and one (4 per cent) in a tent.

Table 9. Distribution of sample households

Administrative division	No. in residences	No. in camps	No. in tents/ temporary sheds	Total
Galle District (75 households)				
Kotugoda	18	4	3	25
Magalle	16	2	7	25
Pettigalwatte	18	6	1	25
Total	52	12	11	75
Percentage	69.3	16.0	14.7	100.0
Colombo District (75 households)				
Moratuwa – Egoda Uyana	12	60	3	75
Percentage	16.0	80.0	4.0	100.0

Table 10. Samples from special groups

Group	Galle (75 households)			Colombo – Moratuwa (75 households)			
	Sample size no.	Sample as % of persons in the group	No. of households to which the sample relates	No.	% of persons in some categories in total sample	No. of households	Total no. of persons interviewed
Youth: 18-30 years old	29	32.9	25	31	40.3	29	60
Elderly: 60 years and above	21	63.6	16	4	66.7	All in camp	25
Widows and widowers	17	60.7	16	15	71.4	15	32
Persons with disabilities	5		5	8		6	13

There were 174 resident females and 180 males of whom 20.1 and 30.5 per cent were girls and boys respectively under 15 years old, 5.7 and 7.2 per cent were 15-17 years old, 28.2 and 18.9 per cent were 18-30 years old, 33.9 and 36.7 per cent were 31-59 years old, and 12.1 and 6.7 per cent were aged 60 and over (Table 11).

Over two-thirds of the respondents were Sinhalese Buddhists (72.4 per cent females and 67.8 per cent males) and 27.6 per cent females and 32.2 per cent males were Muslims. With respect to marital status, 32.4 per cent female members of the households and 38.4 per cent male members were unmarried, 52.5 per cent women and 8.4 per cent men were married, 14.4 per cent of the women, 20 in number, were widows, four men (32 per cent) were widowers, and one woman had been deserted by her spouse. The number of female heads of households was

20 (26.7 per cent) of whom 15 were widows and one was a deserted single parent.

Over half the women and men (55.9 and 58.3 per cent respectively) were drop-outs from secondary school; 10.2 per cent of girls and 13.0 per cent of boys had passed the General Certificate in Education Ordinary Level (GCE O/L), and 11 per cent of the women and 7 per cent of the men had passed the General Certificate in Education Advanced Level (GCE A/L); and two women and one man were university graduates. There were about 11 per cent primary school drop-outs and one illiterate male (Table 12).

(b) Loss of life and displacement

There was more loss of life among the female population than among the male population in the households – 19 females (13.5 per cent) and

Table 11. Household population by age, Galle sample

(75 households)

Age	Female		Male		Total	
	No.	%	No.	%	No.	%
Usual residents						
Less than 1 year	2	1.2	3	1.7	5	1.4
1-4 years	12	6.9	11	6.1	23	6.5
5-9 years	14	8.0	15	8.3	29	8.2
10-14 years	7	4.0	26	14.4	33	9.3
Total: less than 15 years old	35	20.1	55	30.5	90	25.4
15-17 years	10	5.7	13	7.2	23	6.5
18-30 years	49	28.2	34	18.9	83	23.5
31-59 years	59	33.9	66	36.7	125	35.3
60-69 years	14	8.1	9	5.0	23	6.5
70 years and above	7	4.0	3	1.7	10	2.8
Total: age 60 and over	21	12.1	12	6.7	33	9.3
Total	174	100.0	180	100.0	354	100.0
New comers						
1-4 years	2	18.2	1	20.0	3	18.7
5-9 years	2	18.2	1	20.0	3	18.7
10-14 years	3	27.2	–	–	3	18.8
18-30 years	4	36.4	1	20.0	5	31.3
31-59 years	–	–	2	40.0	2	12.5
Total	11	100.0	5	100.0	16	100.0

Table 12. Educational level of household members not in school, Galle sample

(75 households)

Educational level	Female		Male		Total	
	No.	%	No.	%	No.	%
Usual residents						
No schooling – cannot read and write	–	–	2	1.7	2	0.8
Grade 1-5	15	11.8	13	11.3	28	11.6
Grade 6-10	47	37.0	37	32.1	84	34.7
Sat for GCE O/L	24	18.9	30	26.1	54	22.3
Passed GCE O/L	13	10.2	15	13.0	28	11.6
Sat for GCE A/L	12	9.5	8	7.0	20	8.3
Passed GCE A/L	14	11.0	8	7.0	22	9.1
University degree	2	1.6	1	0.9	3	1.2
Not reported	–	–	1	0.9	1	0.4
Total	127	100.0	115	100.0	242	100.0
New comers						
Grade 6-10	–	–	1	33.3	1	14.3
Sat for GCE O/L	1	25.0	2	66.7	3	42.8
Passed GCE O/L	1	25.0	–	–	1	14.3
Sat for GCE A/L	1	25.0	–	–	1	14.3
Passed GCE A/L	1	25.0	–	–	1	14.3
Total	4	100.0	3	100.0	7	100.0

11 males (7.4 per cent) (Table 13). They were largely parents, spouses, and young children under 10 years of age. It is to be noted that 45.5 per cent of the women and 40.0 per cent of the men over 64 years of age had died in the tsunami, the highest percentage among the age groups. There was only one Muslim woman among the dead. Six women, five girls and one boy had moved out of

the households. As a result of the tsunami, four women and three men and their nine children under 15 years of age who had been displaced from their houses had sought shelter with their relatives' households.

(c) Housing

The housing situation was critical for the households, reflecting the

Table 13. Loss of life and displacement, Galle sample

(75 households)

Age	Population		Loss of life				Displaced			
			No. dead		% dead		No. displaced		% displaced	
	F	M	F	M	F	M	F	M	F	M
0-5 years	14	14	2	4	14.3	28.6	1	–	7.1	–
5-9 years	14	15	1	1	7.1	6.7	2	–	14.3	–
10-14 years	7	26	–	–	–	–	–	1	–	3.8
15-19 years	–	–	–	–	–	–	–	–	–	–
20-24 years	–	–	–	–	–	–	–	–	–	–
25-34 years	28	29	1	–	3.6	–	2	2	7.1	6.9
35-44 years	22	27	6	–	27.3	–	3	2	13.6	7.4
45-54 years	27	19	–	1	–	5.3	1	1	3.7	5.3
55-64 years	18	14	4	3	22.2	21.4	–	1	–	7.1
65 years and above	11	5	5	2	45.5	40.0	–	–	–	–
Total	141	149	19	11	13.5	7.4	9	7	6.4	4.7

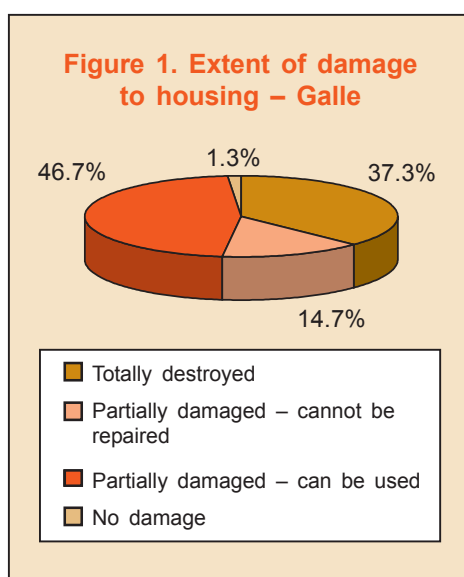
devastation caused by the tsunami. Only one house had escaped damage. Twenty-eight houses (37.3 per cent) were destroyed, 11 houses (14.7 per cent) were partially and irrevocably damaged, and 35 houses (46.7 per cent) were partially damaged but could be restored for living (Figure 1, Table 14). The majority (70.7 per cent) had legal sole ownership and 11 per cent joint ownership of the houses at the time of the tsunami, 13.3 per cent had occupied the houses for many years without legal possession, 5.3 per cent had had the permission of the owner to occupy them and 4 per cent had encroached on state land and constructed their houses.

daub huts. Only a few families had owned additional property in the same area or district.

Households also incurred extensive losses in movable property such as clothes (96 per cent); electrical equipment (73.3 per cent); kitchen utensils (68 per cent); sewing machines (60 per cent); jewellery (50.7 per cent); computers, photo copying machine and typewriters (5.3 per cent); fishing boats and nets (5.3 per cent) and other equipment used in production (5.3 per cent). There were also losses in terms of vehicles (42.7 per cent), cash in the house (12 per cent) and places of home business (10.7 per cent),

Table 14. Condition of houses, Galle sample

Condition of house	No. of houses	%
Totally damaged	28	37.3
Partially destroyed – cannot be used	11	14.7
Partially destroyed – can be used	35	46.7
Undamaged	1	1.3
Total	75	100.0



Forty-three households resided in their same houses after the tsunami, irrespective of the condition. Around 80 per cent of the houses were constructed with brick and mortar and the rest were wooden or wattle and

(Table 15). Households were, therefore, reduced to penury, without the wherewithal for daily living or for income earning activities.

(d) Livelihoods

Workers in the formal sector which included about 5.8 per cent women workers, 7.2 per cent men workers, who were state employees, as well as one man employed in the garment industry did not lose their jobs. Those most adversely affected were income earners in the informal sector. These comprised fisherfolk (17.6 per cent), small-scale traders and vendors (7.2 per cent women and 12.6 per cent men), women engaged in sewing and food related activities (18 per cent), male skilled workers such as electricians, carpenters, goldsmiths, service workers in eating houses, drivers and guards (14.4 per cent) and wage labourers (12.4 per cent).

Table 15. Movable property lost, Galle sample

Movable property lost	No. of households	% of total 75 households
Household items and clothes	72	96.0
Electrical equipment	54	72.0
Kitchen utensils	51	68.0
Sewing machine	45	60.0
Jewellery	38	50.7
Vehicles	32	42.7
Cash	9	12.0
Business premises	8	10.7
Computer/photo copier/typewriter	4	5.3
Fishing boats and nets	4	5.3
Equipment for production	2	2.7
Electronic equipment given for repairs	1	1.3
No loss	1	1.3

Job losses as a result of the tsunami were heavy in the informal sector. These included 40.9 per cent of the fishermen, two-thirds of the men and women traders and vendors, about 60 per cent of the women engaged in sewing-related activities, and about 40 per cent of artisans and service workers. Women workers were affected more adversely than men as 46.9 per cent of women workers and 27.4 per cent of men workers lost their livelihoods. The number of persons in each household engaged in economic activities before and after the tsunami indicates the impact on household incomes. The percentage of households without any income earners increased from 5.3 to 25.3 per cent and the percentage of those with two or more income earners declined drastically (Table 16). This decline was caused by the death of income

earners, loss of jobs or equipment for self-employment, or incapacity through injury.

Of the women and men who had been economically active, 48.9 per cent of the women and 36.8 per cent of the men reported that they could not continue to engage in the economic activities. The reasons adduced were loss of equipment or workplace (51.9 per cent women and 38.8 per cent men), loss of fishing boats and nets (42.9 per cent men), loss of machines or vehicles (37.0 per cent women and 8.2 per cent men), and lack of financial resources (7.4 per cent women and 6.1 per cent men) (Table 17).

The situation was exacerbated by the fact that members of 33 of the 75 households (44 per cent) had

Table 16. Number of persons per household engaged in economic activity before and after tsunami, Galle sample

No. of persons engaged in economic activity	No. of households		% of total 75 households	
	Before tsunami	After tsunami	Before tsunami	After tsunami
None	4	19	5.3	25.3
1	34	36	45.4	48.0
2	21	14	28.0	18.7
3	9	5	12.0	6.7
4	3	1	4.0	1.3
5	4	—	5.3	—
Total	75	75	100.0	100.0

Table 17. Reasons for not being able to continue economic activity, Galle sample

(75 households)

Reason	Female		Male		Total	
	No.	%	No.	%	No.	%
Loss of equipment/place of work	14	51.9	19	38.8	33	43.4
Loss of fishing boats and nets	–	–	21	42.9	21	27.6
Loss of job/work place closed	–	–	1	2.0	1	1.3
Loss of machinery and vehicles	10	37.0	4	8.2	14	18.4
No finance to continue	2	7.4	3	6.1	5	6.7
Became disabled due to tsunami	–	–	1	2.0	1	1.3
Answer not relevant	1	3.7	–	–	1	1.3
Total	27	100.0	49	100.0	76	100.0

taken loans before the tsunami, loans ranging from Rs.5,000 to Rs.500,000 for activities such as housing, business, purchase of equipment, and settling debts. Loan repayments were outstanding in 29 of the households as they were unable to generate sufficient income.

In this context it is salutary to note that even officials and community leaders participating in focus group discussions agreed that no concrete plans had been formulated to facilitate access to livelihoods so that many were trapped in poverty in an environment of uncertainty.

(e) Education

The situation regarding participation in education in the compulsory (5-14 years) school-age group was positive (Table 18). Forty-two households (56 per cent) had school going children. No child in the 5-14 age group who had been in school

before the tsunami had dropped out of school, although there was some initial displacement in the weeks immediately after the tsunami. The education participation rates of the 5-14 age group were 100 per cent for girls and 94.9 per cent for boys, as two boys in the 5-9 age group had not been attending school even before the tsunami. In the older age group, only one student, a 17-year-old girl had dropped out because she had not been successful at the GCE O/L examination, and had lost her books and notes during the tsunami and was not inclined to continue her studies. The participation rate in the 15-17 age group for girls was 90 per cent. It was much lower in the case of the 15-17 age group for boys was 69.2 per cent – and there was no change after the tsunami. Participation rates among the 18-19 year olds were low – 33.3 per cent girls and 16.7 per cent boys. Hence, the female and male education participation rates in the 15-19 age

Table 18. Education participation rate, Galle sample

(75 households)

Age	Female			Male		
	Population	No. in school	% in school	Population	No. in school	% in school
5-9 years	10	10	100.0	13	11	84.6
10-14 years	7	7	100.0	26	26	100.0
5-14 years	17	17	100.0	39	37	94.9
15-17 years	10	9	90.0	13	9	69.2
18-19 years	9	3	33.3	6	1	16.7
15-19 years	19	12	63.2	19	10	52.6

group were 63.2 per cent girls and 52.6 per cent boys. These rates are in consonance with national level data in which there is a steep drop-out rate after the GCE O/L at 17 years of age and the participation rates of girls have been higher than that of boys over three decades.

There were five children in two households among the newcomers to the households, as a consequence of the tsunami. Two children were in one household and three in another, who were looked after by two grandmothers. In the two households the four school-age children, aged between 9 and 13 years were in school. Three girls and five boys in the 5-14 age group had died in the tsunami.

3. About the respondents – Moratuwa suburb, Colombo

(a) General information

In Egodauyana Administrative Division in Moratuwa, 12 of the 75 households

in the study sample (16 per cent) continued to reside in their pre-tsunami locations while the majority, 60 households (80 per cent) were accommodated in camps and three households (4 per cent) were in temporary wooden sheds. The extent of the devastation in this coastal belt and the displacement of families are clearly reflected in these statistics.

All the 75 houses were occupied by Sinhalese families who, with the exception of one household, were all Buddhist. Age-wise, 29.8 per cent of the female members of the household and 32.2 per cent of the male members were below 15 years; 6.3 per cent females and 5.0 per cent males were 15-17 years; 28.5 per cent females and 25 per cent males were 18-30 years; 32.6 per cent females and 36.4 per cent males were 31-59 years and 2.8 per cent females and 1.4 per cent males were 60 years and over (Table 19).

The majority of household members were married – 68.3 per cent of the women and 73.0 per cent of the men; 17.8 per cent were widows and

Table 19. Household population by age, Colombo sample

(75 households)

Age	Female		Male		Total	
	No.	%	No.	%	No.	%
Usual residents						
Less than 1 year	1	0.7	6	4.3	7	2.5
1-4 years	11	7.6	11	7.9	22	7.7
5-9 years	24	16.7	14	10.0	38	13.4
10-14 years	7	4.8	14	10.0	21	7.4
Total: less than 15 years old	43	29.8	45	32.2	88	31.0
15-17 years	9	6.3	7	5.0	16	5.6
18-30 years	41	28.5	35	25.0	76	26.8
31-59 years	47	32.6	51	36.4	98	34.5
60-69 years	3	2.1	1	0.7	4	1.4
70 years and above	1	0.7	1	0.7	2	0.7
Total: age 60 and over	4	2.8	2	1.4	6	2.1
Total	144	100.0	140	100.0	284	100.0
New comers						
1-4 years	–	–	–	–	–	–
5-9 years	–	–	–	–	–	–
10-14 years	–	–	–	–	–	–
18-30 years	1	100.0	–	–	1	100.0
31-59 years	–	–	–	–	–	–
Total	1	100.0	–	–	1	100.0

3.2 per cent widowers. One woman was deserted by her husband, one man was divorced and another separated, and 12.9 per cent females and 21.1 per cent males were unmarried. Women, all of them widows, comprised heads of 17.3 per cent of the households.

Educational levels were low in comparison to national averages. Some 18 per cent of women and 18.5 per cent of men had never been to school; 41 and 44.6 per cent respectively were primary school drop-outs; 39 per cent women and 34.1 per cent men were secondary school drop-outs; and only one man had GCE O/L qualifications and one woman had GCE A/L qualifications (Table 20).

Displacement was characterized as relocation to camps rather than movement to another area. Only one woman, whose mother died in the tsunami and other family members moved elsewhere, had sought refuge in one of the households.

(c) Housing

No house in this sample had escaped damage from the tsunami. Most houses – 69 of the 75 (92 per cent) – had been destroyed, four houses (5.3 per cent) had been partially damaged and were beyond repair and two houses (2.7 per cent) were partially damaged but could be occupied after repairs (Figure 2, Table 22). Only one household continued to live in the same house

Table 20. Education, Colombo sample

(75 households)

Education level	Female		Male		Total	
	No.	%	No.	%	No.	%
Usual residents						
No schooling – cannot read and write	18	18.0	16	17.4	34	17.7
No schooling – can read and write	–	–	1	1.1	1	0.5
Grade 1-5	41	41.0	41	44.6	82	42.7
Grade 6-10	36	36.0	28	30.4	64	33.3
Sat for GCE O/L	3	3.0	4	4.3	7	3.7
Passed GCE O/L	–	–	1	1.1	–	–
Sat for GCE A/L	1	1.0	–	–	1	0.6
Passed GCE A/L	1	1.0	–	–	1	0.6
Not reported	1	1.0	1	1.1	2	1.0
Total	100	100.0	92	100.0	192	100.0
New comers						
No schooling – cannot read and write	1	100.0	–	–	1	100.0
Total	1	100.0	–	–	1	100.0

(b) Loss of lives and displacement

There were not many deaths reported in the households. In all, three wives, one mother and a granddaughter (3.5 per cent of the total female population of 144) and one husband, one father and one grandson, (2.1 per cent of the total male population of 140) had lost their lives (Table 21).

they had lived prior to the tsunami. Some 60 households that had previously lived in wooden huts were in a camp and the rest had returned to their previous location by the sea. Only 12 per cent had legal ownership of their houses and 85 per cent had been long-term occupants without legal rights. One household had occupied the house with the permission of the owner, one had been a tenant, and one household had two houses on the same land. It

Table 21. Loss of life and displacement, Colombo sample

(75 households)

Age	Population		Loss of life				Displaced			
	F	M	No. dead		% dead		No. displaced		% displaced	
			F	M	F	M	F	M	F	M
0-5 years	12	17	–	1	–	5.9	1	–	8.3	–
5-9 years	24	14	1	–	4.2	–	–	–	–	–
10-14 years	7	14	–	–	–	–	2	–	28.6	–
15-19 years	12	11	–	–	–	–	–	1	–	9.1
20-24 years	17	17	–	–	–	–	–	–	–	–
25-34 years	27	21	–	–	–	–	–	–	–	1
35-44 years	22	29	–	–	–	–	–	–	–	–
45-54 years	13	10	2	2	15.4	20.0	–	–	–	–
55-64 years	8	5	1	–	12.5	–	–	2	–	40.0
65 years and above	2	2	1	–	50.0	–	–	–	–	–
Total	144	140	5	3	3.5	2.1	3	3	2.1	2.1

was therefore an economically deprived group that had been reduced to homelessness.

In addition to the destruction of or damage to their houses, the households faced a bleak future in

view of other material losses such as equipment (73.3 per cent), household and kitchen items (69.3 per cent), vehicles (42.7 per cent), jewellery (24 per cent) which had been an investment and a form of savings, cash savings (10.7 per cent) and a wheel chair (1.3 per cent) (Table 23). The losses prevented return to normalcy in economic activities or in daily household living.

(d) Livelihoods

The tsunami had an immediate and drastic impact on livelihoods in an already economically disadvantaged neighbourhood. Only one man who worked in the public service and four women employed as garment workers were not been affected by the tsunami. Those employed in the traditional carpentry industry of Moratuwa and urban skilled workers and some artisans survived as their workplaces were located away from the sea.

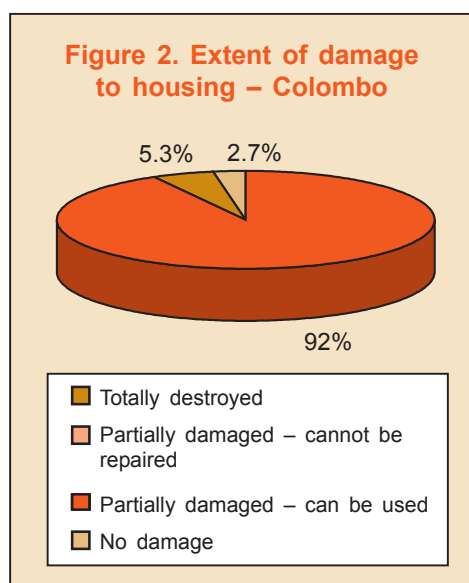


Table 22. Condition of houses, Colombo sample

Condition of house	No. of houses	%
Totally damaged	69	92.0
Partially destroyed – cannot be used	4	5.3
Partially destroyed – can be used	2	2.7
Total	75	100.0

Table 23. Movable property lost, Colombo sample

Movable property lost	No. of households	% of total 75 households
Household items and clothes	46	61.3
Electrical equipment	35	46.7
Vehicles	32	42.7
Jewellery	18	24.0
Cash	8	10.7
Sewing machine	7	9.3
Kitchen utensils	6	8.0
Equipment for production	4	5.3
Cart	3	4.0
Equipment for fish – business – box, scale, etc.	3	4.0
Business place	2	2.7
Carpentry tool	2	2.7
Fishing boats and nets	1	1.3
Wheel chair	1	1.3
No loss	7	9.3

Note: Based on multiple answers.

The losses were in the lowest income bracket of the informal sector in which most of the men and women were employed. For instance, 80 per cent of the men in the fishing community, 70.6 per cent of women and 31 per cent of men in small-scale and petty trade and 37.5 per cent of the women in sewing and other small industries had lost their equipment and could not pursue their economic activities. Altogether, more women, 43.9 per cent of women workers and 16.1 per cent of men workers lost their livelihoods. Consequently the percentage of households that had no income earners increased from 2.7 to 22.7 per cent; those with two income earners decreased from

34.7 to 22.7 per cent and with three income earners decreased from 13.3 to 6.6 per cent (Table 24).

Additionally, 22 households (29.3 per cent) were already enmeshed in loans taken before the tsunami to improve their business, self-employment, and housing or to settle previous debts. Some 86.4 per cent of the household had outstanding loan installments without the resources to repay them.

(e) Education

As in the rest of the country, children in the compulsory school-age group, 5-14 years, had access to education –

Table 24. Number of persons per household engaged in economic activity before and after tsunami, Colombo sample

No. of persons engaged in economic activity	No. of households		% of total 75 households	
	Before tsunami	After tsunami	Before tsunami	After tsunami
None	2	17	2.7	22.7
1	36	35	48.0	46.7
2	26	17	34.7	22.7
3	10	5	13.3	6.6
4	1	1	1.3	1.3
Total	75	75	100.0	100.0

96.4 per cent girls and 96.0 per cent boys. The educational participation of children in this age group reflects national trends. However, there is a sharp drop in the school-going population over 14 years.

In the 15-17 age group only 22.2 per cent of the girls and 28.6 per cent of the boys were in school while no one in the 18-19 age group was in school. Hence, the participation rates in the 15-19 age group were 16.7 per cent for girls and 18.2 per cent boys (Figure 3, Table 25), which is deplorably low, and much lower than the national rate of 50-60 per cent. Even at the national level, the participation rates of girls in this age group have been higher than that of the boys over three decades. This neighbourhood was disadvantaged in terms of access to secondary education even before the tsunami.

One girl in the 5-9 age group had lost her life during the tsunami. Four girls dropped out of school after the tsunami – two girls, aged 13 and 14 years old, who were reluctant to return to school, a 16-year-old girl who reported that it was difficult to study, and a 17-year-old girl who had married. Two boys had dropped out of school, a 14-year-old boy whose mother had become disabled and a 15-year-old boy who was reluctant to return to school. Two girls had lost their schoolbooks and notes that needed replacement. Caregivers reported that material resources such as shoes and clothes were required to

assist these girls to get back to school. A widow who was head of the household had taken over the care of two grandsons, who were attending school.

C. KEY FINDINGS ON RELIEF, REHABILITATION AND RECOVERY ASSISTANCE

1. Galle District

(a) Delivery of relief and other assistance

Relief and welfare programmes were implemented immediately after the tsunami by many agencies and individuals. Most of the assistance was provided by the State and assisted by United Nations agencies. Next in order of assistance ranking were individuals, local NGOs, international NGOs and the local community which of course had its resource constraints. Over 80 per cent of the households had received food and state rations. Around two-thirds of the households had received clothes and cash grants. According to the respondents, however, there was limited delivery of household items and furniture. The least effective assistance programmes were medicine supply, assistance in housing such as compensation for damaged houses, temporary housing, and building materials, and productive assets such as fishing boats, all critical inputs for recovery (Table 26).

Table 25. Education participation rate, Colombo sample

(75 households)

Age	Female			Male		
	Population	No. in school	% in school	Population	No. in school	% in school
5-14 years	28	27	96.4	25	24	96.0
15-17 years	9	2	22.2	7	2	28.6
18-19 years	3	–	–	4	–	–
15-19 years	12	2	16.7	11	2	18.2

Table 26. Assistance received, Galle sample

Type of assistance	No. of households	% of total 75 households
Food/dry rations	64	85.3
State food ration and cash grants	60	80.0
Clothes and other day to day needed items	52	69.3
Money	49	65.3
Tent and furniture	26	34.7
Kitchen utensils	25	33.3
Medicine and health facilities	12	16.0
Compensation for partially and fully damaged houses	12	16.0
School books and uniform	9	12.0
Building material	2	2.7
Bicycle	2	2.7
Built a part of the house	1	1.4
Boats	1	1.4
Not reported	4	5.3

Respondents agreed that the distribution of relief and assistance was unsatisfactory. Although much aid had flowed in immediately after the tsunami, malpractices of some local officials and the inefficient and uncoordinated distribution of aid had deprived a substantial number of households of the assistance that was available. The State had offered compensation of Rs.250,000 for houses that had been destroyed and

Rs.100,000 for partially damaged houses, but progress was slow and installments were too small and delayed to facilitate rebuilding activities.

(b) Access to basic services

Inequitable distribution of basic services was reported at the local level. As seen in Table 27 full satisfaction with the availability of

Table 27. Access to basic facilities, Galle sample

Basic facility	Fully satisfied		Somewhat satisfied		Not at all satisfied		No access	
	No. of households	% of total 75 households	No. of households	% of total 75 households	No. of households	% of total 75 households	No. of households	% of total 75 households
Drinking water	66	88.0	5	6.7	2	2.7	1	1.3
Food ration	65	86.7	8	10.7	—	—	2	2.7
Other clothing	56	74.7	10	13.3	4	5.3	3	4.0
Monetary allowance	45	60.0	25	33.3	3	4.0	2	2.7
Bathing facilities	38	50.7	11	14.7	10	13.3	10	13.3
Toilet facilities	37	49.3	19	25.3	11	14.7	6	8.0
Women's special needs	37	49.3	12	16.0	2	2.7	20	26.7
Uniforms for children	36	48.0	3	4.0	—	—	27	36.0
Services for elders	26	34.7	1	1.3	—	—	46	61.3
Facilities for children 5-14 years	24	32.0	2	2.7	1	1.3	1	1.3
Services for those with disabilities	21	28.0	—	—	—	—	—	64.0
Facilities for youth	20	26.7	2	2.7	1	1.3	41	54.7
Facilities for children >5 years	16	21.3	—	—	1	1.3	31	41.3
Shelter	5	6.7	10	13.3	13	17.3	41	54.7

facilities and relief assistance was reported only with regard to state food ration distributed through cooperatives (86.7 per cent) and access to drinking water (88 per cent). Clothes not including uniforms for children were received from organizations and individuals by 74.7 per cent of the households.

There was damage to the water supply. Houses with separate access to mainline pipes had declined from 80 to 68 per cent at the time of the study and others had to depend on common taps or wells. Similarly, access to flush and water seal toilets were not returned fully to the situation before the tsunami. (Tables 28 and 29) Respondents complained that damaged pipes and toilets were unsanitary.

Even the monetary allowance or cash grants given by the State had reached only 60 per cent of the households, reflecting the inefficiency or even fraud as reported in FGDs. About half the households had access to bathing and toilet facilities,

school uniforms, and provisions to meet women's special needs such as during menstruation. Facilities to address the needs of children under five years and children between 5 and 14 years, the youth, the elderly and those with disabilities were limited, and the elderly and those with disabilities were reported to have been marginalized in post-tsunami assistance.

(c) Access to health care and services

Health services in the area had returned to normalcy and 97.3 per cent reported that they had access to health facilities. The lower percentage for immunization (82.7 per cent), ante natal care (62.7 per cent), post natal care (69.3 per cent) and care for long-term illness reflect the numbers of household that needed such services. Some nutritional supplements – (Vitamins and Thripasha, a supplementary infant food) – had reached two-thirds of households. A matter for concern, however, was the lack of easy access

Table 28. Access to water, Galle sample

Source of water	Before tsunami		After tsunami	
	No. of households	%	No. of households	%
Mainline to household	60	80.0	51	68.0
Main road – common taps	12	16.0	19	25.4
Well	3	4.0	4	5.3
Broken pipeline	–	–	1	1.3
Total	75	100.0	75	100.0

Table 29. Access to toilet facilities, Galle sample

Type	Before tsunami		After tsunami	
	No. of households	%	No. of households	%
Water seal	52	69.3	49	65.4
Flush	23	30.7	21	28.0
Damaged/temporary	–	–	4	5.3
No toilet	–	–	1	1.3
Total	75	100.0	75	100.0

to medicine and related drugs (14.7 per cent) (Table 30).

The majority of respondents (66.7 per cent) reported that state hospitals, which provided services did not have adequate stocks of drugs thus compelling patients to purchase these from private pharmacies. A quarter of the households, however, complained that they did not have the financial resources to purchase medicines or to seek treatment from the private health sector. The privatization of this component of the free health services had increased the hardships of those impoverished by the tsunami. Free medicines had been made available by UNICEF, WHO and international NGOs but their distribution appeared to be uneven.

other items needed for daily living and electrical items. Very few had received boats, tools, and assistance for self-employment or loans for business to improve or revive their livelihoods (Table 31). Most assistance had been received from NGOs, religious organizations or the State, and some from the community and individuals while 8 per cent reported they had received no assistance at all. Assistance was usually channeled to the camps and consequently those who lived in temporary huts by the sea were deprived of such aid.

(b) Access to basic services

Only five households had access to direct main line water supply. The

Table 30. Access to health care services, Galle sample

Health care service	Access	
	No. of households	% of total 75 households
Health facilities	73	97.3
Immunization	62	82.7
Thripasha	61	81.3
Post natal care	52	69.3
Contraceptive facilities	50	66.7
Vitamins	48	64.0
Ante natal care	47	62.7
Special care for long term illnesses	22	29.3
Drugs/medicine (easy access)	11	14.7
Folic acid	7	9.3
Free drugs/medicines	5	6.7

2. Colombo District

(a) Delivery of relief and other assistance

The distribution of relief and other forms of assistance was unsatisfactory as only 41.3 per cent reported that they had received the state food ration and cash grants. Almost half the households had been given tents and furniture and 26.7 per cent were in temporary housing. Between 10 and 20 per cent reported they had received food, clothes and

contamination of well and tube well water compelled most households to use common taps. The majority (78.7 per cent) were dissatisfied with the situation, particularly as some had to abandon their tube wells and walk a long distance to public taps (Table 32). The conditions of toilet facilities had improved and no household was without a toilet. Pit latrines, which had become impractical after the tsunami were replaced and new toilets provided. Nevertheless, strong dissatisfaction was reported (72 per cent), as many toilets were

Table 31. Assistance received, Colombo sample

Type of assistance	No. of households	% of total 75 households
Tent and furniture	37	49.3
State food ration and cash grants	31	41.3
Temporary houses	20	26.7
Food/dried rations	15	20.0
Electrical items	15	20.0
Clothes and other day to day needed items	11	14.7
Money	7	9.3
Encouragement	6	8.0
Kitchen utensils	1	1.3
Medicine and health facilities	1	1.3
Building material	1	1.3
Boats	1	1.3
Carpentry tools	1	1.3
Tools for cutting trees	1	1.3
Loan for business	1	1.3
Assistance to pay debt	1	1.3
Money for self employment	1	1.3
Not received any assistance	6	8.0

Table 32. Access to water, Colombo sample

Source of water	Before tsunami		After tsunami	
	No. of households	%	No. of households	%
Main road – common taps	62	82.7	69	92.0
Tube well	7	9.3	1	1.3
Mainline to household	5	6.7	5	6.7
Well	1	1.3	–	–
Total	75	100.0	75	100.0

common shared facilities (59.3 per cent) and were damaged and unclean (38.9 per cent) (Table 33).

The most deprived group were those who were compelled to leave the camp and move back to the beach. They built temporary huts or rooms where they spent the day and sought the safety of relatives' houses at night. They were scared of the sea and could not sleep on the beach. They had no access to electricity, water or toilets. Isolated from the camp they received no assistance or psychosocial support. The households did not wish to rebuild their houses on the beach and

had requested permanent houses away from it.

(c) Health care and services

Access to health services presented few problems to 85.3 per cent of the households. Triposha, the food supplement for young children, was available to 84 per cent of the households. There was limited access, however, to contraceptive services, nutritional supplements such as vitamins and folic acid and care for long-term illnesses.

Households located away from the camp, in temporary huts on the

Table 33. Access to toilet facilities, Colombo sample

Type	Before tsunami		After tsunami	
	No. of households	%	No. of households	%
Water seal	51	68.0	74	98.7
Damaged toilet temporary	12	16.0	1	1.3
Pit toilet	8	10.7	–	–
No toilet	4	5.3	–	–
Total	75	100.0	75	100.0

beach reported that they did not receive health care from officials or NGOs and had to buy medicine and nutritional supplements. A strong grievance reported by all households was the lack of easy access to medicine, medical drugs, and free public health services (Table 34). There was a shortage of drugs in state hospitals and long queues for services, and households could not afford to buy drugs from pharmacies in the private sector. These reports are consonant with those of other disadvantaged groups who deplore the escalation in drug prices due to the privatization of medicinal supplies.

(d) Access to basic facilities

Some of the households were recipients of three forms of state

relief and welfare services – food ration, cash grants given to tsunami victims and materials for school uniforms.

However, only 10-20 per cent received clothes and had access to drinking water, toilet facilities, bathing facilities, services for children under 15 years, and supplies to meet women's specific needs. Only two or three households had access to services for the elderly and persons with disabilities. Only three households were fully satisfied with provisions for housing, although another 38.7 per cent appeared to have received some assistance. Around one-third, however, reported that no efforts had been made to meet their needs for shelter over several months (Table 35).

Table 34. Access to health care services, Colombo sample

Health care service	Access	
	No. of households	% of total 75 households
Health facilities	64	85.3
Thripasha	63	84.0
Immunization	42	56.0
Post natal care	29	38.7
Ante natal care	28	37.3
Contraceptive – facilities	21	28.0
Special care for long term illnesses	21	28.0
Drugs/medicine (easy access)	13	17.3
Vitamins	10	13.3
Free drugs/medicines	6	8.0
Folic acid	5	6.7

Table 35. Access to basic facilities, Colombo sample

Basic facility	Fully satisfied		Somewhat satisfied		Not at all satisfied		No access	
	No. of households	% of total 75 households	No. of households	% of total 75 households	No. of households	% of total 75 households	No. of households	% of total 75 households
Monetary allowance	64	85.3	7	9.3	3	4.0	1	1.3
Food ration	44	58.7	25	33.3	4	5.3	–	–
Uniforms for children	34	45.3	3	4.0	2	2.7	12	16.0
Drinking water	17	22.7	24	32.0	23	30.7	11	14.7
Other clothing	15	20.0	24	32.0	22	29.3	14	18.7
Toilet facilities	9	12.0	15	20.0	41	54.7	10	13.3
Bathing facilities	8	10.7	8	10.7	33	44.0	24	32.0
Facilities for children 5-14 years	8	10.7	7	9.3	8	10.7	1	1.3
Women's special needs	8	10.7	16	21.3	16	21.3	30	40.0
Facilities for children >5 years	6	8.0	8	10.7	2	2.7	21	28.0
Facilities for youth	4	5.3	1	1.3	7	9.3	43	57.3
Shelter	3	4.0	29	38.7	15	20.0	26	34.7
Services for elders	3	4.0	–	–	9	12.0	45	60.0
Services for those with disabilities	2	2.7	–	–	2	2.7	17	22.7

D. KEY PRIORITIES IDENTIFIED

1. Housing

Household members in the Galle District sample, whether in damaged houses, camps or tents, indicated the type of assistance they needed to repair or rebuild their houses. They requested financial assistance alone or combined with building

materials (73 per cent); building materials alone (18.9 per cent); land and house/land (25.7 per cent) preferably state land, with ownership rights to new houses or land (Table 36). Only around two-thirds (63.6 per cent) wanted to rebuild on the same sites they had occupied before the tsunami. Others were reluctant or unable to return to the previous sites, which came within the state-imposed buffer zone of 100 meters from the sea (which

Table 36. Assistance needed to rebuild/repair house, Galle sample

Type of assistance	No. of households	%
Money	52	70.3
Money and building material	2	2.7
Building material	14	18.9
Land and house	6	8.1
House	9	12.2
Land	4	5.4
Construction started already, further assistance needed	1	1.4
Remove the buffer zone	1	1.4
Answer not relevant	1	1.4
Total	74	100.0

Note: One house is undamaged. Based on multiple responses.

had been modified since). Many of them preferred a more protected area.

The households in the Colombo area identified their specific needs for rebuilding or repairing their dwellings as: building materials alone (32.0 per cent), land and house/house/land (25.3 per cent) and financial assistance alone or combined with building materials (16 per cent). Some 30.7 per cent reported that they did not need assistance (Table 37). Virtually all the households did not wish to rebuild in the previous locations as the State had declared a buffer zone of 100 meters from the sea where houses were not permitted. They wished to build in a protected area, some of them preferably on state land, and they requested sole (72 per cent) or joint

(25 per cent) ownership rights to the land and house.

2. Livelihoods

Respondents in the Galle sample, anxious to resume their economic activities, reported that they required fishing boats and nets (42.5 per cent of men), sewing machines (46.2 per cent of women), equipment or a work place (30.8 per cent of women and 35 per cent of men), financial assistance (11.5 per cent of women and 10 per cent of men) and loan facilities (7.7 and 12.5 per cent respectively) (Table 38). It appeared therefore, that despite the passage of seven months at least, a substantial number of income earners had yet to access inputs that would enable them to generate income for family survival and maintenance.

Table 37. Assistance needed to rebuild/repair house, Colombo sample

Type of assistance	No. of households	%
Building material	24	32.0
Land and house	9	12.0
House	7	9.3
Land	3	4.0
Money	1	1.3
Money and building material	11	14.7
Construction started already, further assistance needed	1	1.3
Do not need assistance	23	30.7
Total	75	100.0

Note: Based on multiple responses.

Table 38. Assistance needed to resume economic activity, Galle sample

(75 households)

Type of assistance	Female		Male		Total	
	No.	%	No.	%	No.	%
Place/equipment/money for business	8	30.8	14	35.0	22	33.3
Fishing boats and nets	–	–	17	42.5	17	25.8
Financial assistance	3	11.5	4	10.0	7	10.6
Loan facilities	2	7.7	5	12.5	7	10.6
Sewing machine	12	46.2	–	–	12	18.2
Not reported	1	3.8	–	–	1	1.5
Total	26	100.0	40	100.0	66	100.0

In the Colombo area some 41.5 per cent of the women and 57.5 per cent of the men, who were previously engaged in economic activities, reported that they did not have the resources to continue the pre-tsunami activities. They comprised many of the workers engaged in fishing, small-scale trade and sewing. The reasons for the difference were loss of equipment/place of work, vehicles and machinery (25 per cent of women and 52.9 per cent of men); loss or closure of the workplace/loss of job or loss of equipment (30 and 38.2 per cent) and lack of financial resources (20 and 29.4 per cent).

Two women and one man reported lack of help from any source to start a new business, and one woman indicated that the camp environment restricted economic activities (Table 39). More than a third (36.6 per cent) of men and women workers wished to resume their previous economic activities and only three women wished to embark on new activities. Their request for assistance was for equipment, a place and money for a business (47.1 per cent of women and 55.6 per cent of men), finance (35.3 and 25.0 per cent) and loans (17.6 and 16.6 per cent) (Table 40).

Table 39. Reasons unable to continue economic activity, Colombo sample

(75 households)

Reason	Female		Male		Total	
	No.	%	No.	%	No.	%
Loss of equipment/place of work	2	10.0	12	35.3	14	25.9
Loss of machinery and vehicles	3	15.0	1	2.9	4	7.4
Loss of fishing boats and nets	–	–	5	14.7	5	9.2
Loss of job/work place closed	4	20.0	1	2.9	5	9.2
No finance to continue	4	20.0	10	29.4	14	25.9
No help to start new business	2	10.0	1	2.9	3	5.6
No training and equipment	–	–	1	2.9	1	1.9
Unable to continue the job in the camp	1	5.0	–	–	1	1.9
Became disabled due to tsunami	–	–	1	3.0	1	1.9
Answer not relevant	3	15.0	1	3.0	4	7.4
Not reported	1	5.0	1	3.0	2	3.7
Total	20	100.0	34	100.0	54	100.0

Table 40. Assistance needed to resume economic activity, Colombo sample

(75 households)

Type of assistance	Female		Male		Total	
	No.	%	No.	%	No.	%
Place/equipment/money for business	6	35.3	13	36.1	19	35.8
Fishing equipment	–	–	6	16.7	6	11.3
Sewing machine	2	11.8	1	2.8	3	5.7
Financial assistance	6	35.3	9	25.0	15	28.3
Loan facilities	3	17.6	6	16.6	9	17.0
Wheel chair	–	–	1	2.8	1	1.9
Total	17	100.0	36	100.0	53	100.0

Note: Based on multiple answers.

3. Security

Security concerns were reported by many households in the Galle District, which have increased with vulnerability to thefts and abuse in camps and unprotected tents. About half the respondents expressed fears for the safety of their houses, children and other members of their families. The most explicit fear was of robberies resulting in loss of possessions. Less pervasive but equally serious were fears of another tsunami, and perceived consequences of alcoholism and sexual harassment. Respondents indicated that insecurity

was due to the lack of protection by law enforcement agencies and deprivation of a protected house (Table 41).

The sense of insecurity was heightened by the loss during the tsunami of official documents pertaining to identity and assets such as national identity cards, birth certificates, bank deposits, land and property deeds, pawn tickets, insurance documents, education certificates, school books and notes, trading licenses and letters of appointment (Table 42). Public infrastructure had been damaged and

Table 41. Security fears, Galle sample

Fear (1)	No. of households	% of total 75 households
Home	43	57.3
Children	39	52.0
Other members of the family	39	52.0
Self	30	40.0
Other property and immovable property	26	34.7
Fear (2)	No. of households	% of total 52 households
Robbery	33	63.5
No protection	17	32.7
No house	12	23.1
Fear of another tsunami	6	11.6
Alcoholism	6	11.5
Sexual harassment	6	11.5
Sexual violence	1	1.9

Table 42. Documents lost, Galle sample

Documents lost	No. of households	% of total 64 households
Birth certificate	58	90.6
National identity card	55	85.9
Bank deposits	37	57.8
Land and property deeds	29	45.3
School/education certificates	28	43.8
Pawn tickets	25	39.1
Marriage certificate	24	37.5
Insurance documents	10	15.6
Death certificate	5	7.8
Pension document	5	7.8
Other	18	28.1

Note: Based on multiple responses

this created problems for those with bank deposits and pawn tickets. In the case of many other losses, there were bureaucratic hassles and delays in obtaining duplicates.

In the Colombo sample, despite the lack of protected housing but perhaps because security was provided in the camp, only approximately 30-40 per cent of the households indicated fears regarding personal security or the security of their children, other members of the family and their houses (Table 43). Between 34.2 and 44.7 per cent indicated vulnerability to robberies, sexual harassment and the impact of alcoholism. Lack of a house and absence of adequate protection by law enforcement personnel were seen to contribute to the sense of insecurity. There were requests for dividing the camp into rooms and for provision of adequate electricity/lighting and toilets. As in other affected areas, some households (13.2 per cent) indicated strong fears of another tsunami.

As in the Galle District, respondents also reported a sense of insecurity caused by the loss of important documents by the majority of households (78.7 per cent) during the

tsunami. These included national identity cards, birth certificates, marriage certificates, bank deposits, pawn tickets, educational certificates, and in a few households, land and property deeds, insurance documents and pension documents (Table 44). For most households (74.6 per cent), bureaucratic delays in obtaining duplicates was an issue of concern.

4. Mental distress

Group discussions in both sample groups, among community leaders and officials as well as tsunami survivors, reported the trauma many were experiencing as a result of the tsunami disaster. Householders were still overpowered by a dread of the sea as their dwellings had been along the coastline. Some fishermen feared to venture out to the sea. Many members of the households experienced sleeping difficulties. Many others were reported gazing at the remnants of their houses and at the sea and sighing in despair during the day. Many survivors were upset when they were questioned repeatedly about their situation without hope of redress. Respondents reported that speedy action was necessary to assist them.

Table 43. Security fears, Colombo sample

Fear (1)	No. of households	% of total 75 households
Children	31	41.3
Other members of family	26	34.7
Self	25	33.3
Home	22	29.3
Other property and immovable property	12	16.0
Fear (2)	No. of households	% of total 38 households
Alcoholism	17	44.7
Robbery	14	36.8
Sexual harassment	13	34.2
No protection	11	28.9
Fear of another tsunami	5	13.2
Sexual violence	2	5.3
No house	2	5.3
Domestic violence	1	2.6
Fear children mislead	1	2.6

Table 44. Documents lost, Colombo sample

Documents lost	No. of households	% of total 59 households
Birth certificate	52	88.1
National identity card	46	77.9
Marriage certificate	30	50.8
Bank deposits	22	37.3
School/education certificates	9	15.3
Pawn tickets	5	8.5
Death certificate	3	5.1
Land and property deeds	3	5.1
Insurance documents	3	5.1
Pension document	1	1.7
Other	10	16.9

Note: Based on multiple answers

There was indications that some survivors tended to wait for 'handouts' of relief and were trapped in a dependency syndrome.

Several tsunami survivors were frustrated by the fact that they were without houses and living in camps or in temporary huts on the beach, without much concrete help towards rebuilding their lives and livelihoods. The lack of adequate psychosocial support was also evident. Some respondents confessed to suicidal feelings. Those living by the beach did not wish to queue forever for relief. What they sought was assistance to establish their own strengths and to have access to livelihoods and houses to live independently.

E. KEY ISSUES CONCERNING SOCIALLY VULNERABLE GROUPS

1. Youth in affected households

The youth in tsunami-affected households were identified as a group vulnerable to social risks of sorts. Additionally, the problems of the youth have had a pervasive impact on the political and social stability of the country for over four decades,

resulting in two youth uprisings in the 1970s and 1980s. In particular, youth unemployment has been an increasingly serious problem over the years.

Interviews were conducted among young men and women between the ages of 18 and 30 in about a third of the 75 households in each of the research locations in Galle and Moratuwa (Colombo). In the Galle sample, 33 per cent of all the youth in the total sample of 75 households were interviewed (18 women and 11 men in the 18-30 age group). In Moratuwa, 39 per cent of all the youth from the total sample of 75 households were interviewed (24 young women and six young men). A specific interview schedule was used for the purpose. Focus group discussions were also held with a group of seven to eight youths in each location.

One of the reactions clearly expressed in both FGDs was that, while children's issues represented a primary area of concern in the post tsunami period, there was no attention given to the needs and priorities of the youth.

Although the number of youth deaths due to the tsunami in the two areas was low, other problems were evident. In Galle, three young women in this age group had lost

their lives during the tsunami, and there were no deaths among the youths in Moratuwa. Most of the youth in the Galle location continued to live in their damaged houses with the exception of one young woman residing in a camp and four young women who lived with their families in tents. In Moratuwa, however, over 85 per cent were located in camps or in temporary sheds. The majority was unmarried. Educational levels were relatively high among the Galle youth with over half the young women and three-fourths of the young men having GCE O/L or GCE A/L qualifications. In contrast, virtually all the youth in the Moratuwa sample were school drop-outs and one young woman had never been to school. At the time of the tsunami, three young women and one young man in this age group in the Galle households, and one young man in the Moratuwa households were enrolled in schools.

A serious problem among the youth in both locations was the lack of adequate housing facilities. The Galle youth reported that many people were still living in camps or tents and that there was no evidence of a definite plan to resettle them or to assist them to rebuild their houses. Even the compensation given by the State had yet to reach all the affected households. The Moratuwa youth, among whom were young married women, were exceedingly bitter about their experiences over the eight months since the tsunami struck. Those who lived in small dwellings in camps reported the congested living conditions, as the extended family lived with them and young married spouses had had no privacy. Young women had no place to bathe or to wash their clothes except at the common tap. There was no security for children. Toilets were overflowing and were unclean. The most affected were those who lived in temporary huts by the beach and had no facilities whatsoever. Most youth had a great fear of living by the sea.

A second major problem was the loss of livelihoods and therefore lack of

economic resources to meet basic needs. In the Galle location, with the exception of one young woman who was employed abroad as a domestic worker, the youth respondents were previously engaged in relatively unstable economic activities in the informal sector. At the time of the tsunami almost two-thirds of the young men had been employed in small-scale trade, vending, repairing electrical equipment, ornamental fish production and astrology. They had continued to engage in these activities but found it difficult to continue without financial assistance to improve the business. One-third of the women had been economically active as overseas domestic workers and, therefore, not affected by the tsunami. Among the others included a small-scale trader whose activities had collapsed, and others engaged in sewing or lace making who continued to struggle to earn a living through these activities.

In Moratuwa the situation was more severe. Among the young men, only one respondent – a garage worker – continued to be employed. Those engaged in fishing and vending had lost their livelihoods. As in Galle, the youth in Moratuwa expressed fears of going out to sea again after the traumatic tsunami experience. Only 29 per cent of the women had been employed in retail trade, wage labour or in sewing or in the preparation and sale of food (string hoppers). Among this sample of youth workers, 75 per cent of the young men workers and 85 per cent of the young women workers had lost their means of livelihood. The proportion of unemployed and economically dependent youth increased to over 90 per cent among the young women and 65 per cent of the young men. Participants in the FGDs reported their anxieties that their young lives and hopes had been destroyed but that there were no evident plans to assist them.

For the youth in the Galle location, access to education was an issue of concern. Books, certificates, and uniforms had been lost; preparation

for examinations was a problem and their aspirations for higher education were jeopardized. The Moratuwa youth had no specific educational aspirations but both groups bemoaned the lack of facilities for skills training and for sports activities. The young married youth were concerned about the prospect of a good education for their young children.

The trauma of their devastating and unexpected experience persisted, such as fear of the sea, and the lack of security without proper housing, and their grievance was that there was no support for their specific concerns.

The immediate needs of the youth were identified as:

- (a) Assistance for rebuilding permanent houses,
- (b) Employment opportunities,
- (c) Supply of raw material and/or equipment for reviving livelihoods,
- (d) Assistance to restart or to expand their self-employment activities, including access to loans,
- (e) Access to higher/vocational education,
- (f) Assistance in obtaining duplicates of lost documents, and
- (g) Establishing a local relief fund.

In view of the fact that about a half to a third of the youth were unaware of what specific action should be taken in the event of another tsunami, it is desirable to include a programme of tsunami awareness and preparedness as a component of a more holistic and coordinated programme of assistance.

2. The elderly in affected households

With rising life expectancy of 72 years for men and 76 years for women, the ageing population in Sri

Lanka is increasing rapidly and is expected to form a substantial proportion of the population over the next two decades. Nevertheless, the elderly were subsumed in the demographic transition and until very recent years, were almost invisible as a group with specific age-related needs. Clearly at policy level minimal efforts were made to meet health, economic or shelter-related needs. It is necessary, however, to explore the impact of the recent devastation in coastal areas on the lives of men and women of 60 or more years of age. One limitation in this study was the small number of elderly in the 75 households in the Colombo study location.

It has to be noted that six women and three men in this age group in the Galle location and two women in the Moratuwa (Colombo) location had lost their lives in the tsunami. In the Galle households those deaths amounted to nearly half the population of 65 or more years of age in the 75 households, underscoring the vulnerability of the elderly to such natural disasters.

The Galle sample comprised 21 persons – 11 women and 10 men – and the Colombo location had only three women and one man, in this age category. In both locations around two-thirds of the population 60 years and above were included in the study, and the majority was under 70 years except in the case of the males in Colombo. Around 80 per cent of the women in Galle and all the elderly in Moratuwa were married, widows or widowers. About 20 per cent of the elderly in Galle lived in tents and all the elderly in Colombo resided in camps. Among this sub-sample, one woman had a complete secondary education and the other women and all the men were largely secondary school drop-outs. In Moratuwa, as mentioned earlier, educational qualifications were low and some of the women had never been to school.

The houses in which all the elderly had lived were destroyed or

damaged, rendering them virtually homeless and confined to congested spaces in camps, tents or damaged houses. They lost members of their family including 'bread winners.'

The elderly who had been engaged in economic activities at the time of the tsunami were affected themselves. In the Galle sample, 45 per cent of the women had been economically active before the tsunami, as retail and small-scale traders, vendors, lace makers and horoscope readers, only the astrologer, was able to continue her activities after the tsunami. Among the men, 40 per cent had been retired workers, and another 40 per cent were fishermen, traders, vendor, and a watchman in a religious institution. Only the watchman was able to continue his job. Hence, most of the women and men who had been earning an income previously were no longer able to do so. In the Moratuwa sample, the women (all widows) and men had been wage labourers. One woman labourer and a male labourer, who picked coconuts as their occupation, continued to be employed after the tsunami. But in both locations most of the elderly, women and men, were reduced to a state of economic dependency.

This situation had its impact on the quality of life of the elderly. Only one woman and two men in Galle and none in Moratuwa reported an adequate independent income. Other elderly people were compelled to be dependent on spouses, children or a sibling in both locations or on tsunami relief. Half of the elderly respondents reported that the tsunami had increased their responsibilities as a result of the illness of the spouse; or the death of a daughter and consequently, child care responsibilities. Further they had to seek daily relief assistance and aid from the State or other donors.

Over two-thirds of the elderly in Galle households and all the women in the Moratuwa households had fallen ill after the tsunami and had to seek

medical treatment from the Government hospital or a private doctor. The problems they faced included hospitals, which were often without the necessary medicines, they were unable to afford the drugs or private treatment, and long queues before they were able to secure treatment and medicine. During illnesses they were cared for by their children, and in the case of the men, by their wives.

It is interesting to note that most of the elderly, men and women, reported that they were sufficiently fit to look after themselves. No elderly respondent in either location had difficulty in moving around within their dwellings and only 20 per cent of the Galle sample reported difficulties in movement in public places and, therefore, needed assistance of a family member.

A substantial proportion of the elderly women reported that they prepared meals, cleaned the house and engaged in child care responsibilities. The men mainly assisted household marketing in line with the inequitable gender division in household work. The elderly also enjoyed their leisure activities, visiting places of worship or relatives and friends, watching TV when they had the opportunity, listening to the radio and reading. Their commitment to the household and their resilience is reflected in the activities of the oldest of the elderly sample, an 86-year old woman who looked after young children in the family, accompanied children to school, prepared the household meals and visited religious places, relatives and friends, as well as engaged in reading during her leisure time.

Some of the elderly reported that the households received food rations and cash grants from the State and some food and tents and household furniture from donors and NGOs. However, several indicated that they received little assistance from non-state agencies. The elderly identified their immediate needs as:

- (a) Financial assistance,
- (b) Assistance in housing,
- (c) Help in restoring or creating livelihoods, and
- (d) Support to buy medicine and items such as inhalers.

3. Widows and widowers in affected households

Widows are often thrust into roles as heads of households particularly in the event of armed conflicts or natural disasters. The majority of widows in the study sample in the Galle District and all the widows in the Moratuwa (Colombo) sample were heads of households, nominal or de facto. Widowers are less in number as women in Sri Lanka have a higher life expectancy, and they have rarely received attention as persons with special needs. This sub-sample includes two-thirds of the widows in the Galle and Moratuwa locations and all the widowers in the total sample of 75 households – 13 widows and four widowers in the Galle households and 12 widows and three widowers in the Moratuwa households. Five widows in the Galle households and one widow and one widower in the Moratuwa households had lost their lives during the tsunami.

About 40 per cent of the Galle widows and one widower in Moratuwa belonged to the 65-83 age group. In Galle, they lived with their families in houses and camps or tents. In Moratuwa, they lived mainly with households in tents. One widow and one widower in the Galle households had completed secondary education and the rest were secondary school drop-outs. Two-thirds of widows and widowers were school drop-outs and a third in the Moratuwa households had never been to school.

Ten of the thirteen widows in the Galle households, eleven of the twelve widows and one widower in the Moratuwa households were widowed prior to the tsunami. Three of the widows and all the widowers in

the Galle households, and one widow and two widowers in the Moratuwa households, had lost their spouses during the tsunami. These widows and widowers had not emerged from the trauma of sudden death in harrowing circumstances and their own feeling of helplessness even after eight months. Focus group discussions with widows and widowers in Galle saw widows reporting that they felt stranded and faced an uncertain future as they had lost the chief family support. One respondent did not have a place to live and had moved to her brother's house. The rest also found themselves wholly dependent on others. The widowers indicated that it would have been better if they had been killed and their wives had survived because the wives were responsible for the care of the household and the children. The widow and widower respondents reported that most others in their situation suffered similar distress. However, they added that constant reminders of their experiences did not help them. The widow and widowers in the Moratuwa households were especially bitter because officials and agencies providing relief assistance did not consider their specific needs. Aid was channeled to the children, thereby increasing the dependency. Most officials were interested in the welfare of children, and not in the problems of widows, widowers or the elderly. No one had come to console or counsel them after the tsunami.

One widower in a Galle household had lost his wife, children and house to the tsunami and lived in a camp. Most widows in both locations and the widowers in Moratuwa households had adult children aged from 20 to 54 years, many of them married, and the widows and widowers helped to look after the grandchildren. The Galle widowers, however, all had school-age children. Half the widows and widowers and the widowers in household with children had increased responsibilities after the tsunami, and reported fears for the security of children in their families in their homeless state.

A major problem faced by the widows and widowers was the economic condition. Half the widows in the Galle households were engaged in economic activities at the time of the tsunami, as a Government employee, retail traders, small-scale traders, a vendor, seamstress and lace worker. The State employee retained her job, and the small-scale trader managed to continue her occupation. All others (71.4 per cent) had lost their source of livelihoods and were not able to recover at the time of the study. In the Moratuwa households three-fourths of the widows had been economically active – as garment workers, retail traders, in the preparation and sale of food (string hoppers) and as wage labourers. Only the garment workers, retail traders and half the labourers were employed at the time of this study, meaning that some 56 per cent had lost their means of livelihood. The widowers fared better. In the Galle households the Government employee and two fishermen were engaged in income earning activities and only one of the four widowers had lost his means of livelihood. In the Moratuwa households the two wage labourers, one of them a coconut picker, were able to continue with their jobs.

Only one widow in Galle and two widows and two widowers in the Moratuwa households reported that their independent income was adequate. As a result of the loss of family members, half the widows and three of the four widowers in the Galle households and one-third of the widows and one widower in the Moratuwa households had dependent children. Further, half the widows in the Galle and Moratuwa households and one widower in Moratuwa were dependent on their children, fully or in the case of a few, partially. Others depended on their pension, *Samurdhi* (the state poverty alleviation programme) assistance, or tsunami-related state assistance. Half the widowers in the Galle households reported that they were in debt.

Housing was the other critical problem. The houses of all the widows and widowers had been damaged. Around 40 per cent of the widows in the Galle households reported that their houses could be repaired, but no household in either location had the economic resources to rebuild their houses or to construct new houses. The widows and widowers expressed strong concern at the lack of a systematic plan to solve the housing problem.

Health was another concern that was reported in the FGDs. Several widows and widowers suffered from long-term illness such as hypertension, diabetes, arthritis and backache. Their diagnosis cards and prescriptions were washed away. Immediately after the tsunami medical supplies were distributed but they had to stand in long queues in Government hospitals and no one had expressed concern about their problems or came to their assistance.

Some Galle households received state rations and cash grants, as well as food, clothing, tents, furniture and kitchen utensils from donors and NGOs. The Moratuwa households received little assistance except for state rations and compensation, and temporary housing from NGOs in for a limited number of households. There was trenchant criticism, particularly in Moratuwa, regarding the dishonesty of some officials, households that received fraudulent aid and unfair distribution of aid.

Immediate needs identified by widows and widowers were:

- (a) A house to live, equipped with necessary household items,
- (b) Assurance of livelihoods, including equipment and assistance in restarting self employment,
- (c) Financial assistance,
- (d) Support in obtaining medical assistance without being compelled to stand in long queues, and

- (e) Easy access to nutritious food and medicine.

4. Persons with disabilities in affected households

A long history of marginalization in policy and programmes has resulted in the social exclusion of persons with physical and mental disabilities. A reflection of this isolation is the absence of reliable data regarding the incidence of disabilities among the population. Estimates ranged from 2 to 10 per cent. Among the 75 households in the study sample in each location, only five households in the Galle location and six households in the Colombo (Moratuwa) location reported persons with disabilities (PWDs).

In the Galle households the PWDs included a 62-year-old woman who had dropped out from secondary school and four men whose ages ranged from 22 to 76 years and educational status from non-schooling to secondary education. The three women and five men in the Moratuwa households were in their mid-twenties to the fifties and were all non-schooled or primary school drop-outs.

Three men in the Galle households were reported with mental disabilities before the tsunami. Likewise two women in the Moratuwa households and two men had physical disabilities. None of the men in the Galle households or the women in the Moratuwa households had been engaged in economic activities before the tsunami. Two of the male PWDs in the Moratuwa households were engaged in economic activities, one assisted a carpenter and the other sold naphthalene balls. They continued the occupation after the tsunami. All the PWDs faced problems with regard to access to education and health services even prior to the tsunami. However, their access particularly to health services became more difficult after the tsunami as loss of family income meant that they had no financial resources to purchase medicine.

One consequence of the tsunami was the increase in the number of persons with disabilities. In the Galle sample, a woman was mentally affected after she had nearly drowned. A man in the Galle sample and a woman in a Moratuwa household sustained disabilities as a result of injury by a wooden block. Three men in the Moratuwa households were also injured during their escape from the tsunami and suffered from various physical disabilities. Treatment had been sought from Government hospitals and private doctors. Neither of the women in each location who had been disabled during the tsunami had been employed. The man in the Galle household was selling fish at the time of tsunami and another was selling hardboard. The fish vendor had lost his means of livelihood.

People with disabilities were cared for by their children, parents or siblings, and in the Moratuwa households, also spouses, without any external support. The households of those with disabilities in the Galle study had received some relief aid such as food, cash and personal and household items from the State, international and national NGOs, individuals and the community. Only one of the Moratuwa households with a member who is disabled was reported to have received any assistance, in this instance, in temporary housing.

The problems of those with disabilities were not been addressed specifically. Apart from the mental distress and trauma of the women who had escaped drowning and who clearly required counseling, all PWDs suffered financial constraints, a lack of a source of income, and difficulties in engaging in economic activities.

F. CONCLUSIONS

The study was limited to a sample of 150 households in two of the most affected districts. More women than men had died in both locations and the elderly were clearly the most

vulnerable. Widows and widowers have had new responsibilities thrust on them with the loss of family incomes. The critical problems of the households were the loss of housing and livelihoods and lack of access to many basic services.

Only one of the houses in the Galle location was spared damage, while about half were destroyed or damaged beyond repair. In the Moratuwa location, over 90 per cent of the dwellings were destroyed and families were forced to move into camps or temporary huts constructed on the beach. At the time of the study, eight months after the tsunami, some households had received compensation but the majority was seeking assistance in the form of funds or building materials or land to rebuild their homes. They had lost possessions such as furniture, equipment, vehicles, jewellery, cash and vital documents and were reduced to penury. Well water was contaminated and access to toilets was a continuing problem, as they had still to be repaired.

A quarter of the households in both locations had no income earners. About 46.9 per cent of women workers and 27.4 per cent of men workers in the Galle households, and 43.9 and 16.1 per cent respectively in the Moratuwa households had lost their livelihoods. Only a small minority of workers in the formal sector such as state employees, garment workers and overseas workers were not affected. Those who had taken loans for self-employment or family needs did not have the capacity to repay them. Without assistance in the form of equipment or grants or loans for self-employment most workers were unable to resume their income earning activities.

Places in schools were found for displaced children and few had not returned to school. Most households in the Galle location and at least half in the Moratuwa location had access to health services. Two problems faced by these households were the

shortage of medicines in the state hospitals and the lack of financial resources to purchase them from institutions in the private sector.

There were inadequacies regarding the distribution of assistance to most households. Over half the Galle households had received the state food rations and cash grants as well as clothes and other items from individuals and donors. But the Moratuwa households reported that even the state relief did not reach all households. Local officials were accused of corruption and inefficiency and the state of failure to formulate and implement coordinated systematic assistance programmes to meet the needs and priorities of tsunami survivors.

Compounding these difficulties was the trauma that continued to haunt the affected households such as the dread of the sea, the uncertainty over the future and the fears of another tsunami.

Another key finding of the study was that socially vulnerable groups such as youth, elderly persons and people with disabilities were neglected by the State and other donors in the relief and rehabilitation efforts.

Women suffered disproportionately as a consequence of gender specific factors. More women than men in these locations lost their lives as, for instance, older women who were relatively more vulnerable to the onslaught of the tsunami. Gender inequalities in the labour market and the greater vulnerability of women due to their concentration in low-skilled, low-income and informal sector jobs have resulted in the greater loss of livelihoods for women.

Loss of family members such as married daughters had increased women's family responsibilities in terms of child care and care of the sick, the elderly and those with disabilities. At the same time the death of spouses increased the pressure on them to restart or engage in income earning activities

for family survival and maintenance. Again, the inordinate delay in reconstruction of houses has increased the risk of sexual abuse in unprotected environments.

The absence of a Gender Desk within the national machinery to coordinate the tsunami recovery programme and the absence of relevant sex disaggregated data has further affected policy direction and implementation.

It has been noted that a dependency syndrome has been created with the flow and pattern of material assistance. The findings of the study in this regard, however, indicate that a substantial number of tsunami survivors and their households clearly wish to move on from the tragedy that overwhelmed them. They seek opportunities and assistance to strengthen capacity, develop self-reliance and renew their lives and livelihoods.

G. RECOMMENDATIONS

The study found that there was considerable frustration among the tsunami survivors, who had experienced a great tragedy and now felt themselves trapped in misfortune. Based on their responses, the following recommendations are organized in a cluster of six issues.

1. Planning and implementation of measures to meet the needs of those affected by the tsunami
 - (a) Immediate action to streamline policies and programmes to ensure that all tsunami survivors benefit. There should be far less surveys because many have already been conducted and tsunami survivors are forced to relive experiences they wish to forget.
 - (b) Decentralized planning to ensure each administrative division has a planning committee to:
 - (i) Collate all available and relevant information;

- (ii) Focus attention particularly on vulnerable groups such as the poor, children, youth, women, the elderly, widows/widowers, and people with disabilities whose needs and priorities tend to be overlooked in the delivery of assistance;
 - (iii) Adopt an approach that ensures the participation of those affected, in the development of recovery programmes. A top-down approach or one with a charity perspective will only promote a dependency syndrome;
 - (iv) Identify priorities and develop a holistic plan of action with time schedules and deadlines to expedite action in all areas such as housing, livelihoods, infrastructure, health services, education and security;
 - (v) Coordinate the programmes of the State, donors, international NGOs, local NGOs, CBOs, and foreign and local individuals so that assistance is equitably distributed.
- (c) Identification of officials and non-state and community representatives with empathy for the situation and integrity in the implementation of programmes.
 - (d) Establishment of committees of representatives of the state, non-state organizations and the community at (i) local/divisional level and (ii) district level to monitor implementation, evaluate progress and propose remedial action where needs and constraints have been overlooked.
 - (e) Ensuring in particular that state programmes of assistance and compensation reach all those affected.
2. Housing is a critical problem creating much suffering and

resentment. While the difficulties faced by the State in the relocation of households are appreciated, the processes are taking a long time while the displaced lead unsettled lives that delay return to normalcy.

Housing involves rebuilding or relocation of houses as well as the immediate provision of facilities such as safe water and clean sanitation, and assistance to replace equipment that was lost in the tsunami.

3. The majority of those affected were already poor prior to the tsunami, and the loss of livelihoods in the informal sector has caused further impoverishment. Hence there is an urgent need for assistance in restarting income-earning activities.

(a) The self-employed need a package of assistance comprising capital/loans, skills, and market information if they are to recover not only from the tsunami disaster but also from the poverty in which they have been trapped for decades.

(b) The problem of unemployment among youth in affected areas is an issue that demands more attention. State vocational training networks, IT agencies, and non-governmental assistance programmes need to prioritize skills training for youths and training of women in non-traditional skills to meet labour market needs. A special subcommittee of representatives comprising training agencies and institutions such as the Chambers of Commerce need to assist at divisional level in planning relevant programmes.

4. Assistance to families to re-enter and retain displaced children in schools.

(a) Child sponsorship programmes already in operation need to be extended to support children who have lost one or both parents.

(b) The National Child Protection Authority and the Department of Probation and Childcare need to continue their important role of protecting children from abuse and trafficking.

5. Health emerged as major issue in the study among the elderly and people with disabilities. While the state health services are functioning with relative efficiency, four areas appear to need immediate attention:

(a) The provision of nutritional supplements to children, pregnant and lactating mothers, and to the elderly.

(b) Organization of a special counter in state hospitals for the elderly and those with disabilities to obviate the burden of standing long hours in queues.

(c) Increasing the access to free medicine in the state health services, as the poor are unable to meet the escalating costs of medical drugs in the open market.

(d) Special attention by the health authorities to the treatment and rehabilitation of those suffering from physical and mental disabilities as a consequence of the tsunami.

6. While the country seems to be awash with groups and individuals engaged in providing psychosocial support to those affected by the tsunami, it is clear from the responses of the participants in the study that the trauma persists and that the specific problems of groups such as youth, widows and widowers, the elderly and people with disabilities need more focused attention.

The dread of the sea and the fear of another tsunami affect all affected groups and tsunami awareness programmes need to be integrated in counseling programmes.



Psycho-social recovery is essential to help traumatized people adjust to the loss of loved ones. (photo by Eric Roeder)



Post-disaster rebuilding presents opportunities to rebuild with universal access features. (Disabled People's International photo)



Destroyed schools resulted in set backs in students' education. (Ministry of Education of Thailand photo)



Older persons can play an important role in relief and reconstruction. (photo by Eric Roeder)

Thailand

A. INTRODUCTION

The 26 December 2004 earthquake and tsunami devastated communities by killing and injuring hundreds of thousands, displacing the survivors and in many cases destroying their livelihoods. In Thailand, the tsunami caused extensive damage to life and property in six southern coastal provinces of Thailand, viz. Krabi, Phang-nga, Phuket, Ranong, Trang, Satun. The severely affected areas in these provinces include about 300 villages in 78 sub-districts (*tambon*) of 24 districts (*amphur*). In all it is estimated that 20,537 households with a total population of 91,638 were directly affected through loss of, or injury to, a family member.

According to the Thai Ministry of Interior, Department of Disaster Prevention and Mitigation (DDPM), the central body collating tsunami-related data from other government agencies, the figures stand at 5,395 fatalities (1,972 Thai nationals and 2,248 foreign nationals from 37 countries), or the 2,817 people who were posted missing.¹

In the affected areas, it was estimated that 20,537 households with a total population of 91,638 people were directly affected through loss of, or injury to, a family member. This disaster had a serious impact on the local population, their livelihoods and the local economy.

Following the tsunami, an unprecedented outpouring of support by the international community enabled the Government and people of Thailand to undertake the enormous task of rebuilding. Yet, long-term disaster recovery is complex and appropriate strategies must incorporate different sources, in particular, it requires input from the people themselves.

This Chapter is based on an ESCAP-commissioned study on the tsunami recovery efforts in Thailand. It aims to offer an overview of the efforts that have been made to mitigate the suffering of those who were affected by the earthquake and tsunami, in Thailand, and particularly to assess progress towards assisting communities to restore livelihoods and move towards a sustainable long-term rehabilitation.

B. BACKGROUND

1. Pre-tsunami context

The worst hit area, the central Thai Andaman coast from Phang-nga to Krabi with Phuket at the centre was an area of booming development and economic activities based on the coast and that are little diversified and all interwoven. They all relied on an increasingly degraded and fragile environment and were pulled by the major driving force of the rapid and expanding development of mass tourism.

In the past, the rural and coastal communities of Phang-nga and

¹ <http://www.reliefweb.int/rw/RWB.NSF/db900SID/EVOD-6G3C5Y?OpenDocument&rc=3&cc=tha> 9 September 2005

Phuket for example used to rely more on mostly land based activities such as forestry products, commercial agriculture (fruit orchards, copra, rubber) and tin mining. Fishing and aquaculture, although present, represented somewhat very marginal activities some 30 years earlier.

Directly and indirectly, the booming of the tourism industry generously promoted and provided new attractive sources of income and jobs for the local younger generations. Up to 50 per cent of the staff employed by the destroyed major complexes of Khao Lak was from the surrounding communities. The tourism industry also provided new markets for the local production and subsequent revenues were invested in services and small businesses mostly oriented towards the industry (small souvenir shops, restaurants, guided tours) all located along the coast in the vicinity of large resort complexes some of which were completely obliterated by the tsunami.

All along the central portion of the coast, the fishing communities which were traditionally among the poorest in Thailand saw the opportunity and directed a significant part of their activity to supply restaurants and resorts in fresh highly prized reef fish species and sea food products in general, increasing further the over exploitation of marine resources including in protected areas. There was also a handy opportunity to provide sea transportation services for tourists to nearby beaches and islands.

Migrant workers from Myanmar became the predominant labour force in the fishing industry while young Thai nationals from fishing communities targeted the more profitable tourism-related jobs. Some sea gypsy communities became sedentary in Phuket, partly (but not only) due to the attraction of revenues from the tourism industry. Apart from being in themselves a tourist attraction, they provided cheap labour (often the cheapest next to

Burmese migrant workers). They also used their boats for sea transportation of tourists to the islands of the bay of Chalong and Rawai.

Other sea gypsies communities (moving along the Andaman coast) still practised more or less their original livelihoods strategies mostly based on fishing and harvesting seashells. The latter proved to be quite resilient and there were accounts of communities that literally escaped the Tsunami thanks to indigenous knowledge. It is important to consider these differences and even take into account and utilize indigenous knowledge when appropriate in the recovery phase.

Apart from tourism and fisheries, the livelihoods of the people in these provinces were also agriculture-based (crops such as rice, rubber, oil palm, fruits, vegetables, coconut) and raising farm animals such as cattle, buffaloes, sheep, goats, chickens, ducks, geese, and quails. The majority of farmers grew rubber, fruit trees, and oil palm. The average income was about 30,000-100,000 baht per year per household. Rice fields in these provinces were very small (total area ranging from 7,165 rai in Ranong to 100,000 rai in Satun) and the production was not enough to meet the demand.

In summary, the flourishing and fast development of the coastal areas, especially of Krabi, Phang-nga and Phuket Provinces became poles of attraction for people originating from all over the kingdom and even abroad. This contributed to "artificially" increased populations having their livelihoods almost entirely oriented, directly or indirectly towards the exploitation of coastal natural capital and resources. The tight interdependency of a limited range of livelihoods all linked to the coastal environment and sustaining a large mixed population constitutes the major source of vulnerability for communities in the post-tsunami recovery.

2. Overview of the tsunami impact on Thailand

In the affected areas, an estimated 20,537 households with a total population of 91,638 people were directly affected through loss of, or injury to, a family member. In Phang-nga, the most affected province, over 19,000 people from 4,500 households were directly affected covering 45 villages in 14 sub-districts of six districts. More than 3,600 houses were destroyed and almost 3,200 houses were damaged. Approximately 70 per cent of the total damage was in Phang-nga Province.

In terms of economic losses, the DDPM estimated a total loss of US\$ 47.9 million in the fisheries/agriculture sector, out of which the fisheries sector alone shared US\$ 47.2 million (99 per cent), the livestock sector US\$ 0.5 million, and agriculture/crop sector US\$ 0.2 million. These figures did not include lost earnings which coastal communities could have gained if they had been provided with production assets such as fishing boats and gears.

Coastal fisheries were the most seriously affected sector in Thailand. The initial estimates of damage, as reported by the Fisheries Rescue Coordination Centre included 3,714 small fishing boats, 1,199 large fishing boats, 554 ecotourism boats, 6,063 fish and shellfish cage farms (totaling 609,869 sq m), 42 shrimp farms (266 rai), 573 hatcheries (86,818 sq m), 17 shellfish concession plots (819 rai) and 47,063 sets of fishing gears. In addition, 83 public harbours/piers were affected. This does not include damage to private jetties/piers for private boats or fishery associated businesses, for example, ice plants, gas stations, fish landing, markets, and others. The tsunami caused severe damage not only to fisher folk and aquaculturists, but also to fisher folk earning additional income from tourism-related activities.

Reports from MOAC/DOAE on agricultural damage includes 9,726 rai of agricultural land used for rice

production, horticulture and other crop production, which were owned by 1,157 farmers in the six provinces. In addition, 535,560 heads of livestock including cattle, buffaloes, pigs, sheep, goats, ducks, chickens and geese, which belonged to 4,898 farmers, were affected; and 10,730 animals reported dead or missing. The environmental damage was severe in some areas: for example 3,146 rai and 550 rai of coral reefs were slightly damaged and severely damaged respectively; 6,200 rai of beaches were damaged; 1,910 rai of mangrove forest were damaged; 222 ring wells and 50 tube wells were damaged.

The Department of Disaster Mitigation and Prevention estimated that the most severe damages in terms of value to the fisheries and agriculture sector occurred in Phang-nga: US\$ 24.3 million which shared over 50 per cent of the total damages in the sector, followed by Phuket: US\$ 9.0 million (19 per cent), Krabi: US\$ 5.0 million (11 per cent), Ranong: US\$ 4.5 million (9 per cent), Satun: US\$ 3.2 million (7 per cent) and Trang: US\$ 1.8 million (4 per cent).

3. About the study

This study employed a qualitative approach using individual interviews and focus group discussions. A total of 151 respondents were interviewed in 11 districts from three of the six affected provinces, i.e. Phuket, Phang-nga and Ranong. Almost all survivor respondents interviewed were staying in temporary settlements. The exceptions are the Laem Pom community and the Moken (sea gypsy) community of Lao Island that returned to rebuild their houses and livelihood in the pre-tsunami places of residence, and the Pak Tiam and Tab Tawa communities that chose their own relocation sites for permanent rehousing and settlement.

Due to time constraints, the limited information available and physical constraints in the field during the time of the study, a random sampling methodology was utilized.

The data was collected during three separate field trips to the three provinces during the months of July and August 2005.

Information was gathered from secondary data, when necessary. The sources are acknowledged in the chapter.

In all case studies unstructured interviews and ethnographic methodology were used (meaning the subjects were allowed to express themselves in their own words). A variety of techniques were used to arrive at useful generalizations in a case study. One way to generalize from a sample of one is to argue that group data overlooks or blurs the significance of individual success or failure. Nomothetic (group) designs simply add up the totals and look at averages. Idiographic (single subject) designs have the advantage of rescuing individual data from the pile of averages.

Another way to generalize from a sample of one is to use the “universe in a dewdrop” argument as is common with ethnography. With case studies, this is called “methodological holism” and is quite common in historical-comparative research. The idea is to find a subject so average, so typical, so much like everyone else that he/she seems to reflect the whole universe of other subjects around him/her. Anthropologists used to seek out the witchdoctor of a village, or find someone who is a natural “storyteller”.

C. KEY FINDINGS ON RELIEF, REHABILITATION AND RECOVERY ASSISTANCE

1. General overview

At the time of the research, recovery efforts continued to move forward in Thailand’s six worst affected provinces: Phang-nga, Phuket, Ranong, Trang, Krabi and Satun.

The Government of Thailand was widely acknowledged to have led an effective response, encompassing prompt provision of health services, construction of temporary shelter and permanent homes, use of military assets to support the whole tsunami-affected region, compensation to survivors, and a major forensic body identification operation. The emergency relief phase was announced to be over two months after the tsunami struck and longer-term recovery plans were put into place.

By the end of August 2005, the Thai Government had funded tsunami emergency response and recovery in the amount of US\$ 1.06 billion; over six million of this spent on general assistance to tsunami victims, and specific compensation to fisherfolk and beachside store vendors.

Thailand did not appeal for international financial assistance, but welcomed technical assistance in support of its relief, recovery and rehabilitation efforts. In early September 2005, however, the Government accepted five million dollars in grant aid from the Japanese Government and World Bank to fund community-restructuring projects in the affected areas. The grant aid, from the Japan Social Development Fund, was channeled by the World Bank (WB) to four implementing agents to villagers impacted by the tsunami with the Thai Finance Ministry acting as overseer to the allocation and use of the grant.

The performance in recovery efforts was no small part the result of effective engagement of public, private and civil society sectors. Although there was no national preparedness plan for the tsunami disaster, prompt national disaster management under the direct authority of the Prime Minister, worked effectively in many respects. The Royal Thai Armed Forces and other Ministries were also mobilized into the response framework through the National Defense Council; the Thai Red Cross was integrated into the response at provincial level.

The contribution of the local and international NGOs, United Nations agencies and private sector partners both in the affected areas and nationally can hardly be overemphasized. Aid and development NGOs continued to respond effectively to the immediate needs of hundreds of thousands of tsunami survivors.² They focused attention on integrated programmes to deliver long-term benefit, especially in the areas of shelter, agriculture, health and nutrition, water supply and in creating income-earning opportunities.

In fact, a key factor in the effectiveness of Government and international agencies in the recovery work was the combined impact of all efforts. In some cases there were already existing local partner relationships, in other cases new partnerships were forged. In most cases, the combined work was not jointly and consciously planned nor coordinated.

Despite the progress and partnerships of sorts, gaps in recovery were evident. The following section highlights the gaps and challenges, based on information and experience “from the ground”, as it were, on the plans and processes of the long-term recovery process and how they are responding to the needs of affected communities.

² The Coalition Network for Andaman Coastal Community Support, or more briefly ‘The Save Andaman Network’, is composed primarily of several local organizations, all of which have been working with small-scale fisherfolk communities in the South. The nationwide network is known as ‘The Collaborative Network for the Rehabilitation of Andaman Communities and Natural Resources’, and incorporates the ‘Taskforce for Southern Community and Ecological Recovery’ in the Central region. It is a much larger network of over about 50 national organizations, some of which have general development agendas, with others focusing on specific issues. As well as working with small-scale fisherfolk communities, the nationwide network is also addressing the problems faced by a number of other specific groups including the elderly, people with disabilities, women, children and migrant workers.

2. Immediate needs still need attention

In Thailand the emergency relief phase was considered to be mostly over within two months of the tsunami, and soon after well into the longer-term recovery phase. In collaboration with the United Nations Country Team the Government moved towards planning and implementation for long-term rehabilitation and recovery in four key areas, viz. social protection, livelihood recovery, environmental rehabilitation and disaster preparedness.

However, although the initial relief phase of the recovery process was considered formally over, many pockets of poor communities were still in need of continued immediate assistance. Considerable support was still required in terms of income support, food aid, schooling-related assistance and other welfare support, including health and sanitation matters, especially in several temporary shelter camps of displaced communities.

In the Tak Borisat settlement camp for instance, there were 40 bathroom/toilet facilities for a population of 2,000 individuals. But only five were in working condition. Repeated calls to the authorities to fix the problems went unheeded.

In one of the several Baan Nam Khem settlement camps, uncollected garbage floats in the old mining ponds that border the settlements and resembled huge cesspools. There were at least two reported child deaths due to unsanitary conditions in August 2005.

And in the island of Lao, food assistance, which was provided by the Foundation for Children had to be continued on a daily basis. Stateless Moken, who did not qualify for Government assistance, inhabited this small island.

Relief assistance in the temporary camps lacked a clear coordinating structure that could make appropriate

decisions rapidly. Food assistance, for instance, was implemented in a chaotic manner, in which the affected people were excluded from sharing management responsibilities. There were problems of unequal distribution of food in several temporary shelters. Furthermore, there was a problem of provision of food aid that contradicted people's culture or religion. In a number of settlement camps, many were Muslim, so the distribution of non-Halal tinned food had caused unnecessary distress.

Schooling related problems were evident in several settlement camps. Assistance with school fees, school lunches, day care/nursery facilities were marked with inefficient delivery in several and repeated instances.

Some of the complaints from villagers and Thai-NGO workers summarized below offer some insight on progress in this area.

...they [the parents/children] were asked to choose between the UNICEF and Government handouts of school assistance...but neither amounts in themselves were sufficient to meet their school costs...

there was a terrible and unequal treatment of children... only if you lost your parents, you will get sufficient help...

welfare support meant filling in forms, which local officials brought...villagers will be asked to sign the forms, which the official completes... and when the villager goes to collect the compensation he/she is told that he/she had already signed, which means that he/she had already received your payment...

There were several complaints from villagers regarding official refusal of access to compensation... "because they were stateless". These were statements from NGO workers, which reflected the situation.

NGO activists also noted high levels of discrimination against the sea gypsies, whether stateless or not, particularly on the part of the fellow fisherfolk, who had traditionally worked alongside the Moken, though in strongly segregated roles.

The following is a summary of a case study from an interview with a local Thai NGO.

Lao Island is an island in Ranong Province. There are 110 families at Lao Island split into two groups: one of 45 Thai families and another of 65 sea gypsy families. The two groups live separately. On the Thai communities side the infrastructure and facilities such as the water system, roads and school are more developed than on the sea gypsy side. In the sea gypsy community the housing is dilapidated and overcrowded, there is no school and the entire community is forced to share a single well.

The sea gypsies face other problems. First, because many are not Thai citizens and have no identity cards so they are not entitled to help from the Government. Second, unscrupulous businessmen have approached them and offered to help them, if they fish by detonating explosives in the waters. This type of fishing is strictly illegal in Thailand but it is hard for desperately poor people to turn down any chance of making a living. Several disabilities have occurred as a result.

Government relief for the affected communities at Lao Island was slow to happen and when they did it was characterized by discrimination against the Moken community. Fortunately the damage to the houses had not been great. They had been knocked about but not destroyed. However, boats and fishing gear, which are the life of these sea-faring people, were utterly destroyed. Since then some organizations have visited and provided the people with their basic needs.

Christian Service Centers had also sprouted up to conduct village needs assessment and provide recovery assistance. In the village of Kam Yai Island, for instance, a local church had placed a Thai volunteer coordinator to oversee ongoing volunteer efforts in reconstruction work and income generation activities. Several villagers had complained, however, that the assistance came with certain clear conditions such as attendance at Sunday school, bible classes and, eventually, conversion to Christianity.

One respondent re-counted a disturbing incident:

She had cancer but the pastor said no need to go to hospital...God will heal...they prayed over her...she died last week...

3. Land and homes

The Ministry of Social Protection estimated that the numbers of people still living in shelters in Krabi and Phang-nga Provinces had fallen from approximately 7,000 people at the beginning of July to 1,200 and 100 households respectively (therefore an estimated 4,000 people) as of early August.³

DDPM reported an increase in the number of houses completed in the affected provinces: 1,456 new houses were handed over, i.e. 52 since the end of June. In response to the 3,166 requests for provision of permanent housing, all were totally or partially satisfied, either by having received a house, or awaiting delivery of completed housing: 1,710 houses were under construction in Krabi, Phang-nga and Phuket. All the 206 requested houses were completed in Ranong and Trang Provinces.

In Phang-nga and Trang Provinces, United Nations Development Programme (UNDP) and United Nations Human Settlements

Programme (UN-Habitat) were working with indigenous communities and the Community Organizations Development Institute (CODI) to ensure tenure of community land. By August 2005, the activity had resulted in allocation by the respective Land Sub-committees, which positively affected 235 families. The communities themselves had adopted criteria for the selection of households for the new site, and had initiated discussions on land use and construction plans. In Phang-nga, sea gypsy (particularly Moken) families were supported in establishing communal land ownership, as well as strategies for the design, content and management of a heritage center and community market.

However, NGOs reported continuing dissatisfaction with the quality of housing in some areas, with the rainy season demonstrating leaking roofs and other issues. Land title disputes persisted and were slowing recovery in Phang-nga and other affected provinces, with reports of intimidation in some areas.

On 4 May 2005 about 50 tsunami victims from Takua Pa District protested at Government House requesting that the Senate Committee on Social Development and Human Security look into the legality of Nor Sor 3 Gor land papers issued to the private firm and individuals who claimed to own the land held by the protesting villagers before the tsunami, 26 December. The tsunami survivors claimed to be representing 30 families in the Hat Laem Pom Community, 43 families in Tap Tawan Community, and another 180 families in Ban Nai Rai Community.

...the Laem Pom villagers had lived on this land for about 40 years. One day after the tsunami, a company made claim to the land. They put up signs warning us to keep off the land. We could not get into the area to look for the bodies of our family members who were missing...power and water were also cut off. In February we managed to come

³ Disaster, Field Situation Rep 17, 11 August 2005

back... someone from the company came to take our photos. We heard gunshots that night.

(Ms. Ratre Kongwatmai, 32)

After surviving the killer waves, Ms. Ratre rushed back to find her daughter at Laem Pom, which was part of an old tin mine site in Ban Nam Khem, the worst-hit seaside village in Phang-nga. She found the devastated area had already been sealed off by a group of armed men hired by the *nai toon* (money baron), who had claimed ownership over the beachfront property of some 50 families.

The land dispute dated back three years, when the *nai toon* presented the villagers with a land ownership document. The villagers contested the legality of the document, yet the case remained unsettled. The Laem Pom community had also petitioned the National Human Rights Commission to investigate the legality of the speculator's land documents. When the tsunami struck, land speculators hired men to stop the villagers from going into their neighbourhood to find their loved ones.

I begged them in tears to let me in so I could find my daughter and my relatives. They said the tsunami could not kill me, but they could. I knew my daughter was near the big pond that used to be a mine sink. She was seen running away together with her friends in that direction. I have lost everything to the tsunami: my daughter, my father, my sister, my brother, my aunt, my nephew and my home. Everything. My duty to my family now is to keep their land.

(Ms. Ratre Kongwatmai, 32)

Laem Pom was part of Ban Nam Khem, a seaside settlement of ex-labourers who had come from all over the country to work in the tin mine. When the mining concession

ended they established their own community, which villagers have called home for more than 40 years.

This place used to be a mine, state-owned land, how could it become personal property unless there was some fishy business involved? If anyone should have the right to stay at Laem Pom, it should be the villagers who built this community.

Back then, there was no road, no electricity. Nothing. From living in thatched-roof huts, we developed our homes and our community and we finally got our house registered with the province in 1990. But three years ago, out of the blue, we were ordered to leave. This is plain theft. Plain injustice.

(Ms. Ratre Kongwatmai, 32)

It appears that the company has planned to develop the 418-rai area in Hat Laem Pom into a golf course and a luxury hotel.

There were other similar stories.

After the tsunami, a woman and the land officials came to measure the land plot we were staying in. The woman claimed she was the owner of the land. We had never seen her here before.

(Mr. Sewbee Leesakul, 52, Ban Tap Tawan, who has no land ownership deeds to the land)

Ms. Ratre and Mr. Sewbee are not alone in their anguish. According to the Coalition Network for Andaman Coastal Community Support, more than 30 villages in the six tsunami-hit provinces were facing similar eviction problems.

In Trang, for example, the villagers at Ban Sangka-oo on the island of Ko Lanta were ordered to relocate though their homes were not destroyed. In Phang-nga, where 14 villages faced the threat of eviction, the fishermen at Ban Nai Rai

could not return to their homes because the money barons claimed the land as theirs. In Ranong, district officials had barred villagers who were living at Kamala beach for more than 50 years from returning to their homes on the grounds that the area is public land. Five other villages in Ranong had similar problems since the tsunami.

Mr. Chem Prathana, a villager from Ban Nai Rai, received a new home after the tsunami struck but was later evicted from the land by a local businessman claiming ownership over his plot. He remained hopeful he would be allowed to return. Mr. Chian Waahai, 57, from Ko Lanta Yai was also aggrieved. His rubber plantation was claimed by the National Park Authority. "I want my ownership officially recognized over land I have owned for more than 40 years," Mr. Chian said.

Reports abound of politicians and businessmen who ganged up to push fishermen and villagers off lucrative plots of land in anticipation of a tourism rebound. The United Nations resident coordinator's reported, dated 18 August 2005, stated that land title disputes were slowing recovery in Phang-nga and other provinces and that there were reports of intimidation. Some landlords filed lawsuits against squatters who had moved onto forgotten plots of land years ago and eventually became legal owners under Thai law.

But other communities managed to see off the developers. Baan Waa, a fishing village of 72 households, was told that their land was needed for a new hospital for Khao Lak that the German Government had agreed to build. The villagers dug in their heels and appealed to a visiting group of senators, including Senator Chirmsak Pinthong, for help. A call to the German Embassy revealed that the scheme was a fiction. Soon after the village was rebuilt with private and public money, and the residents were promised a communal land title to their new houses.

One community, in Tab Tawan, had lived on the land for more than 100 years and suddenly – after the tsunami – there appeared a landlord who claimed that he owned the land. Another community has obtained a compromise through a land-sharing agreement ...they agreed to move from some of the land on which they formerly lived and to retain a smaller portion...and they can stay with quite a pleasant and healthy environment.

Many villagers were afraid of speaking out for fear of being blacklisted and cut off from government assistance, which was supervised by the same local administrators who had often conspired with speculators to take over public land in their communities.

I still cannot imagine how I am going to make a living when they move us inland to live in a small concrete box

(Mr. Kong Yaikwai, a fisherman from Pakarang Jut. He lost his wife to the killer waves and became the sole bread-winner for his four children)

A tribal society based on close kinship, the Moken, or sea gypsies in one site drew on their collective strength to reclaim their land. The Moken at Ban Tung Wa and Ban Tap Tawan in Phang-nga, for example, refused to be relocated to small, oven-hot concrete boxes far from the sea. Despite resistance from the land officials, they fearlessly returned to their old sites to build new homes.

We are one big family and we speak and move as one.

(Mr. Hong Klatalay, leader of the Ban Tung Wah community)

Our ancestors lived here. I was born here. So were my children. It is our home. We could not live elsewhere.

(Ms. Larb Harntalay, 47, a Moken mother)

When the tsunami came, it was a good chance to clear the land. They [the developers] have tried before to chase people away. The tsunami has done the job for them.

(Senator Chirmsak Pinthong)

Under Thai law, squatters can apply for legal title to a plot of land after 10 years of continuous use. In practice, few succeed, and millions of Thais live on what is technically public land. Speculators exploit this ambiguity by bribing officials to backdate land purchases, and then accuse villagers of encroaching. Battles over land title are common in Thailand, particularly when tourist dollars are at stake.

Thousands of new houses were built for tsunami victims. But many went to waste when survivors abandoned them. Some residents of Ban Nam Khem and other temporary shelters were unhappy about the designs, which they say were foisted on them by Government departments. They say the houses were cramped and did not suit their lifestyles. They stand in contrast to the spacious houses, which another group of survivors, the Moken people (“sea-gypsies”), had designed and were building for themselves.

It is so narrow and dark. It must be really hot in there. I want the one built on pillars such as the Moken are building, but the army engineers say they can't change.

(Ban Nam Khem resident)

People should be allowed to choose their homes. We give only technical support and advice to the Moken people. No one knows how to design and build a house better than they do. Houses built by state agencies following the Kratoon floods a few years ago were eventually abandoned by survivors who left to build their own community.

(Mr. Komet Boonthongchoo, Network for Development of Southern Communities)

We do not say this is the way to go – to break the rules of the Government – but we think this is the way to get the system acting in a more appropriate way. In the communities where people are building, we support them with architects and planners to help them plan their areas. In fact the houses they build are very beautiful, and have received a lot of media attention, This is especially so when compared to the government housing – box like structures located 5-6 km away which many people have said look like “pig houses”, not houses for human beings. So the Government Housing Authority starts feeling ashamed because the people houses are more beautiful.

Problems persisted because needs assessments were not well done. In some cases the number of houses being built did not match the actual numbers of people who needed housing. Furthermore, the temporary shelters were built, but without consultation. These plans were carried out, based on orders from Bangkok, and did not actually correspond to the needs of the survivors. In Ban Huai Lam Klang, on Lanta Island, for instance where the majority of communities are Muslim, shelters were built on the land of a Buddhist temple. This offended the sensitivities of the Muslim community.

4. Restoring livelihoods

About 400 fishing villages along the Andaman coast and islands were affected by the Tsunami. The impact on these villages ranged from some broken fishing equipment on the beach to complete and utter devastation with great loss of life. The worst affected village, Ban Nam Khem lost about half of its population of 6,000, nearly 80 per cent of its infrastructure, and most fishing boats and equipment. In total it is estimated that 3,500 small fishing

boats and more than 1000 large fishing trawlers were destroyed or seriously damaged by the tsunami in Thailand. More than 400 rais of fish/shrimp farms and more than 7,000 fish/shrimp ponds were damaged. In all it is estimated that the livelihood of 100,000-120,000 people have been affected.

Numerous efforts were evident, individually or jointly by Thai Government agencies, United Nations agencies, private sector companies and international and local NGOs in a longer-term effort to help communities get back on their feet after the tsunami. All parties declared their priority concern for the more vulnerable sea gypsy and Muslim communities affected by the disaster in a manner that aimed to protect and promote their cultural heritage. Pledges were also made that livelihood recovery activities would take into account the need for environmentally sound and sustainable economic activities in both the fisheries and tourism industries.

At the time of the study, the recovery efforts of all the relevant agencies included:

- Formulation, and implementation to varying extents, of longer-term community recovery programmes that would benefit more than 20,000 households in tsunami-devastated areas;
- Establishing more than 30 grassroots credit schemes and community revolving funds to finance the recouping of lost assets such as fishing boats, tackle and houses;
- Setting up community-based alternative livelihood training and income generating activities such as batik, handicraft and woodworking;
- Promoting cultural heritage, environmental awareness and eco-tourism in several tsunami-affected tourist locations;

- Setting up or supporting a range of community building initiatives aimed at improving participation in local government decision-making and rehabilitation initiatives;
- Training of selected government organizations in participatory planning to promote community participation; and
- Networking and sharing of best practices between tsunami-affected communities.

Enhancing the employability of workers in Phang-nga's and Phuket's tourism sectors was also supported by various United Nations agencies. ILO and UNDP were involved in key partnerships with organizations like provincial tourist associations, the Employers Confederation of Thailand and, together with the Thaicraft Association were supporting the need to provide alternative sources of income for tourism workers. Public transport drivers, spa and beauty salon workers received English language training, while new skills in handicrafts like batik were taught in the Khao Lak area. Responsible Ecological Social Tours had helped affected communities develop culturally and environmentally appropriate tour programmes. The Ministry of Labour provided emergency response training in resort workplaces, although it did not appear that all employers fully understood how this could be used in marketing their hotels or tourism businesses.

Similar activities were undertaken with vulnerable communities in other areas, such as the Muslims and sea gypsies of Koh Lanta. By the end of August 2005, UNDP had put in place nearly 30 grassroots credit schemes in a number of locations in Phuket, Phang-nga and Ranong Provinces. These helped finance the recovery of lost fisheries assets and even housing in some villages.

The survivors' preference to return to their home villages was based mainly on their intention to resume their

previous economic activities. Their livelihoods, before being displaced, depended mainly on occupations as fishers, farmers, and traders. Other occupations included housewives, entrepreneurs, labourers, civil servants, private sector workers and carpenters. Most of the affected communities, however, relied in some way upon fisheries or aquaculture for income. The inability to return to fishing or aquaculture was critically affecting their ability to generate income and their debts were mounting. Also they had no way to start to reinvest in replacement of the lost livelihoods.

Many survivors whose main sources of livelihood were affected by the disaster employed various coping mechanisms but some were too distressed to do anything. The exceptions were civil servants and private company workers. Others experienced difficulties reactivating their livelihoods. Several tried to do odd jobs while a smaller group borrowed capital.

The only choice is to change the type of jobs we used to do, maybe work as craftsmen. But we do not have any other skill... and the [money] help is reducing...they [the NGO] employed us to repair damaged boats. Some of us have found odd jobs as labourers cleaning the houses of other people that were not seriously damaged. But it is not easy...
(Fisherman from Baan Tub Tawan)

Most respondents reported that a change in types of work may be necessary but they would need training to learn new skills and capital to start up new economic activities. Most said "If the new means of livelihood is better, we will accept it." and some said "We will shift jobs if we are given assistance." It was also not uncommon to get responses like "We will shift jobs if we are assisted to get new skills" and "We will change our jobs if we are given training and funds for opening businesses."

However, a minority aired contrary views, insisting that "It is difficult to start another kind of business".

Beyond the individual economic concerns, participants also stated that in order to revive the local economy, small businesses had to resume and access to capital was the most important.

Most of us worked for other businesses... we supplied labour or material for them...but these businesses have not started up again, so they don't need us anymore. If they can start up again, we can have a chance to go back to what we were doing...
(Kapur Sub-district, Ranong Province)

The tsunami also altered the family structure in many communities, which resulted in additional pressures on the surviving members. As a result of the changes in the structure of their families, a large number of those affected had not been able to fend for themselves and relied heavily on external support. One obvious impact was on women and the elderly. In the Kukak Sub-district, for instance, where all of the seven villages were hit by the tsunami, many of who had moved into nearby temporary settlement camps, the scenes tell the story. Elderly women sit outside their temporary homes cleaning shellfish for sale or work in an assistance scheme to produce bricks and bags, while many younger adults who had been family breadwinners struggled to cope with problems of sorts.

The tsunami had also affected the psychological make-up of survivors and at some level affected their confidence in their ability to start all over again. More than seven months after the disaster, many did not do anything to revive their livelihoods and relied on external support for their basic needs.

In some communities community leaders went missing. Interviewees reported that the community needed

a leader to help them cope with the situation and rebuild livelihoods.

The men are depressed... they are afraid to go back to fishing... a few have gone out to work in construction sites...some women are drinking [alcohol] as a solution... the people here still rely heavily on other people for help...some have turned to spiritual leaders for support. The Catholic Church from Surat Thani diocese had sent workers regularly here... they have a center in the camp
(Foundation For Women worker at Kukak temporary camp)

When asked what their short-term needs were, most replied that what they needed most was livelihood assistance. When requested to prioritize their needs, they stressed that assistance to regain their means of livelihood or finding new ones was the most important. However, children's education remained a priority.

If they can go back to school, they will get assistance there. That's what the [government] officer told us. If the children are not registered, they will not get help. Khun...s husband was missing...she has no job and no marriage certificate...she just gave birth and asked for assistance from the official from the Welfare department... she was told that she had to wait for the child to go to school before she qualified for assistance...so the Foundation [for Children] is assisting her...

There is discrimination in favour of children who have become orphans...this is good and we can understand that...orphans get 100,000 Baht, children with parents but who also need help get 2,000 Baht...

While many poor communities lived with continuing uncertainties about

whether they could return home, the same constraints did not always apply to the tourist industry. This was the general feedback from NGOs working with affected communities.

It seems that Government is actively offering support to commercial investment on the grounds of 'tourist and economic development. The Government has also put in place a plan for a duty-free zone in Phuket, which is now taking shape, with tax exemptions approved for purchases in special stores in the three worst affected provinces along the Andaman coast. Many of the larger hotels had the resources to resume business. But the damages incurred by almost 400 villages in 74 districts, which resulted in the loss of jobs for 120,000 people who had previously relied on the tourism industry seem to be much slower to be addressed.
(NGO worker in Phang-nga)

Tourism-related associations were also taking measures to boost their industry, with the launch of a new nationwide tourism council, while financial institutions reported approval of more than US\$ 85 million in loans to hoteliers and other tourism businesses. The scheme was expected to revive smaller establishments, many of which were not able to cope with losses, unlike the large resorts. However, access to loans was reportedly uneven.

It needs to be mentioned that the unbalanced spatial distribution of development efforts was also a problem. In the tourism sector, much aid was directed towards Phuket and Phi Phi Island. However, other areas with good potential for tourism (such as Krabi and Phang-nga) had not received a similar level of attention. Meanwhile, the repair of fishing boats and the relocation of some fishing communities away from the coast had led to local concerns

over the immediate prospects of the local fishing industry, and the disenchantment regarding Government rehousing policies, with many of the new settlements' design deemed to be inappropriate to local needs and aspirations. Problems resulting from an out-migration of young people from the most adversely affected areas to 'honey pots' such as Phuket, where jobs are more varied and plentiful, was also anticipated. The fear was that congestion and social pressure in the more developed parts of the subregion would lead to socioeconomic decline and isolation in underprivileged areas.

Concerns also remained over the livelihood recovery problems of the many sex workers, as much as others in the service industry. Empower Thailand reckoned that people, particularly women, who had lost their source of income, were likely to seek high-risk means of supporting themselves, while high levels of stress would lead many men to seek out sex workers. There was certainly an increased risk of HIV/AIDS in an area that, even prior to the tsunami, had reported a prevalence of HIV way beyond Thailand's national average, particularly among migrant women and fishermen. The risk was further compounded by the lack of availability of condoms and educational material, and the diversion of funds initially intended for raising awareness on HIV/AIDS towards relief activities.

5. Migrant communities

According to IOM, 2004 figures showed that 1.2 million migrants registered with the Ministry of Interior and of those, some 850,000 applied for work permits with the Ministry of Labour. Companies or individuals which employed migrant workers (80 per cent are from Myanmar) were required to pay a registration fee of 3,800 Baht (US\$ 92) per worker, which included a medical check-up. However, many employers preferred not to register the workers, either

because of the costs involved, or because they could have more control over their employees when unregistered. IOM and ILO provided grants to migrants and their employers to cover the medical fee associated with the application or renewal of work permits. The grants targeted the hardest hit businesses in the tsunami-affected areas.

In May 2005 migrant workers who had registered with the Ministry of Interior in 2004 were given the opportunity to apply for work permits and health coverage valid up to 30 June 2006. The original deadline of 31 July was extended officially to the end of August 2005. It was difficult at the time to assess the number of migrants who had renewed their work permits. However, unofficially it seemed as though the number would be lower than it was in 2004 when the Thai Government carried out a similar registration.

Tens of thousands of refugees from Myanmar lived in southern Thailand, having fled the military junta in their homeland. Many worked in construction, fishing and tourism before the tsunami but had since lost their jobs. After the tsunami they were the last in the queue to receive aid. Some reported Thai people threw them out of relief lines. Others had their identification documents and work permits washed out to sea and dared not ask for help in case they would be deported. The Government had ordered unemployed migrants to leave by the end of September 2005.

The health care needs of the migrant workers in tsunami-affected areas were becoming clearer, due to a survey commissioned by the United Nations Population Fund (UNFPA).⁴ Apart from the registration issue, the

⁴ The survey of 700 migrants was conducted in June 2005 by Mahidol University's Institute for Population and Social Research with funding from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and UNFPA.

migrant communities' responses confirmed the need for more visits by mobile health clinics for women and children and prevention activities for HIV and other STDs.⁵ Many of the male migrants were working in construction and fisheries, but their wives and families were more isolated. The registration requirements prevented them from seeking immunization and other care for their children, as without a work permit they were ineligible for Government health care.

According to the UNFPA study, of communities of people from Myanmar in Ranong and Phang-nga Provinces, one in four mothers delivered without a skilled birth attendant, 55 per cent of all infants were not receiving immunization, only half of all married women were using contraception, and half the adults surveyed had incorrect knowledge about how HIV spreads. One-third of the unmarried migrant men paid for sex without consistently using condoms.

UNFPA reported that the findings confirmed the need for mobile health clinics and health education campaigns such as those in operated in both migrant and Thai communities in Krabi, Phang-nga, Phuket and Ranong by the World Vision Foundation of Thailand and provincial public health offices with UNFPA support. World Vision employed Burmese-speaking medical staff to serve migrants and was training a cadre of health volunteers to do community outreach.

Fewer than half the migrants studied were legally registered, and therefore entitled to the same affordable universal health care coverage as Thai citizens. Those not registered reportedly avoid public clinics and hospitals due to the cost and fear of deportation. Health workers had reported this is a critical problem, as mobile clinics must refer seriously ill patients to hospitals.

⁵ UNFPA is already operating nine such clinics in Phang-nga, Phuket and Ranong Provinces, three in each province.

6. Other vulnerable groups

The elderly are another vulnerable group which required specific tsunami-related assistance: the HelpAge NGO survey on India, Indonesia Thailand, and Sri Lanka found that many elderly people were forced to work in order to help care for grandchildren or other survivors from their extended families.

The sea gypsies or Moken are another vulnerable group. Many led a semi-nomadic life, relied heavily on the sea for livelihood and their shelters resided close to the water's edge. The Community Organizations Development Institute (CODI) estimates that 1,000 sea gypsy households were affected by the tsunami. Many parents reported that they did not attend school themselves and were originally wary about registering their children, not fully understanding the benefits of doing so. However, without a birth certificate, the children could not attend school.

7. Disaster preparedness

The Government had reacted to urgent calls from various groups for speedier installation of the tsunami warning system, especially in terms of reinforcing confidence among tourists ahead of the peak holiday season. Commemoration events and projects, such as tsunami memorials and museums were also planned to attract tourists, as well as provide educational resources for local communities. The Ministry of Culture unveiled plans to build tsunami memorial parks in Phuket, Khao Lak and Phi Phi Island, to be completed by the anniversary in December 2005.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) was working on community level preparedness materials, and had worked with stakeholders on the formats and users of such materials. It was suggested that the Civil Volunteer Force of Thailand could play an effective role in dissemination and training through its nationwide

network. The emphasis was on a multi-hazard approach, rather than tsunami preparedness only.

In August 2005 a UNDP-ESCAP-OCHA-ISDR working group was set up in Bangkok, with the aim of establishing arrangements for cooperation and information exchange on disaster management issues. The focus for rest of 2005 was to include tsunami follow-up activities, support to ESCAP in its intergovernmental work on disaster management and preparation.

On 31 May 2005, Thailand introduced a national early warning system in conjunction with the country's newly established national disaster warning centre. Thailand set up 15-metre (50-foot) warning towers along its southern resort beaches that broadcast warnings in six languages and staged evacuation drills. But there was a considerable level of local discomfort at the prospect of a future tsunami, with local area drills being carried out from time to time and other preparations at various stages. The weak link in the system was the "last mile" when disaster management officials cascade the warnings down to remote villages, where mobile phones and even televisions are scarce.

Immediately after the 24 July 2005 earthquake off the Nicobar Islands, the Government of Thailand issued an emergency tsunami alert. However, hundreds of residents living in the several temporary shelters in Phang-nga were not aware of the warning alert until hours later. This caused panicked fleeing to the hillsides.

It was a very frightening experience. We did not know about it until a phone call from my relative who had a television. We did not know where to go. No one came to warn us. We were afraid to run into the hills because there are Burmese migrants hiding there and we are afraid. But we ran...

(Resident of the Kukak temporary camp)

D. CONCLUSIONS AND RECOMMENDATIONS

The results from the study may be summarized in the following points:

1. Thailand is widely acknowledged to have led an effective relief response immediately following the disaster. The emergency-humanitarian efforts encompassed prompt provision of health services, construction of temporary shelter and permanent homes, use of military assets to support the whole tsunami-affected region, compensation to survivors, and a major forensic body identification operation.
2. A key factor in the effectiveness of Thailand's recovery work lies in the combined impact of efforts of the Government, NGOs and other agencies. Local and international aid and development NGOs, United Nation agencies and private sector partners continue to respond effectively to the immediate needs of hundreds of thousands of tsunami survivors.
3. Despite the progress and partnerships, gaps in recovery are evident. Among other things, these inadequacies include a lack of:
 - A clear and comprehensive national preparedness plan.
 - Improved emergency resource management systems.
 - Improved financial and volunteer management.
 - Protection for vulnerable groups.
 - Involvement of affected communities in recovery policies and plans.

1. Medium- and long-term recovery for livelihoods of coastal communities

The main challenge in the rehabilitation of livelihoods is to

support the coastal communities in rebuilding their economies in a sustainable manner considering the available skills and the resources. Thus, long-term planning and management and coordination of rehabilitation activities should be focused on establishment of sustainable livelihoods for the coastal communities. In this context, a number of related issues have been taken into consideration in national planning and policy development such as coastal zoning, sustainable agricultural practices and environmentally sound fisheries and aquaculture. However, further debate and consensus building is required to further improve these processes to identify and implement integrated coastal area management practices with the active participation of the coastal communities.

The rehabilitation and reconstruction efforts offer an opportunity for not just restoring livelihoods and rehabilitating ecosystems to the pre-tsunami situation, but to create conditions to overcome some previous weaknesses and create better livelihoods. In general, the focus should be on:

- Technologies that assist in creating sustained employment-intensive activities which benefit especially the most vulnerable and marginalized. The main emphasis should be on alleviation of poverty.
- Real incentives and opportunities for people in coastal communities to build up economic activities into strong livelihoods that will also enhance and empower the local community.
- Integrated and holistic approaches for sustainable enhancement of livelihoods of coastal communities with minimum impact on the environment considering the fact that the economic well being of communities depends on maintaining a variety of ecosystems around them.

- Effective mechanisms of delivering information and appropriate technologies to the affected communities.
- Capacity building to explore new opportunities/diversification for enhancing livelihoods.
- Micro-credit and other similar initiatives to re-establish and improve their livelihoods with greater involvement of village organizations/NGOs.

In planning and implementing rehabilitation programmes it is important to consider the social inequity of vulnerable groups, and gender specific issues such as women's access to resources, culturally defined gender division of work and the multiple tasks women carry out as producers and caregivers.

In the medium and longer term, the recovery process must also attend to the agriculture sector – to restore crop production and enhance the livelihoods of the affected population in the devastated areas. More specifically, concrete actions are envisaged to restore the food – production capabilities by restoring sustainable crop production systems (i.e. field and horticultural crops, forage/pasture) and the reintroduction of crop and agro-biodiversity that were lost as a result of the tsunami.

Interventions should also aim at supporting national institutions in reinstating the farmers' know-how level that has been weakened as a result of the loss of experienced farmers. This entails training of trainers and farmers on good agricultural practices and environmentally appropriate horticulture and livestock-based farming systems. In restoring crop production, it is important to assess the damages to agricultural land, so that appropriate interventions can be identified and implemented.

2. Livelihoods rehabilitation at the household/village level

Medium-term/long-term counseling and capacity building needs among fisherfolk and their organizations identified so far include:

- Training in natural disaster and sea safety for habitants in fishing communities, including the development of a demonstration fishing community for early warning on natural disasters such as a radio warning system, an escape route when a disaster has occurred;
- Training fishers in boat building and repair
- Capacity building for village fisher organizations in micro-credit and revolving fund management
- Training in alternative marine-based livelihoods such as sea farming or offshore fish cage culture

3. Institutional level

Medium-term/long-term capacity building is also required among supporting institutions, including Government and NGOs including:

- Training of DOF personnel on food safety particularly on toxicology analysis techniques to address concerns of the public about safety of seafood that has depressed local markets and for longer term monitoring
- Training for the trainers (DOF officers and TAO officers) on natural disaster management and sea safety
- Participatory planning and/or co-management of coastal zones and fisheries resources management

- Responsible fisheries and aquaculture management.

4. Key strategies

For the sustainable restoration of the livelihoods of the affected coastal communities, medium- and long-term assistance in terms of capacity building at the institutional and grass roots levels, community-based sustainable natural resources management, and improving access to financial assets need to be addressed, in addition to the provision of production assets, such as fishing gear, infrastructure and seeds for restocking. Strengthening local community organizations, micro-finance, natural disaster insurance, training/education on community disaster prevention/mitigation and rehabilitation of tourism will be required in this context.

Such interventions could aim at facilitating participatory community-based fisheries and natural resource management and sustainable human development in coastal communities in tsunami-affected areas, through awareness building, organization and empowerment of communities, promotion of alternative income generating activities, facilitating improved access to credit schemes as well as social and extension services, and strengthening linkages between community organizations and local government institutions and administration.

The primary purpose of the intervention would be to empower local community-level organizations and fisherfolk organizations to manage their natural resources in a sustainable manner, to plan, implement and monitor development activities to address their concerns and needs and to gain better access to services. The programme would be participatory in nature, in close collaboration with existing local NGOs, beginning with identification of needs, determination of solution options, planning, and implementation through to monitoring and evaluation.

Summary Report of the National Workshop on the Impact of the Tsunami on “Vulnerable Groups” and Women

13-15 September 2005, Jakarta, Indonesia

I. PROCEEDINGS OF THE WORKSHOP

A. OPENING OF THE WORKSHOP

Ms. Thelma Kay, Director of the Emerging Social Issues Division of ESCAP, expressed her appreciation for having the opportunity to hear firsthand the views and lessons learned from people who had lived through the devastating tsunami. She explained that the Asia-Pacific region had experienced more than half the world's natural disasters over the last few decades and had much to share with the rest of the world from that experience. She explained that ESCAP, as the regional arm of the United Nations in the region, facilitated the sharing of experiences and regional cooperation to promote sustainable development. The workshop was meant to explore factors which make certain groups more vulnerable in the context of natural disasters, and to develop strategies to improve their outcomes. She concluded by emphasizing that there was a window of opportunity to ensure access to buildings for persons with a disability, to strengthen social protection systems and ensure that all people have access to employment opportunities.

Mr. Raddhi Darmansyah of the Executive Body for Reconstruction and Rehabilitation of Aceh-Nias (BRR Aceh-Nias), described the everyday challenges of the Aceh-Nias communities, particularly vulnerable groups and women. He stressed the need for the development of policies and laws focused on the support and protection of vulnerable groups and women. He gave figures on vulnerable groups: 112,219 persons with disabilities, 770 senior citizens, and 1,850,000 children in 21 second-level regions. Further, 2,712 people were disabled by the tsunami yet only 598 people received rehabilitation treatment. According to April 2005 data, internally displaced persons (IDPs) totaled 595,598 people, 37 per cent of whom were women. All these groups required special care and protection.

It was recognized that BRR had an onerous task in reconstruction and rehabilitation. Its main role was to act as a mediator between the people of Aceh-Nias and other parties such as local institutions, the Government, and donor agencies. BRR was also to improve the fulfillment of society's critical needs, especially those of vulnerable groups.

The Director General of Social Rehabilitation Services in the Ministry of Social Affairs, Ms. Puji Astuti, highlighted the potential contribution

of the workshop especially in developing inputs that could be utilized in formulating the policies and strategies on rebuilding the lives of vulnerable groups and women in Aceh.

Ms. Meutia Hatta Swasono, Minister for Women's Empowerment made the keynote address and officially inaugurated the workshop. She focused on the quality of life, especially of women and children and developing a new and forward-looking "mindset", with which to address the needs and priorities of these groups in the recovery process. She stressed that in developing post-tsunami recovery interventions and programmes it is quality rather than quantity that should be the norm. For instance, in rebuilding infrastructure attention should be given not only to the physical aspects but the social and psychological as well.

B. ELECTION OF OFFICERS

The meeting elected Mr. Mawardi Nurdin, Mayor of Banda Aceh, Chairperson, Ms. Cut Hasniati of BBR, Vice-Chair and Mr. Robinson W. Saragih of the Ministry of Social Affairs as Rapporteur.

C. SUMMARY OF PROCEEDINGS

1. Day one

The first session, "Perspectives on Vulnerabilities: The Indonesian Post-Tsunami Experience" began with a brief overview of the workshop and on the concept of vulnerability by an ESCAP representative.

The Chair highlighted the excessive damage to infrastructure, such as schools and the high number of missing people. He noted that in the post-tsunami situation, the marginalization of women was exacerbated due to their lack of access to knowledge, skills, and

resources. Further, many women and children in the camps were still traumatized yet were not receiving adequate support. He noted the major contribution of NGOs in providing services for children.

Ms. Eva A.J. Sabdono (Yayasan Emong Lansia) presented findings of the ESCAP-commissioned study on the social-related needs of people in the Tsunami affected locations in Indonesia, concluding with a set of recommendations. She described the social development-related needs of people in the Tsunami affected locations in Indonesia highlighting the key issues for affected people. These included: limited access to shelter/camps; lack of support in recovering livelihoods, especially for women; lack of recognition of needs and socio-economic potential of the elderly. She recommended a sustainable and community-driven reconstruction programme. Crucial to any programme was the participation of women, older persons and persons with disabilities, in all stages of planning and implementation. She stressed that civil society organizations, NGOs, and United Nations agencies, should ensure that affected communities are at the center of their decision-making. Finally, she recommended a comprehensive vulnerability and capacity assessment.

The Director for the Development of Social Rehabilitation and Services for People with Disabilities (PWD), Mr. Robinson W. Saragih, made a presentation entitled "Blessing in Disguise: Tsunami's Impact towards People with Disabilities in Indonesia". He recognized certain positive impacts of the tsunami such as increased public attention to tsunami-affected areas with attention to empowerment of people with disabilities, and cooperation amongst people regardless of ethnicity, race, or religion. Out of the 1.8 million PWDs, over 110, 000 resided in NAD. He drew the attention of participants to the Biwako Millennium Framework, which promoted a

change from a charity to a human rights-based approach. He supported its adoption. In his view, issues that needed attention were emotional health, the economic environment, limited skills and a lack of community awareness. His recommendations included establishing an Information and Services Center for PWD vocational rehabilitation and requiring the Government to formulate a regulation on special provisions to empower PWDs covering rights, responsibilities, penalties, sanctions and rewards.

Mr. Faizal Riza of Yayasan Anak Bangsa Banda Aceh (The National Child Foundation) emphasized that children were a vulnerable group, along with PWDs and the elderly. Children's basic rights and needs were not being met, specifically with regards to food, shelter, education, health, and safety. For instance, transport to and from schools was difficult, as was an adequate supply of books and writing utensils. Children's health and development was hampered by lack of appropriate clothing, medical services, medicines, and vitamins. A multi-layered bureaucracy, further complicated by uneven and unfair distribution of funds, was at the core of the problems.

The representative of Balai Syura Inong Aceh, discussed the various psychosocial conditions experienced by women in the post-tsunami situation. The main issues were women's emotional and cultural trauma as a result of abruptly becoming heads of households and sole decision-makers. This had legal and economic implications in areas such livelihood, inheritance, land ownership and child custody. In addition, problems of safety, hygiene, and cultural insensitivity plague IDP barracks. For example, barracks were small and men and women were not separated, which was inappropriate in Acehese culture. Toilets were far from the barracks and there was insufficient clean water.

During the discussion, issues were raised regarding policy and PWDs, the powerful role of BRR and lack of coordination in reconstruction efforts. Participants described inadequate support for the elderly such as different eating routines, limited mobility to and from shelters, dangers around barracks and poor health care. Questions regarding PWDs arose, such ways to ensure that the authorities incorporated PWD priorities in reconstruction efforts. The representative for the Department of Foreign Affairs raised the issue of the role of BRR and the ultimate overriding authority it has over Aceh's reconstruction. An analogy was made to the mass confusion following the recent Katrina disaster, which resulted in criticisms of the response by local and federal agencies in the United States. Similarly, Indonesian Government agencies were characterized by confusion on ways to approach disaster management in a cooperative manner. He questioned whether civil society organizations could coordinate with the Government or whether each organization should take its own approach. There was clearly a need for a national policy and/or agency for disaster management with more coordination among relief organizations.

Session 2, "Voices of the Vulnerable Groups" began with a presentation by the National Commission for Youth and Children (KomNas Anak). Ms. Rachma Fitriani presented the main elements of psychosocial intervention and alternative education. She stressed the need for a rights-based approach that was informed by cultural values, religious beliefs and the local language. There was a high degree of vulnerability of children in the post-tsunami situation. And children and youth were not to be treated as objects, but subjects, whose perspectives should inform all recovery interventions. Central to the work of KomNas Anak were activities such as therapy, counseling through play therapy; training of trainers targeting middle and high schools; community-based legal education on

national laws protecting children; and alternative education such as the use of music and songs to recover from trauma and teach community values.

Ms. Suraiya Kamaruzzaman of Flower Aceh (Women's activities for Rural Progress), noted that despite vast amounts of aid flowing into Aceh, the realities on the ground were troubling. She underscored the vulnerabilities and discrimination women experience in accessing services and aid and having a voice in reconstruction. Women were not fully included in the reconstruction planning process. Another problem was the insensitivity to gender dimensions of decision-making, health and sanitation, safety, provision of logistics, and access to information. For instance, planning meetings were still dominated by men and held at night when women could not attend. Or, when included in meetings, there was no follow up to women's inputs. Toilets were lacking and not easily accessible, and many camps still did not offer women's reproductive health services. Further, women had minimal, if any, access to information regarding the role of BRR in reconstruction. There was a lack of awareness in BRR, in camps and in local government institutions regarding the plight of women in the post-tsunami period. Pre-existing political structures contributed to unfair post-tsunami reconstruction practices. Specifically, logistic aid was given to those closest to government centers. Military presence evoked psychological fear and was a barrier to request aid and access job opportunities available for women heads of households. It was necessary for women to be empowered to play a stronger role in policy decisions in order to become more self-reliant well represented in recovery and reconstruction efforts.

Mr. Jonathan Maratmo of CBR-Development and Training Center stressed, in his presentation, the need for services aimed at PWDs to go beyond rehabilitation to include medical, educational, vocational and social services. He suggested approaching disability issues

holistically and collaboratively via a community-based approach. There should be a paradigm shift to a long-term and inclusive approach, in order to address practical and strategic needs through integrated solutions. Finally, PWDs should be involved in decision-making processes.

Dr. Nugroho Abikusno of the Centre for Community Health and Population Studies, Trisakti University, made a presentation entitled "Impact of Asian Tsunami on Older People in Indonesia: A Case Study of Older People in Nias Island". He explained that the social and economic needs of the elderly had long been ignored. The plight of older persons had worsened in the post-disaster situation. Older people had difficulties in accessing food, water, housing, health care, clothes, and kitchen utensils. There was support from the local government, the private sector, local and international NGOs. However, such assistance had not promoted the self-reliance of older people, especially since relatives cared for older people. Dr. Nugroho stressed that his informants did not want to relocate far from where they had been living in coastal areas and wanted micro financing to start new businesses.

During the discussions in session 2, a participant re-counted the story of a woman who had lost a leg as a result of the tsunami. She accepted an offer of help from a couple to take care of her child. However, because of cultural values, the woman was afraid to ask for her child back. The couple was reluctant to return the child and questioned her ability to care for her child. The story illustrated the difficulties women face and the complexities of their roles. It also demonstrated how society treats PWDs.

"Sustaining Community-Driven Initiatives" was the theme of session 3. Ms. Lilis Marsilah of Syiah Kuala University, based in Banda Aceh, noted that 170,000 women and people from "vulnerable

groups” were affected by the tsunami. One way to support women in restarting their lives was micro-credit as it could help them access markets and improve the quality of their lives. However, micro-credit would lose its meaning if it was dependent on external sources. Assistance did not guarantee the education or betterment of Aceh and Nias communities.

Mr. Saiful Mahdi, Programme Coordinator for the United Nations Development Fund for Women (UNIFEM) in Aceh, followed with a presentation on UNIFEM’s response to the challenges faced by women during reconstruction. He highlighted issues of women’s participation, livelihood, employment, rights and protection. For instance, traditional decision-making processes did not always include women and women could not participate during planning meetings as they were held at night. The loss of traditional livelihoods had brought new and increased household responsibilities for women, especially those who lost their husbands. Additionally, there were limited income-generating opportunities for women. Legal issues were also important, such as inheritance, guardianship, land and property, as were the uses of women and protection and women and violence.

The UNIFEM representative also discussed “unfavourable practices” such as “Planning without planning” – lack of data, participation, evaluation, and sustainability; the “Santa Claus” approach – short-term aid without follow up or consideration of long-term effects; and the push from donors to spend funds, which often resulted in a neglect of capacity building of local communities. To ameliorate this problem, UNIFEM engaged in “favourable practices” such as working with local networks; tapping into existing livelihood options while going beyond traditional skills (i.e. going from production to market linkages); and organizing women from existing women’s groups. For instance, the tradition of having a Balai Syura (women’s house) in each village could provide a secure forum

in which women could come together to network, discuss their needs and conduct joint projects.

Mr. Pujo Basuki of Yayasan Matahari, and representing the Aceh NGO Forum, raised the issue of defining vulnerability in the context of Aceh. He proposed that a definition of vulnerability should be considered in the workshop recommendations. The return of people from the barracks to homes had gender implications. Life skills, micro-finance, psychosocial assistance, advocacy, legal assistance, and capacity building were all important components of reconstruction and rehabilitation in Aceh.

Dr. Bachtiar Nitura from the Indonesian Society for the Care of Disabled Children in Aceh (YPAC – Band Aceh) informed the workshop about the impact of the tsunami on PWDs in Nangroe Aceh Darussalam. The tsunami had affected PWDs differently from other groups. The impacts were physiological, psychological, social (such as children being unable to socialize or go to school), and economic (for example, loss of possessions, increased poverty, reduced levels in children’s health, development, and education). He stressed the need to treat PWDs not as charity cases but recognize their ability to function well in the community. Survivors with a disability should be treated in ways that allow them to feel respected and not in competition with other survivors.

Day one of the workshop concluded with participants bringing up the following issues:

- The lack of nutrition for pregnant women and babies and the absence of appropriate and structured health programmes in this regard;
- The context-specific meaning of vulnerability in Aceh. One consideration in this regard was the involvement of the military in the reconstruction process;
- Domestic violence was still widespread in Aceh;

- Land and guardianship rights remained significant issues;
- Insufficient health programmes;
- The influx of international aid had harmed the solidarity in Aceh and the solidarity movement; and
- The serious problem pertaining to the coordination of the reconstruction process in Aceh.

2. Day two

The fourth session, “Land, Property and Housing Issues”, included speakers representing BAPPEDA Aceh, Aceh Institute, and the Center for Democracy and Human Rights Studies (DEMOS). The representative of BAPPEDA Banda Aceh added to points made by the Mayor of the Center for Democracy and Human Rights Studies the Center for Democracy and Human Rights Studies of Banda Aceh. These issues were raised in the earlier session and included: (1) Land was the biggest problem in Banda Aceh, specifically in terms of mapping, consolidation, and allocation; and (2) Housing was severely lacking with a mere 464 homes built compared to thousands promised and an estimated 20,000 still needed.

Ms. Elisa Wulandari of the Aceh Institute discussed the complexities around the land and housing patterns in the reconstruction process. Many had lost their titles, numerous homes were destroyed and even portions of land disappeared under water. A major problem in the post-tsunami situation was the provisioning and redistribution of existing land. For example, with many dead or missing adults, babies or children had become heirs to land and, therefore, potential owners. Further, many villages lost village-heads who had an intimate knowledge of customary laws pertaining to land tenure. When the Government or NGOs attempted to determine village, houses and their locations, the process was lengthy, which ultimately led to individuals rebuilding houses according to their

own interests. She recommended that Acehnese houses should consider space considerations for social interaction. House patterns should also consider disaster preparedness criteria and needs of PWDs.

Mr. Agung Widjaya of DEMOS summarized the main themes in his paper “Post-Tsunami Aceh: An Assessment of Current and Potential Post-Tsunami Human Rights Violations”. He underscored the following: (1) the highly dominant role of the military in the lives of the Acehnese; (2) high levels of corruption; (3) lack of coordination amongst all actors including local NGOs, international NGOs as well as the Government; and (4) lack of community participation. There were serious implications in rebuilding Aceh to its pre-tsunami state because the military operations were a central part of that situation. He explained that a bankrupt democracy had characterized Aceh, which in turn had crippled local government prior to the tsunami. The mal-distribution of funds was not only a matter of corruption but linked to the problem of human rights violations in Aceh. The situation was worsened in the post-tsunami period with the competition among various organizations working in Aceh. As a result of economic dependency, Aceh could be worse off than East Timor. He made reference to a legal reform workshop held in April 2005, where many cases of land ownership were raised, yet the local government claimed it was unable to provide land. The crucial issue he identified in Aceh was a severe lack of representation in policy-making.

There were several reactions to the presentation made by Mr. Widjaya. One participant stressed the Acehnese “values” and cautioned any possible provocations. Another participant defended the sincerity of NGOs working in Aceh and criticized DEMOS’ negative perceptions of the Government. Another participant disagreed with the analogy Mr. Widjaya made between Aceh and

East Timor because they were culturally different. Mr. Widjaya responded that coordination was weak among organizations, Government and NGOs alike. This was due to agencies working on single sector issues and implementation of overly broad and ambitious agendas.

The theme of “Social Protection Issues” was covered in session 5. Moderated by Mr. Yusny Saby, Rector of the State Institute of Islamic Studies (IAIN Ar-Raniry), the session included speakers from the Ministry of People’s Welfare, Working Group on the Transformation of Gender in Aceh (KKTGA), the Aceh Health Care Foundation (PEKA) and the School of Occupational Therapy in Solo.

Ms. Nur Baiti of KKTGA gave an overview of the programmes in Aceh, which encompassed counseling, reproduction, women’s rights and advocacy and legal support components. Prior to the tsunami KKTGA had consistently dealt with advocacy for women survivors of violence and forced marriages. There were many cases of violence against women in the post-tsunami period. KKTGA had determined that the construction of shelters, provisions of food, sanitation, and medical and reproductive clinics were emerging and pressing needs of women survivors in Aceh.

Mr. Kamaruddin Hasan from PEKA-Aceh, raised the issue of the interconnected impacts of the tsunami on Acehnese communities. These encompassed health, education, economic, and social status. He indicated three urgent steps to be taken: (1) fulfillment of community health needs; (2) housing reconstruction to be carried out immediately in each village; and (3) revitalization of educational, health and social infrastructure. Additionally, he stated that prioritizing agendas and funding was a challenge to reconstruction efforts. He proposed that the Government, through BRR, should support and facilitate people’s return home.

The representative from the School of Occupational Therapy in Solo focused on the use of play therapy to treat survivors who suffered trauma. Two tenets of play therapy were self-exploration (introspection) and social interaction. These could be implemented at two levels: (1) using play so that children had fun while occupying themselves; and (2) working with experienced child health care professionals who have an understanding of intervention and counseling techniques to deal with major trauma.

The representative of the Ministry of People’s Welfare, Mr. Chabin Afwan, suggested that BRR make recommendations to the Government on an integrated reconstruction in Aceh. He explained that there was coordination but there were inefficiencies. He described the workshop as a form of coordination, and its recommendations as a step for improving coordination and implementation.

Issues and questions raised during the discussions included the role of ESCAP in development and reconstruction efforts and coordination in relation to authority and leadership. During Aceh’s civil emergency phase, control of the region was given to the Regional Police Department and the Military. In the post-tsunami period, much power and authority was given to BRR, while at the same time Governor’s administration also exercised authority. In this context, questions were raised as to the lines of authority in Aceh?

Another participant commented on the lack of attention to policy and strategy in most workshop presentations. What were ways to make social protection and welfare a common platform for action, that BRR could adopt as a reference point for reconstruction. Cooperation amongst all levels of organizations and fostering self-reliance of the Acehnese were also stressed. Building community health centers was also raised as an issue. Another participant explained that from the outset there was

coordination and a structure for dealing with rehabilitation and reconstruction. However, Aceh was in a state of conflict and emergency at the time of tsunami. By Indonesian law, the police and the military controlled Aceh but with no real representative leadership. The post-tsunami situation saw a vacuum in the leadership and there was lack of clarity as to who was in charge of what.

Session 6, “Livelihood and Employment”, was moderated by Mr. Robinson W. Saragih with representatives from the State Institute of Islamic Studies (IAIN Ar-Raniry), OxFam Humanity and Fellowship Forum for Aceh and Nias (FKP Aceh-Nias), and Save the Children.

Mr. Yusny Saby of the State Institute of Islamic Studies (IAIN Ar-Raniry) emphasized that all people could be categorized as “vulnerable” groups as a result of three main factors: (1) bad bureaucracy; (2) conflicts, both civil and military; and (3) the tsunami. He identified “vulnerable” groups such as men (especially young men); women; children; college students; and children of school age. According to Mr. Yusny, the education of Acehnese youth, children and women was an urgent need and would be instrumental to the socio-economic development of Aceh. He advocated for a community-based and participatory approach in promoting good education. Economic development and employment opportunities were needed, as was improved democratic representation and governance of Aceh. His concluding points were that the peace agreement and the aftermath of the tsunami should be seen both as a challenge and an opportunity to rebuild Aceh for a better future and that sincere and proper coordination among all institutions was a prerequisite for a successful recovery.

Ms. Sinta Dewi from OxFam International in Aceh focused her presentation on research undertaken by OxFam covering sixteen villages in two districts hit by the tsunami. A

significant finding was that there were changes in population structure brought about by the tsunami. These included the greater number of women who died as compared to men in all age groups except for the under five category; and the skewed age distribution of survivors towards the five to 45 age range. There were important implications of these demographic changes for men and women. She raised questions such as how safe women were in IDP camps and what gender imbalance would mean for women’s workloads and lives and discussed the problems regarding women’s livelihoods and gender-based violence. There were cases of widowers in particular attempting to enlist female survivors in taking over some of the childcare responsibility and domestic chores. Despite their trauma, many women were taking on huge burdens of caring for the injured, sick, very young, older persons and others yet had little say in decision-making and the loss of personal documents such as land and property titles and identity cards was an obstacle in accessing aid and services. It was common practice for widowers to marry a sister-in-law. The disproportionate number of men as compared to women had the effect of women staying indoors and therefore not accessing information, opportunities and services. It was crucial to ensure that women did not lose access to land and other assets. There was little privacy and few separate toilets for men and women in camps and barracks which increased vulnerability for women. Advocacy work was being done to encourage BBR to give attention to women’s rights to land and other assets. Oxfam stood by a “non-negotiable gender policy” in the form of programmes and activities to increase women’s position and participation through protection of women’s rights.

Mr. Samuel Rory of the Humanity and Fellowship Forum for Aceh and Nias (FKP) described the work of FKP before the tsunami. During the tsunami recovery period, FKP

identified a lack of attention paid to Nias, and in response had redirected their efforts there. FKP supported the PWD movement that focused on both physical rehabilitation and policy. FKP aimed to build self-confidence and avoid the segregation and categorization of PWDs since traditional training has the effect of “boxing in” PWDs. He brought up the issue of overlapping efforts and interventions, even evident in workshop presentations. He suggested that one outcome of the workshop could be to develop a way to deal with lack of coordination and with organizations externalizing blame on others.

Ms. Popon Anarita from Save the Children spoke of organization’s interventions in Aceh. The main areas of focus were cash for work, micro-enterprise development and economic recovery assistance, which took the form of loans and grants for the vulnerable. She concluded by underscoring the need to increase the potential of Acehnese people for self-reliance and for international NGOs to utilize resources to build local capacity, such as that needed to record qualitative processes, and the need for a more holistic multi-sectoral approach to reconstruction.

Mr. Widodo from the Ministry of Labour and Transmigration spoke on the loss of livelihood and employment and the particular challenges for women survivors as heads of households. Two main recommendations were: (1) to overcome obstacles of customs, beliefs, and cultural norms which work against the involvement and participation of women in the public sphere; and (2) obstacles in the regulations and bureaucracy could be overcome by better coordination and through more intensive lobbying.

A variety of issues emerged during the discussion session. These included: the need for mainstreaming PWDs concerns at all levels; the specific needs in the area of city planning in Banda Aceh; the need for a clear definition of vulnerability and

child protection. Specifically, the planning of reconstruction of Banda Aceh clearly demands a design that incorporates new geological and environmental research data in order to determine safe areas for housing construction. Further, PWD needs should infuse the work of the Ministry of Manpower and Transmigration, with a focus on empowerment of PWDs by applying an awareness-policy-law-action approach. It was noted that Indonesia had a law against the discrimination of PWDs, however it was not strongly enforced. Questions were posed Save the Children regarding the nature of child protection of the organization and whether it covered children with disabilities as well. Academics in the workshop described their role as being limited to contributing theories and ideas. It was the role of institutions to carry them out.

Session 7 covered a range of issues such as orphans, violence against women, environmental and agriculture and was moderated by Mr. Freddy Panggabean of the Ministry of Foreign Affairs. The speakers were from Handicap International, and Ministry of Law and Human Rights.

The representative from the Directorate General of Human Rights Protection, of the Indonesian Law and Human Rights Department, described the various activities undertaken by the department. One activity was to guarantee the return of Free Aceh Movement, Gerakan Aceh Merdeka (GAM) prisoners. The Directorate was also focusing on issues of child protection, primarily orphans and child soldiers. He mentioned the problem of birth certificates, as Aceh was considered a new region and identification of its citizens was a pressing issue. A regional committee to investigate human rights violations had been established in Aceh covering all provinces and second-level regions to deal more efficiently with such.

Ms. Erma Wati representing Islamic Relief, describe the organization’s programmes in Aceh, which centered

on fulfilling the needs of orphans. Before the tsunami, children had been orphaned due to the conflict and other causes; however, 75,000 children were orphaned due to the tsunami. There were 737 orphans assessed by the organization and Islamic Relief had supported 295 of them in Aceh Besar, Meulaboh and Aceh Barat.

Islamic Relief's approach involved communicating with foster parents regarding the psychological and physical condition of their children. The organization also cooperated with other NGOs to promote the empowerment of local communities in consultation with the local village heads. Various stakeholders such as NGOs and religious and community leaders were consulted and asked for inputs. Islamic Relief had carried out a mapping exercise as part of its efforts to avoid overlap in any area with other institutions and organizations. The challenges of this programme included the lack of emotional bonding, minimal involvement of guardians, and jealousy over different amounts of money guardians were receiving due to sponsorship status.

Mr. Ruslan Adam of Handicap International explained that since the establishment of the organization in 1982, it had operated in numerous countries, focusing on the issue of disability. Its focus was on medical and physical rehabilitation programmes through a strategy of mainstreaming to ensure exclusivity. It relied on self-advocacy to mainstream the issue of disability. Handicap International recommended for sufficient health facilities in Aceh including physiotherapy programmes.

At the end of the second day participants broke into working groups, under session themes to develop potential recommendations.

3. Day three

The morning of the third day began with the presentation of a consolidated list of recommendations

for workshop participants to consider. After proposed changes were incorporated, a list of recommendations was adopted.

D. CLOSING OF THE WORKSHOP

Closing remarks presented by the Vice-Chair and Ms. Thelma Kay of ESCAP. Ms. Kay explained the role of ESCAP and how the workshop report would feed into a regional meeting on tsunami reconstruction and, thereafter the 2006 Commission session to be hosted by the Government of Indonesia.

II. RECOMMENDATIONS

1. Promote a paradigm that treats victims as 'subjects', who actively participate and make decisions about their own future, rather than as 'objects', who are passive recipients.
2. Incorporate local values and culture in the reconstruction and rehabilitation process, and eliminate stigma, discrimination and stereotypes.
3. Mainstream gender, older persons, persons with disabilities (PWDs) and children's issues and concerns in all policies, programmes and projects as well as disaster prevention and management strategies.
4. Support community-based and self-reliance initiatives and provide safety nets to cover women and all vulnerable groups, such as children, PWDs and older persons, and ensure their active participation in decision making at all levels.
5. Identify and consult vulnerable groups and incorporate their different needs and concerns in planning and development, given that survivors of the tsunami are not a homogenous group.

6. Develop specific qualitative and quantitative indicators in accordance with human rights laws, Sphere standards and Humanitarian Accountability Principals (HAP) to monitor and evaluate progress in a participatory manner.
7. Ensure the fulfillment of basic rights for all, including food, shelter, income security, health services, education (including special needs education) and personal security. In this regard, compulsory education should be provided free of charge.
8. Ensure physical accessibility incorporating the concept of universal design in the reconstruction process in all services and provide community based rehabilitation (CBR) and other forms of rehabilitation for PWDs.
9. Ensure coordination of government bodies, United Nations agencies, local institutions, NGOs and the private sector.
10. Coordination should be led by the Ministry of People's Welfare or the President according to the scope of the disaster.
11. Ensure the availability of valid data which is disaggregated by gender, age and disability status.
12. Establish a transparent system of dissemination of information which is accessible for all, including vulnerable groups and women.
13. Ensure transparency, accountability and good governance by all stakeholders and service providers.
14. Ensure that the central and regional government, including BRR, put in place specific policies on housing, land and property for vulnerable groups and women.
15. The reallocation of land and rebuilding of houses should be based on local cultural and social institutions and principles and supported by all government bodies (including BRR), NGOs and donors.
16. Standards and conditions of temporary housing, such as barracks, should be improved, especially considering the needs, safety and security of vulnerable groups and women.
17. In the rebuilding of houses, local residents should be given priority for employment in construction work and in being awarded contracts.
18. Widows, persons with disabilities (PWDs), youth and older persons who are – as well as those who suddenly became – heads of households should be given assistance through grants by the Government (e.g. Ministry of Public Housing and BRR) and donors.
19. Provide widows and girls with support for their role as care givers and eliminate barriers to their full economic participation, as well as provide a wide range of non-traditional economic opportunities.
20. Reclaim and redevelop historically significant, recreational and tourist sites in order to regenerate employment opportunities, in particular for women.
21. Ensure vulnerable groups and women have equal access to livelihood and training opportunities and enable older persons to participate in productive activities.
22. Ensure the rights of children and youth are given special attention.

23. Ensure the rights stipulated by the Convention on Rights of the Child (CRC) and the national law on the protection of children are protected and promoted for children in need of special protection.
24. Ensure women's rights are protected and promoted in accordance with the provisions of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW).

Summary Report of the National Workshop on the Impact of the Tsunami on “Vulnerable Groups” and Women

20-21 October 2005, Colombo, Sri Lanka

I. PROCEEDINGS OF THE WORKSHOP

A. SUMMARY OF OPENING STATEMENTS

Ms. Swarna Jayaweera, Coordinator, CENWOR, welcomed participants to the workshop and invited them to present their research findings. She also presented an overview of the role of CENWOR in empowering communities.

Ms. Thelma Kay, Director of the Emerging Social Issues Division of ESCAP, expressed her appreciation for the opportunity to hear first-hand the views and lessons learned from people who had lived through the devastating tsunami. She explained that the Asian and Pacific region had experienced more than half the world's natural disasters over the last few decades and had much to share with the rest of the world. She also explained that ESCAP, as the regional arm of the United Nations in the region, facilitated the sharing of experiences and regional cooperation to promote sustainable development. The workshop was aimed at identifying factors which made certain groups more vulnerable in the context of natural disasters, and to develop strategies to improve post-disaster

recovery efforts. She concluded by emphasizing that there was a window of opportunity to ensure access to buildings for PWDs, to strengthen social protection systems and ensure that all people have access to employment opportunities.

Ms. Rohini Nanayakkara, Chairperson, Task Force for Rebuilding the Nation (TAFREN) outlined the extent of the damage caused by the tsunami, including 30,959 deaths, the displacement of 562,601 people and much damage to infrastructure. She described the three stages of recovery, namely rescue and relief, transitional and reconstruction and explained that TAFREN's role was to facilitate, enable, coordinate and monitor reconstruction efforts. The efforts were organized around four programmes, cutting across all three levels of Government – national, district and local: getting people back into homes; restoring livelihoods; ensuring health, education and protection for all; and upgrading national infrastructure. In the Getting People back into Homes programme much progress had been made, including the completion of 95 per cent of transitional houses, with assistance from NGOs, international NGOs (INGOs) and multilateral donors. But there were constraints and concerns. These included: acquisition and allocation of land;

planning, approval and mobilizing processes; shortages of land, as well as multi-ethnic and multi-religious issues in the east of the country; cost escalation of raw materials and high demand for labour; maintaining the quality of construction; and environmental and disaster management concerns. Initiatives included providing safe and secure homes for all, provision for the necessities of life, fostering community relations and being sensitive to gender issues and multi-cultural and multi-religious needs.

Ms. Nanayakkara reported that the Restoring Livelihoods programme had achieved positive results in terms of job creation, assistance to affected industries, income recovery activities and cash and food transfers. The constraints and concerns were: village level information was needed to start up economic activities; necessary infrastructure facilities were lacking; there was uncertainty about business locations; more training and capacity building were needed, as were alternative livelihoods. In addition, psychological trauma and psychosocial needs had to be addressed; and a monitoring and tracking system was required to evaluate the impact on beneficiaries.

She explained that initiatives, guided by the Millennium Development Goals, covered a livelihood programme leadership council at TAFREN and local community livelihood committees. Additionally, there were the development of district level plans for effective implementation, identification of “cash for work” projects at the divisional level, and partnerships with Chambers of Commerce and industry and active NGOs for promotion and training. The programme Ensuring Health Education and Protection for All had made progress in building and restoring schools and hospitals. Constraints/issues included: the allocation of land: the process of preparing and approving plans from various authorities; the tender process and cost escalations; the resettlement of communities living within the set back zone; the requirement of

temporary facilities to provide educational and health services; and environmental and public health concerns.

In the Upgrading National Infrastructure programme progress had been made in restoration and reconstruction. Constraints/issues in this area included: availability of skilled personnel to participate in infrastructure projects; the cost of fuel for providing electricity for transitional shelters; the approval of various regional administrative bodies; the need to build permanent structures instead of temporary arrangements (e.g. bridges); and land for new development. In conclusion, the following issues were highlighted: information sharing; transparency and accountability; avoiding overlaps and gaps; supporting and strengthening the peace process for speedy delivery; sustaining assistance and support from United Nations agencies, multilaterals, bilaterals and other donors; building capacity and ensuring funds for training for decentralized administration; enhancing tracking and monitoring systems to ensure the effectiveness of programmes; and recognizing the possible opportunities for development and prosperity following the tsunami.

During the discussion the following points were raised: attention should be directed to issues of trauma and fear; the dependency syndrome and competitiveness among survivors over various provisions; the need for collective action and a change in attitudes; psychosocial care; inputs from the grassroots to inform policies and programmes; land ownership rights with provisions for joint ownership (husband and wife); and efforts to resolve conflicts in the East between Tamils and Moslems.

B. ELECTION OF OFFICERS

The meeting elected Ms. Savitri Gooneskere, Board Member, CENWOR, Chairperson, Ms. Swarna Jayaweera, Vice-Chair

and Ms. Ranjini Fernando, Wesley College, Colombo, Rapporteur.

C. SUMMARY OF PROCEEDING

1. Day one

The proceedings began with a brief overview of the workshop and concept of vulnerability by an ESCAP representative.

Ms. Savitri Gooneskere commented that adopting a top-down approach had caused problems and there was a need for a multi-sectoral approach with civil society, private sector and government involvement. She added that in Sri Lanka on-going conflicts had not been resolved and there was a lack of peace, unlike in Aceh, where parties had come together after the tsunami.

Ms. Swarna Jayaweera presented findings of the ESCAP-commissioned study, entitled “The Impact of the Tsunami on households and vulnerable groups in selected locations in the Galle and Colombo Districts in Sri Lanka”. Results came from a survey, participatory interviews and focus group discussions. It was found that more women than men died and suffered the adverse impact of the disaster, and the elderly were particularly vulnerable. Much assistance was needed, especially financial and for housing and building materials. However many people did not wish to build on the same site due to fear of the sea and the state-imposed buffer zone of 100 metres, though this was reduced subsequently. Thirty per cent of the affected people in Galle and 80 per cent of the affected people in Moratuwa were still living in camps and tents. There were problems of congested camps, no electricity, polluted wells and limited access to toilets, many of which were damaged, overflowing and/or unclean. The continuing lack of livelihoods prevented recovery from impoverishment. The majority of people in the informal sector and

those already disadvantaged were adversely affected, including fisherfolk, small-scale traders, vendors, service workers, and women engaged in sewing and in the preparation and sale of food. Moratuwa had the largest number of socially and economically disadvantaged people, most of whom had been involved in fishing and petty trade. Many people who had taken loans could not repay because they had no income. Loss of livelihoods was generally much greater for women than for men. Focus group discussants were critical of the lack of concrete plans to facilitate access to livelihoods which reinforced traps of poverty and uncertainty. The situation was exacerbated due to uncoordinated and inequitable distribution of assistance and malpractices of local officials. Some children had not yet returned to school, while there were requests for books, notes, stationery, clothes and shoes to re-enter school.

The study found that there was uneven delivery of services, vulnerable groups were most affected, lack of nutritional supplements, a shortage of medicines in state hospitals and lack of financial resources to purchase medicinal drugs from pharmacies. A sense of insecurity was evident because of problems such as alcoholism, sexual harassment and the fears of another tsunami. Young women did not have the privacy to bathe or wash clothes despite having to walk long distances to access these facilities. Many people lost important documents and there were bureaucratic delays in obtaining duplicates, and many had had no counselling following trauma. Many older persons had become dependent on their children, had suddenly become main caregivers and had to queue for long periods of time for relief. Older persons often felt neglected. The “dependency syndrome” was not pervasive because most survivors wished to move on and be self-reliant. But they needed assistance and opportunities. Few youths in the affected households had lost their lives, but no

attention was given to identifying the many youth-specific issues such as unemployment, or assistance to help them recover from the consequences of the disaster. A large number of the youth had no aspirations. Many older persons faced problems when seeking public medical treatment, such as standing long hours in queues and the lack of financial resources. Both widows and widowers were traumatised by the loss of spouses, felt helpless because of losing main income earners and having to be responsible for child care and household duties with no previous experience. PWDs were marginalized in tsunami assistance programmes. PWDs needed financial assistance, employment opportunities and psychosocial support. Women suffered disproportionately, particularly the elderly, and were more vulnerable in terms of livelihood opportunities, abuse and having more responsibilities.

In the discussions that followed, it was stressed that vulnerable groups are agents of their own progress. Their strengths should be used rather than approach them in a top-down paternalistic manner. Recommendations should also focus on the needs and priorities of youth, PWDs and older persons. Other points raised were that child marriage, although prohibited, was still encouraged by many parents; knowledge of disaster preparedness was lacking and the community could serve as a resource in this regard; informal networks should be strengthened, as they were important source of psychosocial care; and that other forms of community-based, low-cost and sustainable counselling and psychosocial care were needed.

Mr. Kaushal Rajapaksa, Director, Livelihood, TAFREN, in his presentation, commented that 21,100 people were disabled, injured or sick from the tsunami. Eighty-seven per cent of tsunami-affected people had lost or damaged productive assets. Although village committees were established to discuss issues related to livelihood,

much focus was on fisheries, including restoring boat capacity.

Ms. Annie Bertrand, ILO Monitoring and Evaluation Advisor, TAFREN, made a presentation entitled "Restore Livelihoods: with technical support from the ILO". She stated that TAFREN was established to rebuild infrastructure and livelihoods; restore trading, commerce and business; and recreate normal life in affected areas in a better and more sustainable way as quickly as possible. TAFREN's role was centred on: ensuring coordination of relevant stakeholders; helping ensure accelerated and coherent reconstruction through frameworks and guidelines; ensuring effective implementation through facilitation and empowerment; and monitoring that progress was made and beneficiaries' needs were met in an equitable and sustainable manner. The Restore Livelihoods project offered cash transfers, cash-for-work and economic recovery, including through grants and training. Livelihood support came from INGOs, NGOs, the private sector and Government, and stakeholders at national, division, district and village levels worked together to meet the needs of beneficiaries. A national Development Assistance Database (DAD) was developed to improve efficiency and coordination of donor activities.

In the discussions that followed, it was proposed that coordination should not only involve INGOs but local NGOs as well, given their experience and expertise with regard to local conditions. There was a need to improve linkages among all stakeholders.

Ms. Hiranthi Wijemanne, Chairperson, National Child Protection Authority (NCPA), stated that there were approximately 5,200 children who had lost at least one parent – in most cases their mother. A Government policy of avoiding children being put into institutions (orphanages) was pursued, e.g. by encouraging surviving relatives to care for children who lost caregivers in the tsunami.

Long-term protection perspectives were needed for children, while training and monitoring were important considerations. There were schemes to support orphans but it was difficult to keep them operating until each orphan had reached the age of eighteen. Family problems, such as alcoholism, increased after the tsunami and these negatively impacted on children. National NGOs were familiar with the local language and culture and INGOs must work in partnership with them.

The main issues covered in the discussion related to problems of bureaucracy and how institutional mechanisms have changed with TAFREN, which was committed to a bottom-up approach. There was a need, however, to assess the benefits of the new layer of bureaucracy – the district committees – and assess the overall effectiveness in terms of coordination, appropriateness of measures taken and priorities set. There was need for a common approach to be used by all offices and sectors.

Mr. Lakshman Dissanayake, Dean, Faculty of Graduate Studies, University of Colombo, made a presentation entitled “Increasing Vulnerability of the Poor: Tsunami-affected Areas in Sri Lanka”. He stated that the fishing industry had a huge operating chain from storage to marketing and this had to be taken into account. There was a need for better identification of needs and distribution of assistance. Numerous other coastal industries were also affected (e.g. dress making, reed work, small shops), but recovery was hindered by several factors. These included naturally caused factors such as soil salinity and loss of fish breeding grounds to legal issues, tarnished images, economic problems and infrastructure bottlenecks. Communities needed support from scientists/specialists to obtain speedy solutions to problems such as soil salinity and the loss of fish breeding in harbours, as well as strategies for alternative employment opportunities. The 100-meter buffer zone and coast

conservation laws prevented the speedy recovery of certain livelihoods. The tsunami had created a negative image, which affected the tourist industry. Communities lacked resources to rebuild lost livelihood on their own, even with minimum capital required for certain livelihoods, such as carpentry, masonry, and catering. What were needed were small grants or soft loans to restart livelihoods. The rehabilitation and development of infrastructure in areas such as fishing harbours, boat launches, huts in weekly markets; buildings for groceries; urban facilities, and byroads were essential to rebuild livelihoods. Comprehensive recommendations were needed to develop various livelihood sectors in order to prevent tsunami survivors from a vicious socio-economic dependency trap.

Ms. Ramanie Jayatilaka, Department of Sociology, Faculty of Arts, University of Colombo, made a presentation entitled “Increasing Vulnerability Among Poor: Social Aspects People’s Voices”. She explained that the tsunami had brought about changes in traditional family structures and networks, contributing to an increase in single parent families and difficulties for children to care for elderly parents. Furthermore many traditional social networks had broken down, increasing social divisions in society, as well as anger and frustrations among people over unequal treatment in relief assistance. The Government’s attention to fisheries, and neglect of other sectors made many people feel unfairly treated. There was also frustration over promises of aid, which were not delivered. The 100-metre buffer zone (though relaxed now) had caused much uncertainty. Humiliation and loss of self-respect among people were pervasive. Tsunami survivors wanted to have a greater degree of ownership, especially over new homes. Many, including children in schools, felt that they were discriminated and looked down upon as “Tsunami Higganno” (beggars) and “Camp Kaarayo” and “Kudaramwala

Aya” (camp dwellers). In the areas of health and sanitation issues, there was an urban bias in the provision of these services.

Ms. Cressida Senanayake, Human Rights Commission of Sri Lanka, made a presentation on the role of the National Human Rights Commission in assisting vulnerable people in the post-tsunami period. She explained that the vision of the Human Rights Commission was to ensure human rights for all and promote and protect the rule of law. The Human Rights Commission of Sri Lanka established a Disaster Relief Monitoring Unit (DMRU) to address issues and monitor the situation, including government services and civil society activities, related to tsunami victims, especially regarding relief, benefits, land titles and support to livelihood from the perspective of human rights. The DMRU women’s division paid particular attention to issues, laws, practices and other actions related to tsunami displacement, which directly affected the livelihood of women. Women were very under-represented in decision-making as compared to men (with a few exceptions) and there were some instances of violence against women possibly exacerbated by camp living conditions. Compensation money was more likely given to men, who often used it for buying alcohol.

She stated that the problems affecting women IDPs related to civil and political rights, the delivery of and access to relief, the participation of women in decision-making, gender violence, property and housing, education, transport, health, and livelihood. IDP women also faced problems related to lack of privacy and violence associated with alcohol. Women in camps generally felt safe with the presence of Government security forces, the police, and the military and did not want them to leave.

Ms. Jinadaree Gunawardena, Head, Project Division, Helpage Sri Lanka, spoke of the challenges that older persons faced in post-tsunami

recovery processes. The loss of the family breadwinner resulted in many older persons living in misery. There were cases of older persons forced to take on child care responsibilities due to the death of parents. Older persons were not receiving adequate psychosocial support and medical care they needed was severely lacking.

Dr. John Mahoney, Programme Director, Mental Health and Psychosocial Programme, World Health Organization (WHO) made a presentation as a representative for the Ministry of Health entitled “Mental Health in Sri Lanka”. On psychosocial support following the tsunami, Government responsibilities in emergencies involved providing technical guidance, coordination, training of personnel, strengthening of mental health services and resource mobilization. In terms of short and longer-term effects in the area of psychosocial and mental health, specific attention needed to be directed to people with mild psychological distress, moderate to severe psychological distress, mild to moderate mental disorder and severe mental disorder. Mental health and psychosocial support after emergencies, needed to target a mix of support at the district-level. He said that the Ministry of Health was involved in the development of a National Plan of Action for the management and delivery of psychosocial and mental health services to respond to the emergency. This involved issuing evidence based material on the right approach to dealing with trauma, reassigning mental health resources to districts, training 2,500 staff in the right approach – “Dos & Don’ts”, and helping to coordinate extensive NGO activity. The Ministry of Health’s role in empowering communities was to improve mental health and this included identifying community leaders, establishing a dialogue, determining needs, involving them in decision making, forming a real partnership, assisting them with their plans. Regarding policy development it was noted that there were extremely limited mental health

resources in the community, with only 30 psychiatrists, 55 medical officers of mental health, eight psychiatric social workers, no community psychiatric nurses, three clinical psychologists and 13 occupational therapists. However there were over 3,000 inpatient beds in three large institutions in Colombo.

Although there was the availability of widespread primary care services, primary care workers were not sufficiently trained to deal with mental health care. In order to address this, WHO began training programmes and was developing others. To build a sustainable mental health care system, among other things, the following were needed: broad agreement of all stakeholders, a move from institutional to community based care and the training of nurses working in psychiatry in rehabilitation techniques. To create community services it was necessary to develop human resources and recognize that the only significant resource was tied up in three big psychiatric hospitals in Colombo. Outdated legislation kept patients in hospital for many years and most of the disability of patients was caused by their environment. In effect local staff assessment of inpatients' care needs showed that nearly 60 per cent of people required very little supported provision. What was needed was a new National Mental Health Policy and legislation. These were being developed with WHO support and included attention to a comprehensive network of services and new staff in all districts, greater emphasis on locally-based provision, a significant increase in staffing and the retraining of existing staff.

Mr. P. Venkatakannan, Physiotherapist of the organization Navajeevana, and Ms. Thanuja Navaratne, Project Coordinator, Motivation, made a presentation entitled "Tsunami and Disability". They explained that disabilities caused by the tsunami included psychological problems, fractures, amputations, head injuries, spinal cord injuries, and visual and

hearing impairments. The effect of tsunami on PWDs included mortality, exacerbation of disability and loss of appliances, occupations, supportive family members, property as well as displacement to unfamiliar or inaccessible environments and psychological effects. In the aftermath of tsunami, PWDs became more invisible to the Government and all other agencies that provided relief to affected people. This made it very difficult for them to reach the relief services that were on offer, thus making them more marginalized, vulnerable, dependant, neglected and prone to abuse. The reasons PWDs were not able to reach relief measures and agencies not able to reach PWDs were unavailability of proper statistics/data, PWDs being hidden by their families due to social stigma, physical barriers of access, loss of assistive devices and caregivers, lack of proper communication modes, trauma and emotional disorientation, relief camps not having been equipped to meet the needs of PWD, relief workers and agencies not having the knowledge of how to cope with disability issues, competition in reaching relief measures and non-consultation of PWDs in planning relief projects (e.g. cash for work programmes). However, they pointed out, the tsunami had made it possible for legal requirements to ensure accessibility to be adopted.

Navajeevana's response to the effects of the tsunami on PWDs were as follows: immediate response – relief work on an emergency basis, including the provision of tents and shelters, food (cooked and dry rations) and medical care; mid-term response – the physical rehabilitation of PWDs, trauma counselling and replacement of lost appliances; long-term response – the establishment of inclusive villages, replacement of lost appliances, rebuilding of lives (with assistance regarding education and employment) and raising awareness of the rights of PWDs. They stressed the need to include PWDs in legislative and decision-making bodies and to consult them in relief,

reconstruction and development planning. Recommendations for strategies and action programmes to assist PWDs were put forward and contributed to the recommendations adopted in the workshop.

2. Day two

Ms. Patricia Alailima, Consultant, made a presentation entitled “Gender Dimensions of Tsunami-Related Assistance”. She stated that the sheer magnitude of the disaster and number of actors involved in the response, highlighted weaknesses in the government structure for data collection, reporting and monitoring. There were wide discrepancies in results from surveys conducted by different organizations. A disaster management system set up earlier was not used, resulting in, among other things, no sex disaggregated data on deaths, except in Amparai district. The census by the Department of Census and Statistics on those who occupied damaged/partially-damaged housing was delayed in its results. Initial needs assessments carried out by Government and international organizations were “gender-blind”. The institutional response findings revealed that gender concerns were not given significant attention in many programmes, a cabinet memorandum by the Ministry of Women’s Empowerment was not followed up, donor groupings developed to support the Government’s Tsunami Response hardly discussed gender concerns, and there was no emphasis on special and different needs of recipients/subgroups. The initial week following the tsunami was the most difficult for women; this was followed by a period of relative security with more coordinated distribution of goods. Very few cases of extra-family violence/trafficking were reported. However domestic violence increased, exacerbated by alcoholism, alienation and frustration. In some camps women were included in organization, but this was not carried over into developing transition housing sites or the reconstruction phase. No networks were built up to assist

women in legal wrangles over property rights, inheritance and children. Women collected food, whilst men collected cash.

Education and health services were restored quickly and there was provision of transitional housing. However, a lack of privacy and inadequate water supply and sanitation were particular problems for women. In livelihood programmes, women felt discriminated against; financial support, training, and business development services were inadequate. During the rehabilitation process there was a growing realization that a differentiated response to the needs of different groups was required. Since data collection systems used, assessments undertaken and the institutional structure developed were not geared to meeting the needs of the different groups affected, the optimum use of the funds was undermined. Relief and reconstruction assistance came to US\$ 3.5 billion, but gaps were emerging in the large, uniform programmes. The initial centralization of decision-making processes stifled initiatives at the local level. Subsequent decentralization was not accompanied by adequate resources to strengthen/develop organizational capacity at district/divisional levels. At all levels, decision-making was male dominated. The information flow between all levels and within local levels and the people was slow, and there was no clarity on Government policy or directives. The tsunami recovery process had to be based on the promotion and protection of the rights of vulnerable groups. Adequate resources needed to be invested in propagating the gender perspective, influencing public discourse and generating more demand for disaggregated analysis and data.

After the abovementioned and final presentation, participants broke into working groups, under session themes to develop potential recommendations. Subsequently a consolidated list of recommendations was presented to workshop participants. After proposed changes

were incorporated, a list of recommendations was adopted.

D. CLOSING OF THE WORKSHOP

Ms. Swarna Jayaweera, Vice-Chair, and Ms. Kay of ESCAP made closing remarks. Ms. Kay explained the role of ESCAP and how the workshop report would feed into a regional meeting and the 2006 Commission session to be hosted by the Government of Indonesia.

II. RECOMMENDATIONS

A. REBUILDING COMMUNITIES

1. Form a planning and monitoring committee, led by the Divisional Secretary and comprising representatives from line ministries (e.g. education, health, social services, vocational training, fisheries, and land and housing), local government, police, TAFREN (Task Force for Rebuilding the Nation), census department, NGOs and CBOs, with appropriate sub-committees, recognising the role of line ministries and the local government structure in Sri Lanka.
 2. Recognising that the role of Government is critically important for rehabilitation and reconstruction, introduce sound institutional mechanisms with strong administration at all levels to ensure effective service delivery.
 3. Each line ministry (e.g. education, health and social services) should coordinate with women in the delivery of services at the district level.
 4. Develop and implement a monitoring plan with community participation, evaluate progress and suggest remedial action
- where needs and constraints have been overlooked. Link such plans from local/divisional levels to district, provincial and national levels for integration at all levels of planning and resource allocation. Results of all evaluations should be fed back to divisional levels, to be validated and incorporated into planning systems.
5. Decentralize planning to include community consultations with specific groups (e.g. youth, older persons, people with disabilities (PWDs), widows and widowers, and occupational groups) to identify needs and constraints. Identify priorities and, through subcommittees, develop action plans for all areas, including housing, livelihoods, infrastructure, health services, education and security, with appropriate time schedules and deadlines.
 6. Effectively coordinate programmes of the State, donors, international and local NGOs, and community-based institutions, so that assistance is equitably distributed at the grassroots level. Ensure that when donor assistance is offered, the process of accessing funds and credit is simplified and resources are channelled through NGOs and communities.
 7. Develop a data base with accurate statistics according to geographical area and disaggregated by gender, age, marital and disability status.
 8. Build the capacity of local officials and organizations so that they can recognize, be sensitive to and respond to the needs (socio-cultural, economic, gender-related, etc.) of communities and vulnerable groups. Sensitize, mobilize and empower specific groups to participate actively, as well as recognize and exercise their rights.

9. Ensure timely access to relevant information and communication, including that related to policies, plans and programmes.
10. Assistance (including financial and transportation-related) should be provided to people who have lost documents and records, by NGOs – especially those involved in human rights and legal aid work.
11. Expedite the rebuilding of houses and relocation of households and ensure the swift provision of safe water, clean sanitation, and replacement of equipment lost in the tsunami.

B. HEALTH

1. Control of the pollution of wells and flood water, as well as purification of wells, should be carried out under the supervision of the Epidemiological Unit of the Ministry of Health.
 2. Store water supplies in large plastic tanks and make these available for families' needs.
 3. NGOs offering services should adhere to national policies on health. Among other things, they can provide toilet facilities temporarily supervised by the public health system.
 4. Ensure the collection/disposal of sewage and separate toilet and bathing facilities by gender.
 5. Local authorities should ensure the disposal of garbage as a prerequisite to control flies that transmit food-borne diseases.
 6. Pesticide-impregnated mosquito nets should be distributed fairly in areas where malaria is endemic.
 7. The public sector and NGOs should provide personal support services to prevent violence and substance abuse in the community.
8. Ensure the safety of adolescent girls from sexual abuse through raising awareness of these issues and making reproductive health services more widely available and delivered by the primary health care (PHC) system at the local level.
 9. Encourage culturally accepted practices of breastfeeding, and discourage bottle feeding whenever possible and appropriate.
 10. Distribute feeding supplements equitably and according to universally available growth charts. If growth-monitoring cards have been lost, advice should be available from family health workers (FHWs).
 11. Make available referral services, including ambulance services and mobile clinics, as well as maternity and newborn immunization from FHWs or primary health care workers. Create awareness of such services through the health education system.
 12. Provide drugs in emergency situations through Primary Health Clinics (PHCs) and Central Dispensaries at the peripheral level according to local essential drug policies.
 13. To address gaps in psychosocial support in trauma situations, training should be provided to all health personnel, teachers, members of civil society, especially parents and older persons.

C. EDUCATION

1. In the educational system, a full curriculum should be included for disaster emergency care, epidemic control and food and nutritional requirements by qualified and well-trained teachers.

2. Ensure displaced school-aged children can re-enter and remain in school by supplying material assistance, including stationary, clothes, shoes and transportation.
3. Direct priority to the reconstruction of school buildings that have been affected, and develop non-formal education programmes.

D. PERSONS WITH DISABILITIES

1. PWDs should be included among the most vulnerable and should be consulted in designing relief, reconstruction and development plans, as well as in adopting legislations and programmes involving them.
2. Train government/agency workers on disability issues and enact strong legislation to safeguard the rights of PWDs.
3. Create awareness within the general public to eliminate negative attitudes and reduce social stigma, including those caused by misconceived religious beliefs.
4. Remove physical barriers to the built environment to enable effective mobility access to all services by PWDs and older persons.

E. LIVELIHOOD

1. Encourage private sector partnerships for those promoting livelihood activities in tsunami-affected areas, by granting tax exemptions and other incentives.
2. Develop opportunities and comprehensive plans for district-wise livelihood activities, including marketing opportunities. Establish an NGO-run database and district-wide outlets to sell products.
3. Develop community centres, which include training and facilities for weaving, sewing and other activities, where tsunami-affected vulnerable people – mothers, older persons, youth and others – can develop relationships and experience integration at all levels.
4. Build support groups for women to work together, strengthen livelihood activities and opportunities, and provide child care to facilitate their participation.
5. Conduct skills, vocational and other training, and provide greater facilities to build women's livelihood capacities, including new and rescheduled loans with waived interest for those affected by the tsunami. Disseminate information in local languages on availability of facilities to start up livelihood enterprises and give priority in livelihood programmes to widows/widowers with access to no other income.
6. Develop livelihood programmes for tsunami-affected youth and provide them with opportunities in areas such as carpentry, masonry and construction, taking account of available resources and market potential.
7. Give priority to youth who lost family members and most need income, and introduce special loan schemes for them, including preferential interest rates.

Summary Report of the National Workshop on the Impact of the Tsunami on “Vulnerable Groups” and Women

27 October, 2005, Bangkok, Thailand

I. PROCEEDINGS OF THE WORKSHOP

A. OPENING OF THE WORKSHOP

Ms. Thelma Kay, Director of the Emerging Social Issues Division of ESCAP, expressed her appreciation for having the opportunity to hear firsthand the views and lessons learned from people who had lived through the devastating tsunami. She explained that the Asian and Pacific region had experienced more than half the world's natural disasters over the last few decades and had much to share with the rest of the world from that experience. She also explained that ESCAP, as the regional arm of the United Nations in the region, facilitated the sharing of experiences and regional cooperation to promote sustainable development. The workshop was meant to explore factors which make certain groups more vulnerable in the context of natural disasters, and to develop strategies to improve their outcomes. She concluded by emphasizing that there was a window of opportunity to ensure access to buildings for PWDs, to strengthen social protection systems and ensure that all people have access to employment opportunities.

Ms. Ravadee Prasertcharoensuk, of the Sustainable Development

Foundation, explained how networks of people and organizations all over Thailand were focused on marginalized groups, aimed at improving the quality of life of affected persons and ensuring that redevelopment was sustainable. In addition, they were committed to mobilizing local resources and engendering greater self-reliance in the post tsunami context. In spite of the efforts, she stated that there was still a need for better collaboration among Government, NGOs, international NGOs (INGOs), the private sector and international agencies. Knowledge could be shared and direction and processes identified in order to ensure long-term sustainable development. Individual organizations focused on certain groups or issues but often not in collaboration with other organizations, and projects were often imposed on people. In order to avoid duplication, the structures and methods of all organizations should be coordinated. Emphasis was needed on participatory processes that involved communities as part of a long-term sustainable development strategy that gave attention to protection of natural resources and the environment. In this context, tsunami-affected people should not be treated as hopeless victims, but with dignity as people who could be empowered and enabled to address their own problems.

The Inspector General of the Department of Social Development and Welfare in the Ministry of Social

Development and Human Security, Ms. Nonthinee Petpaisit, noted the increase in natural disasters and links with climate change. She described the ministry's range of activities in cooperation with the private sector. Women in particular, cited employment and financial assistance as major concerns, in addition to clean water and scholarships for their children. Psychosocial support and vocational assistance had been made available and special attention was given to orphans. To improve opportunities for employment and for mental well being, vocational training – including in furniture, mat and basket-making, batik painting, and traditional medicine, such as massage – was made available. She stressed the need to help fisherfolk and those involved in the tourist industry. Child development centres were being established in affected areas and scholarships were made available. The ministry was aware of the need to provide welfare protection. Immigration authorities addressed the risks related to child trafficking. Permanent housing needed to be constructed with involvement of both Government and NGOs; moreover, tsunami-affected people needed to be helped so that they could help themselves.

B. ELECTION OF OFFICERS

The following were elected to the bureau: Co-Chairpersons: Ms. Ravadee Prasertcharoensuk, Sustainable Development Foundation, and Ms. Waraporn Prompoj, Chief, International Cooperation Group, Foreign Affairs Division, Department of Fisheries, Ministry of Agriculture and Cooperatives; and Rapporteur: Ms. Parinya Boonridrerthaikul, Tsunami Project Coordinator, Action Aid Thailand.

C. SUMMARY OF PROCEEDINGS

The proceedings began with a brief overview of the workshop and

concept of vulnerability by an ESCAP representative.

Mr. Michael Chai, Consultant, Emerging Social Issues Division, ESCAP, presented findings of the ESCAP-commissioned study on the social-related needs of people in the tsunami-affected locations in Southern Thailand. He stated that Thailand was in general better off than many other tsunami-affected countries due to the combined efforts of Government, INGOs, NGOs and other stakeholders. However, there was still a lack of coordination and gaps existed, such as problems with resource and financial management, social protection and measures to cater for vulnerable groups. Basic needs of all were still not being met such as inadequate sanitation facilities. There was still a need for psychosocial support. In addition there was no clear comprehensive plan and a lack of consultation with and participation of vulnerable groups. Certain groups were poor and marginalized even before the tsunami, and the tsunami exacerbated their problems. It also created opportunities for others to take away more from them, whether land, employment possibilities, status or social protection.

The Inspector General of the Department of Social Development and Welfare in the Ministry of Social Development and Human Security, Ms. Nonthinee Petpaisit, emphasised that basic needs of vulnerable groups should be met and that they themselves needed to be involved. Furthermore, systematic contributions from the various stakeholders of the affected communities should be ensured to avoid duplication and make sustainability possible.

Ms. Waraporn Prompoj, Chief, International Cooperation Group, Foreign Affairs Division, Department of Fisheries, Ministry of Agriculture and Cooperatives, made a presentation on the post-tsunami fisheries rehabilitation programme. She explained that the overall damages to fisheries and aquaculture

amounted to US\$ 440 million. The Post-Tsunami Rehabilitation Plan on Fisheries and Aquaculture was divided into an immediate/short-term plan, dealing with livelihood rehabilitation, provision of relief funds and emergency inputs for fishermen, and a mid- to long-term plan, covering coastal and fisheries rehabilitation and institutional and human capacity building. The Government relief fund was 1.3 billion baht for victims in 422 fishing communities. Support for rehabilitation came from international organizations, donor governments, NGOs and INGOs and was coordinated by the department. Boat registration and safety issues were being addressed. Further developments would involve reassessment of the fisheries inputs, FAO Post-Tsunami Rehabilitation Unit, coastal and fisheries resource rehabilitation, and institutional strengthening and capacity building. There were efforts to develop early warning systems focused on tourists and tourist areas. But fisherfolk, who made up the majority of those at risk, also needed a system of early warning. This did not have to be complex and even a basic system would suffice.

Ms. Jureelak Pimrot, Information Officer, Foundation for Women (FFW), made a presentation on the "Weaving New Lives with Andaman Women and Children" project. The objectives of the project were to provide affected women and children with counselling and recovery activities responding to their needs, promoting their rights and participation, empowering them to sustain their livelihood and natural resources, preventing and protecting them from any form of gender-based violence, and documenting the gender impact of the tsunami and relief work. The target groups were affected women and children in traumatic situations, women household heads facing difficulty supporting family members, Moken sea gypsies displaced from their original community, and migrant women and children (Thai and non-Thai). Project

activities, from the coordinating centre in Kuraburi District, Phang-nga, involved providing psychological counselling and recovery activities and outreach services, building up peer group support for long-run self-reliance, allocating funds to support affected women according to their income generating plans.

Ms. Pimrot stated that affected women who stayed in temporary shelters faced problems of overcrowding, trauma, unemployment, family relationships and dependence on their husbands/community leaders. Affected women who stayed outside temporary shelters faced problems of unemployment, economic hardship, trauma, and, additionally, in the case of migrant workers (both Thai and non-Thai), no access to government aid programmes. Some had been infected by human immunodeficiency virus (HIV) but were afraid to let others know.

Other issues FFW was addressing included compensation. Beach masseuses, for instance, received no compensation and had no employment. Compensation payments for men were double that for women in some cases and compensation paid to a male deemed to be head of household was often misused. There were cases of domestic violence in temporary shelters; there was no gender disaggregated data on the dead or missing and it was difficult providing psychosocial services and income support to this very heterogeneous group. Ms. Pimrot ended her presentation with recommendations covering issues such as the need for housing and support for pregnant women and for promotion of participation.

Mr. Topong Kulkhanchit, Regional Development Officer, Disabled Peoples' International Asia-Pacific Regional Council, explained that access to affected areas was difficult in the period just after the tsunami. The Government was requested to set up a working group on disability issues. Requests were directed to

the Office of the Prime Minister, which was redirected to the Ministry of Social Welfare and Human Security. There were no replies to these requests. The Council of Disabled People's of Thailand (DPI-Thailand) had offered recommendations to and requested assistance from the Thai Government but there was limited or no action regarding the approximately 4,500 PWDs in tsunami-affected areas who had been registered. A payment of 50 Baht per day for each PWD was budgeted for, but the payments never reached the people for whom they were intended. There was an urgent need for comprehensive statistics on PWDs, including post-tsunami PWDs. According to the Ministry of Health, there were 800 post-tsunami PWDs but the figure was not confirmed. DPI was involved activities, which included information-gathering and dissemination to all stakeholders, undertaking immediate relief actions, supporting various studies and research conducted in collaboration with several agencies. These include DPI-China, DPI-Japan and Thai Airways International, as well as with the International Labour Organization (ILO) and the World Bank.

Mr. Topong explained that the Asia-Pacific Decade of Disabled Persons (2003-2012) and the Biwako Millennium Framework strongly emphasized a rights-based, rather than a charity-based approach to issues dealing with disability. DPI-Thailand's seven priority areas for action were early detection, early intervention and education; poverty alleviation; training and employment; access to built environments and public transport; access to information and communications, including ICT; self-help organizations of PWDs, and their families and parents: and women with disabilities. The gaps and challenges were: no special measures or channels for PWDs to equally access relief services at early stages, no official data collection about PWDs (both old and new), reconstruction was being undertaken without consideration of accessibility or barrier-free aspects, and there still

remained several gaps of understanding between service providers, PWDs and their families.

Mr. Arun Pinta, Planning and Policy Analyst, Disaster Mitigation Directing Centre, Ministry of Interior, described the Thailand Disaster Management System and the Disaster Management Cycle. He highlighted the significance of coordination and mobilization with regard to response, recovery and rehabilitation, prevention and early warning, mitigation, and preparedness. Crisis response involved many stakeholders and the priorities were saving lives, collecting dead bodies, offering tourist assistance and services, repairing roads, restoring power and communication, arranging relief supplies and donations, and controlling disease. In the relief operations emphasis was on housing, restoring infrastructure and occupations, identifying victims, managing beaches and other resources, and other areas. Preparation for disasters involved a National Disaster Warning Centre, warning towers, tsunami detection equipment, a Master Plan for Tsunami Evacuation, tsunami evacuation drills, community-based disaster management, and knowledge-based disaster management organization. Gaps and challenges that remained were accessibility and accuracy of tsunami warning, preparedness of locals and tourists, and readiness of disaster management personnel at national, regional and local levels.

Mr. Chinnapat Bhumirat, Deputy Secretary-General, Office of the Basic Education Commission, Ministry of Education, made a presentation focusing on the situation of students affected by the tsunami. He explained that the number of such students amounted to 27,848, with 194 dead, 94 missing, 119 injured and 1,009 orphaned. Affected students and families who lost students were offered financial assistance; medical services, scholarships and the resources were mobilized from the private sector. The Ministry of Education established

a rehabilitation project for orphaned students, aimed at utilizing education as a tool and a focus on local participation. There were also private sector contributions, which included assistance to schools and villages.

Ms. Rajani Dhongchai, Foundation for Children, spoke of the many activities that were undertaken to help children affected by the tsunami. These included art and music therapy and efforts to improve nutrition. Several income-generating opportunities were developed, such as eco-tours and furniture making. She stressed the importance of encouraging communities to participate in rehabilitation.

Ms. Elizabeth Cameron, Coordinator, EMPOWER Foundation, Phuket, described the economic importance of the sex industry and sex workers especially in the many areas affected by the tsunami. Eighty per cent of sex workers were mothers and many of them the sole providers for households. The sex workers suffered huge losses. Of 50 brothels in Baan Nam Kem, 500 women were missing or confirmed dead. Unlike the hotel industry workers, sex workers were paid very little attention in post-tsunami assistance programmes. They did not benefit from labour laws; migrant sex workers were not able to access social protection and they received no assistance in the search for lost friends and family members. The women wanted the Government to acknowledge their role and contributions to the country's economy and assist them to obtain work permits as well as to access relief.

Mr. Adisorn Kerdmongkol, Migrant Assistant Programme, explained that approximately 100,000 migrant workers were affected by the tsunami. Many of them were from Cambodia, Lao PDR and Myanmar and worked in the fishing industry, construction, agriculture and services, contributing significantly to the Thai economy. Nevertheless, these people were not included in compensation programmes for victims of the tsunami. After the tsunami they had

lost their legal documents to work in Thailand. Many were unable to travel outside a specific area to locate lost friends and family members or identify recovered corpses. In cases where the employer had died, a death certificate was required in order claim a new permit. Additionally, they had no access to the 30 baht health scheme. Following the tsunami hit, migrant workers were particularly concerned with employment, exploitative work conditions, and the ability to stay in Thailand, having lost all documents, as well as access to social services, welfare assistance and participation in society. Migrant workers were largely seen as workers, but not as contributors to the economy and were excluded from all forms of social protection.

Mr. Wichosak Ronarongpairee, Federation of Southern Fisherfolk, explained that small-scale fisherfolk received very little mention following the tsunami. There was a need for dialogue and setting up of sea food banks, as well as a review of the provision of relief funds.

Following the presentations by panellists, recommendations, which were based on the presentations and comments, were put forward to all participants. These were reviewed and adopted by the participants.

D. CLOSING OF THE WORKSHOP

Ms. Waraporn Prompoj, Co-Chair and Ms. Thelma Kay of ESCAP presented closing remarks. Ms. Kay explained the role of ESCAP and how the workshop report would feed into a regional meeting on tsunami reconstruction and, thereafter the 2006 Commission session to be hosted by the Government of Indonesia.

II. RECOMMENDATIONS

1. Develop a clear and comprehensive national preparedness plan that provides protection for vulnerable groups.

2. Ensure that vulnerable groups are informed of available services and opportunities to participate in planning and implementation of all aspects of disaster management (prevention, preparedness, relief, reconstruction and rehabilitation), taking into account social inequality and gender specific issues.
3. Improve financial and emergency resource management systems and guarantee that compensation procedures are transparent, equitable and accessible to affected people.
4. Establish an effective and efficient complaints mechanism and monitoring system and ensure its visibility and accessibility among all stakeholders.
5. Promote cooperation among governmental bodies, NGOs, international organizations, private sector, academic institutions and community-based focal points, to ensure sustainability and avoid duplication.
6. Guarantee the land, property and housing rights of vulnerable groups and their protection from exploitation and violence, in line with recommendations of regional and international institutions and principles and guidelines that require Governments and agencies to use a rights-based approach in post-tsunami recovery.
7. Provide children and youth with opportunities to voice their needs and concerns and participate in the rehabilitation process.
8. Promote the rights of children and youth to ensure protection from post-tsunami risks of trafficking and other forms of abuse.
9. Collect, disseminate and make accessible, reliable data for planning and policy-making that is disaggregated by gender, disability status and age.
10. Ensure that at least the most basic early warning systems are in place covering all potentially affected people and areas – including persons with disabilities (PWDs), fishing or rural communities, and tourist areas – and that vulnerable groups are involved in planning.
11. Ensure that PWDs have access to relief, health care services, and opportunities using a rights-based rather than welfare/charity approach.
12. Create specific and sustainable programmes for PWDs and older persons to ensure their participation, and undertake reconstruction work following guidelines for barrier-free and accessible buildings.
13. Develop and provide comprehensive assistance packages that cater to the specific needs of the various vulnerable groups. These should include basic necessities and services (such as education and health, including psychosocial support), infrastructure, skills training, and income-generating activities.
14. Ensure the interests and preferences of affected people are taken into account in relocation and settlement planning.
15. Legal documentation and information regarding legal rights to land tenure and ownership should be made accessible and transparent to all stakeholders.
16. Livelihood assistance activities should take into account the changes in household roles and responsibilities resulting from the loss of an adult household

- member, which often brings about added burdens.
17. Create opportunities for survivors to acquire new skills and to access capital, in order to enable them to pursue alternative livelihoods, have a reliable source of income and become more self-reliant.
 18. Set up micro-credit and similar initiatives, involving village institutions and NGOs, to re-establish and improve livelihoods.
 19. Design and implement long-term, integrated, participatory planning to promote economic and environmental sustainability with equitable access to fair markets by all groups, including coastal communities such as Moken sea gypsies.
 20. Ensure effective natural resource management of diverse ecosystems, including mangroves, based on participation of all stakeholders and considering the needs and priorities of local communities.
 21. Re-evaluate the concept of seafood banks, based on consensus and participation of all stakeholders to guarantee equitable access, control, and distribution of benefits of marine resources.
 22. Ensure migrants have access to legal support, social welfare and assistance, based on a humanitarian approach, regardless of citizenship.
 23. Address socio-economic and legal situations that bring about the marginalization and isolation of vulnerable groups, including PWDs, migrants, sex workers and ethnic minorities.
 24. Adopt a human rights framework to relief and reconstruction work that guarantees access for all to information, opportunities and services without discrimination based on legal status, gender, age, ethnicity or religion, with special attention to people who have been made more vulnerable as a result of the tsunami (e.g. widows, fisherfolk, orphans and sea gypsies).

Summary Report of the Regional Workshop on the Impact of the Tsunami on “Vulnerable Groups” and Women

21-23 November 2005, Phuket, Thailand

I. PROCEEDINGS OF THE WORKSHOP

A. DAY ONE

1. Opening of the workshop

Participants were welcomed to the workshop by a representative of ESCAP who read out a statement on behalf of Ms. Thelma Kay, Director of the Emerging Social Issues Division of ESCAP. She welcomed the Governor of Phuket as well as all the participants and recalled the recent natural disasters which had affected the region and the relief and reconstruction efforts underway. She stressed the need to give due attention to the basic principles of social integration and non-discrimination and the need to consider the needs and priorities of vulnerable social groups. She explained that the conclusions and recommendations of the workshop along with those of the national workshops held in Indonesia, Sri Lanka and Thailand would be presented at the 2006 Commission session to be held in Jakarta.

The Governor of Phuket, H.E. Mr. Udomsak Uswarangkura, welcomed participants on behalf of the people of Phuket. He was honoured that Phuket had been

chosen as the venue for the workshop. He highlighted the trauma and despair experienced by the affected people as well as the overwhelming assistance received from all over the world. He expected the recommendations of the workshop to be useful for people affected by the tsunami and wished the participants a good stay in Phuket.

2. Election of officers

The meeting elected Ms. Swarna Jayaweera, Emeritus Professor of Education, University of Colombo and Joint Coordinator, Centre for Research on Women (CENWOR) and Mr. Makmur Sunusi, Ministry of Social Affairs of Indonesia as Co-Chairs and Mr. Ahmed Saleem of the Human Rights Commission of Sri Lanka as Rapporteur.

3. Summary of proceedings

The first series of presentations were on the research commissioned by ESCAP and the national workshops in Indonesia, Sri Lanka and Thailand. Ms. Eva Sabdono of Foundation for the Care of Older People (Yayasan Emong Lansia) presented the research conducted in Aceh and Nias. The main findings of the study were:

- Five months into the relief and rehabilitation process, there was very limited support from

the Government as well as international and local organizations.

- Health services were very limited in their coverage
- There was a lack of coordination and cooperation among the agencies involved in the recovery efforts.
- Organizations were operating based on their own agenda adding to duplication of services especially in the area of health.
- Much relief assistance was provided to some areas while neglecting other areas.
- Food assistance was adequate up to February 2005, but following that only rice was distributed.
- Clean water and sanitation remained major problems.
- The inactivity of people residing in barracks was a main obstacle to promoting self-reliance

Many widows had suddenly become heads of households with the sole responsibility as caretakers for others. Only 27 per cent of widows had experience working outside the home so new skills and resources were urgently required. Older persons' needs and priorities were not attended to by relief agencies. There were many trauma-related health problems and many drew strength from religion and personal resilience. Many older persons were illiterate and poor and were living with the immediate or extended families. Older persons, youth and people with disabilities did not want to be dependent on others. They needed to participate. The key issues and recommendations adopted at the ESCAP workshop in Indonesia included:

- Vulnerable groups needed to participate in the recovery and reconstruction process.

- Community participation was limited to a few projects of local and international NGOs, United Nations' agencies and the Government.
- There was a need to place affected communities at the center of decision-making.
- There was a need to build the capacity of communities, determine available resources, and reduce the nature of risks and/or vulnerabilities to which communities were exposed.

Ms. Swarna Jayaweera presented a summary of the findings on the research conducted in Galle and a district near Colombo, in Sri Lanka. Polluted water and sanitation were still major concerns. In Galle, there were big problems with access to shelter. Assistance was needed to address problems with housing, land and property; access to clean water; replacing lost moveable property; obtaining building materials; equipment needed for income generating activities and for other financial problems. Fear for personal safety and trauma was pervasive among affected communities.

Overall, services for youth, children, older persons and people with disabilities were poorest. There was strong resentment regarding the uneven distribution of relief assistance. In affected areas near Colombo, only a very small percentage of people with disabilities received needed services. Older persons experienced the most difficulties in coping with the impact of the tsunami although they remained active in rebuilding the communities. The youth should to be categorized as a vulnerable group. Although the Government was concerned with youth employment, the youth themselves expressed a strong interest for access to skills training, loans, equipment and materials and resources to continue their livelihoods and education.

An emerging "dependency syndrome" posed a challenge in reconstruction

efforts. Communities required assistance in order to be self-reliant and independent. The large loss in livelihoods resulted in parents becoming dependent on their children. Many affected people were already poor, prior to the tsunami, struggling to make ends meet working in the informal sector. Livelihood recovery was especially difficult for them. Many widowers felt helpless, as their wives were the main providers of childcare. For widows, the loss of their spouse's income caused increased dependency.

Mr. Michael Chai, who had carried out research on the tsunami recovery activities in Thailand, explained that what was reported about Indonesia and Thailand reflected the situation in Thailand. Although the recovery process had proceeded relatively well in Thailand due to the efforts of the Government, NGOs and INGOs, and large sums of money made available, there were problems with coordination. For example, there was an oversupply of boats in one fisher community but none provided to another. Such lack of coordination led to duplication and wastage. Other vulnerable groups were neglected. For example, the tsunami had severely affected migrant and sex workers but their needs and concerns were not attended to. There were also longstanding problems with land and housing even prior to the tsunami, which were exacerbated with the disaster. The tsunami had actually created an opportunity for land grabbing and for private companies to claim lands previously occupied by local communities displaced by the tsunami. There was also an uneven distribution of relief, for example, in the distribution of boats and fishing equipment, which resulted in a waste of money. He observed that there were numerous tsunami-related meetings, since the disaster struck, with many of the same participants reporting the same issues. But the major problems remained unresolved. Almost one year after the tsunami, the same groups were being left out. Water and sanitation remained

problems for many people. Affected communities were unaware of early warning systems being planned or how they worked. There was a need to take care of the long-term and on-going issues of the vulnerable groups such as social and physical protection. Long-term access to social services and social protection deserved more serious attention.

Mr. Satyanarayan Sivaraman, Regional Editor of the "Tsunami Response Watch" began his presentation with a viewing of a short film entitled "Children of the Tsunami" in which the impact of the tsunami on a family was described through the eyes of a child. He focused his presentation on the impact of the tsunami on fishing communities in Tamil Nadu, the most affected part of mainland India. He explained that the impact of the tsunami was more visible in some communities than in others and that there were several categories of people affected. The Dalit ("untouchables") communities had been largely ignored in relief and rehabilitation efforts. While Dalits had experienced few deaths from the tsunami, they were nonetheless affected in many ways. They had always been discriminated against socially, culturally and economically. Higher castes did not allow them to fish in the sea so they relied on fishing in backwaters with nets and rafts. Most of their fishing equipment had been destroyed leaving them with few means of feeding themselves. However all attention of the Government, NGOs and others had been on coastal fishing villages, which though harder hit by the tsunami, had ended up much better off than before. For example, over US\$ 2,000 had gone to coastal communities while only US\$ 350 had gone to Dalit communities. There was a huge amount of both domestic and international show of support, so resources were not a huge problem but distribution was. This had created huge social tensions. Despite the fact that India had suffered many natural disasters, policy-makers had failed to learn lessons from the past. There were

no mechanisms to learn from past experiences and best practices or ways of communicating from lessons learned. Disasters were not “one-off” events. Long-term planning as well as capacity and institution building were needed.

Mr. Ahmed Saleem from Maldives began his presentation with data on the country vis-à-vis the disaster and its impact. He highlighted the fact that the islands of Maldives were only one metre above sea level. In terms of the recovery efforts, he explained that IDPs wanted to take care of themselves and needed some government assistance. Many survivors had experienced problems such as trauma and an inability to concentrate as well as a lack of information on ways forward. Under a “Save Islands Programme”, the Government planned to construct high buildings and sea walls and move people from the smaller and vulnerable islands.

In the discussions that ensued, participants stressed the need to assess the extent to which recovery efforts had helped or changed conditions for affected vulnerable groups. The Chair summed up the discussion by stressing the importance of social integration, people-centered processes of recovery and a rights-based approach to development.

(a) Migrant workers

A representative of the International Organization for Migration (IOM) made a presentation on the impact of the tsunami on migrant workers in Thailand. She explained that in 2004 in Thailand, there were approximately 906,000 registered migrant workers from Myanmar and approximately 182,000 from Cambodia and Lao People’s Democratic Republic. In tsunami-affected provinces, the largest number was in Ranong with approximately 55,000; whereas in both Phang-nga and Phuket Provinces the number was approximately 31,000. In Krabi, the number was smaller – approximately

4,000. Migrant workers were made vulnerable due to: social, cultural and language barriers; a loose and transient social network; high mobility; poor living conditions; discrimination and mistrust from host communities and unstable legal status. From a technical assistance mission, it was concluded that:

- At least 7,000 migrants were directly and indirectly affected.
- The tsunami exacerbated pre-existing poor living and social conditions of migrant communities.
- Unstable legal status and heightened security along the coastlines compelled many migrants to flee from the affected areas.
- There was no disaster preparedness programmes for migrant communities.
- Some migrants were not able to access sufficient relief assistance.
- Little information was accessible on compensation and other disaster relief activities.
- There was negative media coverage of migrant workers.
- There was mistrust between migrant communities and host communities.

The Ministry of Public Health, IOM and World Health Organization (WHO) had worked together on the following: the establishment of a coordination center for tsunami-affected migrants in the Baan Nam Khem Health Centre; coordination among Provincial Offices and NGOs and distribution of humanitarian relief; provision of health care to migrants, mobile clinics; training of migrant community health workers and volunteers and carrying out mapping exercises, health and nutrition and mental health surveys. In addition, they supported the registration of migrant workers, disaster victim

identification for deceased migrants and disaster risk and vulnerability assessments.

She concluded with recommendations including: (1) ensuring security, which included the suspension of arrest and deportation of unregistered migrants; (2) ensuring equality, which included concrete measures that allow all migrants to access basic humanitarian assistance without fear of arrest or deportation; (3) inclusion and participation, which involved the inclusion of migrant communities in disaster management programmes; and (4) mapping of migrant communities and providing outreach services involving employers. In addition, rights and obligations needed to be clarified, which included publicizing rights and obligations of migrants stipulated in laws and regulations in Thai and the languages of migrants.

A representative of the Migrant Assistance Programme spoke on behalf of the Tsunami Action Group for Migrants and explained that there were two million migrant workers in Thailand (registered and non-registered). Migrant workers in the areas affected by the tsunami were mainly working in fishing, construction, agriculture, tourism and as domestic workers. Almost all migrant workers in the tsunami-affected parts of the country were from Myanmar. They had a particularly difficult time accessing assistance after the tsunami. Unlike the case of many other foreign nationals, who were helped by the Thai Government and their embassies, there was no agency responsible for affected migrant workers from Myanmar. Initially the migrant workers could access emergency shelter and food; however, once their legal status became an issue, immigration officials began deporting them. Many of the migrant workers were registered and possessed a receipt for a temporary residency permit. These documents were destroyed or lost. The organization had assisted 320 migrants in acquiring new papers.

In general, migrant workers did not openly discuss their poor living conditions nor try to access services for fear of retaliation by employers and of being arrested or deported.

Migrant workers had little access to health or legal services. As migrant workers were not allowed to travel outside of the province where they were employed, they were unable to receive assistance from workers in other parts of Thailand or to identify and claim the body of a deceased friend or relative. However, although migrants were particularly vulnerable, they were also very resilient. Due to their long experience with disasters, economic crises, conflicts and lack of social safety nets, they had developed strong coping mechanisms and social support systems. Countries that benefited from migrant workers should formulate clear agreements on roles and responsibilities of sending and receiving countries. There was a need to carry out a comprehensive survey to identify the numbers and needs of the migrant worker population. Furthermore, harassment based on nationality, race, colour or class should be strongly condemned. Migrant workers played a major role in reconstruction. They deserved the social protection from the host country and community.

A participant from Sri Lanka observed that there were many Sri Lankan migrant workers abroad who had trouble obtaining information, returning for funeral services or finding family members lost to the tsunami. Employers did not always allow them to leave. In Indonesia, the loss of many skilled workers from Aceh prompted many new migrant workers to the region in search of jobs.

(b) Aging issues

Mr. Quyen Tran of Helpage explained that Asia as a region had a very high percentage of older persons in the population and that percentage would continue to increase over the next 20 years. Older persons counted for a high percentage of deaths from

disasters. This was due to their generally lower level of education, higher level of poverty, limited access to information, limited savings and income-earning opportunities. Older persons tended to be excluded from relief, recovery and development programmes and there were few self-help groups for older persons. He used India as an example and explained that although older persons accounted for only 8 per cent of the population, they accounted for 30 per cent of those reported dead or missing. He stressed the need for relief agencies and Governments to consider the potential contribution of older persons in reconstruction and rehabilitation efforts rather than treating them as helpless victims. In addition, older persons played a role in the recovery of their families. HelpAge's involvement in documenting and monitoring the outcomes of programmes was an important component to ensure that programmes integrated the needs and concerns of older persons. The recommendations from the presentation included: give more attention to the rights, needs and contribution of older persons; collect data disaggregated by age to better inform planning; recognize older persons as a special vulnerable group; implement inter-generational approaches in emergency response programmes; establish mechanisms to restore livelihoods, access to health care and adequate housing; and involve older persons in planning and assessing impact of activities.

In the discussion that followed, comments were made on the need to integrate aging issues in planning at national level to ensure that older persons were systematically cared for. A participant from Sri Lanka inquired of inter-generational projects since older persons in the country were recipients of aid but were not empowered and their productivity not recognized. A participant from Indonesia observed that attention to aging issues was a long-term process and the needs of older persons had to be addressed as a right not a charity. A Government-NGO

partnership was required to make things work.

(c) Youth issues

Mr. Makmur Sunusi of the Ministry of Social Affairs, Government of Indonesia made a presentation on tsunami-related youth issues in the country. Psychosocial support was provided in the form of counseling, role-plays, drama, art therapy and alternative care. A training centre was set up in Aceh to build the capacity of providers of such services.

Ms. Tipawan Yamlaksanalerd of the Ministry of Education of Thailand made a presentation on the impact of the tsunami on students. She provided data on the numbers of students who were affected or died due to the tsunami and described the support provided by the Government, NGOs and private sector to students, teachers and schools. A representative of the Thai Ministry of Social Development and Human Security provided added information on the work of the Ministry in the protection of children from kidnapping and exploitation.

(d) Psychosocial support

Ms. Harini Amarasuriya made a presentation on psychosocial support programmes in Sri Lanka. Psychosocial support which were mostly donor-driven, had for a long time been directed to the conflict situation. Local psychosocial workers had questioned the cultural appropriateness of the posttraumatic stress disorder (PTSD) model as it undermined local capacity and focused on vulnerability rather than the resilience of communities. Another issue was the prioritization of needs. It was important to determine who had set the priorities. Psychosocial interventions had to be contextualized. Relief and development-oriented projects possessed a potential as a psychosocial benefit. Another issue of concern was that play and art were suddenly seen as therapy not

as something to be done just for enjoyment. The University of Colombo was working on developing indicators for measuring psychosocial interventions. There were huge gaps between policy and practice and the lack of implementation of “good practices” in the field.

Mr. Joel Supgins, a volunteer with the Duang Prateep Foundation, described the work of the Foundation. The Foundation had previously worked mainly in slums. Following the tsunami, the Foundation built activity centres in Phang-nga Province and under its “new life” project, focused on helping children deal with trauma through play, puppet shows, youth camps and study tours. Save the Children UK was a training teachers on puppet shows for psychosocial support. Health, nutrition and sports were also part of the activities for children. Young people were involved in producing crafts as an income-generating project. Profits from the project were equally shared between the children and the Foundation.

In discussions that followed, a participant from Aceh pointed out that ensuring good coordination and participation was difficult to achieve on the ground. There was also a problem of coordination among NGOs. Additionally, aid assistance was inappropriate, insufficient or simply not what people really needed. There were many problems related to land issues.

B. DAY TWO

1. Land, property and housing issues

Ms. Elysa Wulandari of Aceh Institute and Faculty of Engineering, Syiah Kuala University, described the traditional way of life in Aceh. A large number of people lived close to one another and the group was very important. A grouping of about 40 two-family houses was common. People relied on land. However, the land-based economic system tended to favour the men. In families

engaged in fishing and farming, both men and women shared the work and women were actual household heads. Even if land was lost, a community still existed.

Ms. Nirekha de Silva of the National Human Rights Commission of Sri Lanka explained the Government’s land allocation outside of the buffer zone, which was acquired from private owners. People resisted resettlement because they were mainly fisherfolk the resettlement affected their livelihoods. In addition, there was a lack of basic services. Houses built on State allocated land with donor money were 500 square feet in size and had electricity, running water and sanitation. Compensation of 250,000 rupees for completely destroyed houses and 100,000 for partially destroyed houses had been paid. However, only legal owners were eligible – these were mainly male.

Many hotels and almost half of all pre-tsunami fishing vessels had been destroyed and salt water destroyed much of the agricultural land. A tourism recovery programme and micro-loan scheme was implemented by the National Development Trust Fund. The Disaster Relief Monitoring Unit of the Human Rights Commission was monitoring civil society initiatives and government services, relief, benefits and land titling.

Ms. Sunee Chaiyarose of the Human Rights Commission of Thailand explained that the Government, NGOs, and INGOs were working together and she stressed the importance of the community working together on reconstruction planning, to protect land rights and the maintenance of strong family ties. Communities had to be supported to manage their own long-term development. Land and housing were key elements of daily life in Thai society and were central tenets around which family and other relationships were built. As for the Moken sea gypsies, they wanted to return to areas where they had lived

and did not want to be dependent on others. Relocated communities were far from their place of origin. In addition, homes for people such as the Moken, needed to be compatible with their way of life.

2. Disability issues

Ms. Pimpa Kachondham of Ratchasuda College, Mahidol University described a research project entitled “Integrative Project on Rehabilitation of the Environment and Communities” on people with disabilities in six southern provinces of Thailand affected by the tsunami. Data collection relied on tourist police, hospitals, schools, health centers, local authorities and local officials of the Ministry of Social Development and Human Security. In Krabi information was collected from people who had moved from Phi Phi Island to stay with relatives at Long Hin mosque, of which 41 were PWDs. While the number of PWDs affected by the tsunami was not large, they had specific basic needs. Of the eight places surveyed in Phuket, Ban Bang Tao was the hardest hit in terms of deaths and property damage. In the area PWDs needed assistive devices, economic support and homes. PWDs were unaware of their rights and were very concerned about their lack of employment. Under the project, PWDs were registered with the help of social workers and provincial medical officers. As a means of generating income, villagers were taught to produce crispy fish, which benefited about a third of the PWDs. Up-to-date information systems and improvement in the level of knowledge, information and awareness of communities were needed. It was recommended that follow-up home visits, vocational rehabilitation and skills training be pursued.

Mr. Topong Kulkhanchit of Disabled Peoples International Asia-Pacific reported that a small number of PWDs were identified in an initial survey. They were mainly older

persons. Access for PWD was a key issue in disaster management as well as disaster preparedness. He described several cases including a wheelchair assistance project and several other projects managed by the International Labour Organization (ILO). These included training on vocational skills, peer counseling and independent living. DPI advocated for barrier-free hotels and national parks.

Ms. Mohottalalage Thanuja Dayadari Navaratne of Motivation, Sri Lanka explained that PWDs had become more invisible after the tsunami. There was a lack of overall coordination procedures, access to relief assistance was difficult, there was competition for available resources, and relief providers did not reach PWDs and lacked the necessary knowledge. There were reports that some families hid PWDs, for fear of stigma; some PWDs had lost assistive devices and there were physical barriers preventing access. Camps were not equipped for PWDs. There was also a lack of data on PWDs and a lack of recognition of the rights of PWDs. On a positive note disability issues did receive attention by the Human Rights Commission, which had a big project on disability. Recommendations in this area included the collection and dissemination of accurate statistics by geographic areas, raising awareness and training for Government officials, enacting proper legislation and ensuring that PWDs were consulted.

Mr. Bachtiar Nitura, of the Indonesian Society for the Care of Disabled Children in Aceh (YPAC-Banda Aceh), said that there was an estimated increase in PWDs of 20 per cent after the tsunami. Five to 7 per cent of people in barracks or temporary housing were PWDs. They had suffered a huge emotional and psychological impact resulting in feelings of loss of hope, helplessness, anxiety, depression, stress and emotional instability. They were excluded from services for basic and special needs and lacked access to information. There was a lack of

social sensitivity and awareness, in addition to outright discrimination. Health and education services were reduced insufficient, as were means and opportunities to generate income. Training was being provided in sports, handicraft production and PWDs were taking part in art and cultural events. He concluded by recommending the promotion and guarantee of equal opportunities and non-discrimination, improvement in access to information and services; economic activity and provision of special devices.

3. Women in especially difficult situations

Ms. Jezima Ismail Coordinator, Muslim Women's Research and Action Forum, Sri Lanka reported that Muslims were roughly 8 per cent of the population in Sri Lanka. Poverty had not decreased for this group partly because of the conflict and the tsunami. Survivors experienced the inequality in relief distribution and a sense of uncertainty and insecurity about the future. Muslim men, as IDPs, had faced restrictions on pursuing their usual livelihoods by the host communities. Women were better able to earn income. Some religious traditions, such as the requirement that widows stayed in seclusion for four months and 10 days after the death of their husbands had made life difficult for them. These restrictions made it difficult to care for dependents, which involved going out for food, documents and other daily necessities. Other problems included the fact that widowers could easily remarry; and rather than marrying a widow, they often sought a young virgin as a new bride, leaving widows more isolated and excluded. Widows also often had land, which was part of their dowry taken by men. There was a need for a holistic approach. One positive example was United Nations Population Fund (UNFPA) community centers. There was a need to promote the social justice principles of Islam, to reduce mercenary qualities of some NGOs and increase the spirit of volunteerism.

Ms. Jureelak Pimrot of Foundation for Women, Thailand reported that the organization worked to promote and protect the rights of women and children through, addressing domestic violence and trafficking in women. The programmes targeted women migrant workers (Thai and non-Thai), women household heads, women with HIV/AIDS, sea gypsies, in areas such as livelihood recovery, legal assistance, peer support, psychosocial recovery services and outreach. Problems in this area included that of temporary shelters, crowded living conditions, trauma, increased dependency on spouses and unemployment. Many people who had been working as masseuses or in the service sector in general received no compensation from the Government. She recommended special attention be given to female household heads and an improvement in privacy, space and security in temporary and permanent shelters. There was also a need for a gender sensitive manual covering specific needs of pregnant women.

Mr. Tabrani Yunis of Flower Aceh, Indonesia described the situation in Aceh before the tsunami. The rate of poverty was high and at least half of the poor were women. There were 48,000 female-headed households in Aceh due to the conflict. Widowhood had combined with poverty to make women especially vulnerable in any adverse situation. Problems related to the tsunami included a loss of capital and employment and a rise in demand for housing from relief workers, which caused vulnerable women to become poorer and more marginalized. Temporary housing and the lack of water was an especially heavy burden on women. Women were treated as objects of aid and were not able to influence decisions. Promises had been made but people were still waiting to see them fulfilled. The tsunami had opened Aceh to the world; however, donors and INGOs had taken much of the human resources from local organizations. There were numerous meetings but insufficient staff to manage the work as well as the meetings. Some staff

enjoyed high salaries, new cars and offices but much less was going to those most in need. There was also uncertainty if the funds going to Aceh were grants or loans, which would be a burden in the future. The needs of pregnant and lactating women were neglected.

Ms. Cholpon Amatoka from the Asia Pacific Forum on Women, Law and Development (APWLD) presented a film on the consultation organized by the organization. This meeting was convened in Aceh, in July 2005, where women from India, Indonesia, Malaysia, Sri Lanka and Thailand gathered to discuss the gender dimensions of disaster management. The problems identified included lack of government response to the needs of fisherfolk; private companies claiming ownership of land and the ties between big businesses and Government; Dalits left out of government and NGO relief efforts and forced to remove dead bodies with no protective clothes; survivors in Aceh prevented from entering "black zones" to collect plants for cooking and selling; Burmese migrants workers in Thailand and women not involved in camp administration and reconstruction.

4. Mechanisms, approaches and strategies for coordination, planning and rebuilding

Mr. Fuad Mardhatillah, from the Body for Rehabilitation and Reconstruction for Aceh and Nias (BRR NAD-NIAS) of Indonesia stressed the need for good participation of all parties. Duplication and bottlenecks should be avoided when NGOs and INGOs work together. It was also important to strengthen local government, empower people and work towards social transformation within Acehnese society. There was a multi-donor trust fund and a database providing information on on-going work in Aceh and Nias. This had been set up and was accessible through the Internet. But there were problems with a lack of data, lack of materials and labour

as well as competition among organizations. An aid dependent syndrom was developing. For example, villagers did not participate in a mapping exercise unless money was provided. Another problem was that political interests hampered reconstruction efforts.

Ms. Shihara Bin Sadoon of Task Force for Rebuilding the Nation (TAFREN), Sri Lanka, made a presentation on the structure, responsibilities and coordinating mechanism of TAFREN. The body was established by a Presidential Directive in January 2005. Its aim included rebuilding infrastructure and livelihoods, restoring trade, commerce and normalizing lives in the affected areas in a better and sustainable manner, and as quickly as possible. Four thematic areas of work were livelihood restoration, "Back to Home", Health and Education and infrastructure. TAFREN's role was to: (1) ensure coordination among relevant stakeholders by providing forums to make decisions in a timely manner, and by ensuring that the information necessary to do so, was available; (2) ensure accelerated and coherent reconstruction by providing stakeholders with the necessary frameworks and guidelines; (3) facilitate, enable and empower to ensure that the conditions are in place for effective implementation; and (4) monitor progress. TAFREN's guiding principles were transparency, equity, consultation, accountability, sensitivity to disparities and future vulnerability and zero tolerance of corruption. Under its Income Recovery Programme, coordination was being undertaken at all levels and roles and responsibilities were clearly mapped out. Skills development, vocational training, cash for work and access to capital were part of livelihood support. From July to September data had been collected on 100 livelihood projects involving over 230,000 beneficiaries. Through monthly reporting progress was being monitored and through needs assessments and tracking mechanisms sustainable income recovery for all affected people was

ensured. Donors and implementers wanted need-based recovery. The Government wanted to ensure that all affected people recovered their livelihood and that duplication was avoided. However, there was no comprehensive and coordinated needs assessment among implementers, resulting in the duplication of support due to multiple needs assessments of the same people. In addition, there was unequal distribution of resources per sector and per geographic area and no single list of beneficiaries to enable needs assessment as well as tracking

A participant from Sri Lanka commented that in Sri Lanka there were many parallel structures. TAFREN was an additional layer; therefore it was not always clear about roles of different agencies.

Mr. Asim Ahmed of the Maldives (Ministry of Planning) reported that many people were economically vulnerable due to their dependence on tourism and fishing. Populations were physically vulnerable because the country is very low-lying – 1.5 metres above sea level at the highest point. There was heavy dependence on imported goods because of the remoteness and inaccessibility of the islands. Although the Maldives had not suffered a large number of deaths, 62 per cent of the value of its gross domestic product (GDP) had been destroyed. In all, one third of the population of the country had been affected. In this respect, the Maldives was the hardest hit among the tsunami-affected countries. Additionally, many people kept their savings at home, which were lost when the tsunami struck. The Government made a one-time payment, as compensation to survivors. Communities had mobilized themselves. In IDP camps there were community consultation committees, which discussed land-use planning and physical reconstruction. The problems that the Government needed to address and incorporate into disaster preparedness included:

lack of safe storage facilities (especially for food); legal, transportation and communication systems needed to be strengthened. Multi-hazard preparedness was given attention in national disaster management planning, as were land use, legal codes and regulations as well as the concept of insurance. A warning system was put into place by the Ministry of Defence. An early warning system was established in the Indian Ocean. Planning included emergency response centres and preparedness focal point persons; risk and vulnerability assessments, identification of human resources such as physicians needed in case of a disaster, public education and capacity building. Island and Atoll chiefs were also linked to the disaster management system. There were plans to create a raised ring of built up land around inhabited the islands as an environmental protection zone for additional protection from natural disasters. A trust fund had been established. Only 30 per cent of the basic requirements such as water, sanitation and environmental protection had been met.

Mr. Nukul Kokit, Save Andaman Network, Takuapa District, Phang-nga, explained the establishment of Save Andaman Network and its operations. A group of 44 NGOs, INGOs, government officials and others undertook a needs assessment and began meeting in January 2005 as a loose network for relief and rehabilitation. Communities and community institutions were seen as central and NGOs, INGOs and Government bodies participated. Villages were encouraged to develop their own assistance programmes. Participation and community revival were main concerns. Livelihood restoration and support from the private sector and embassies became an important element of the Network. Some survivors received money in the form of compensation or donations. Given that funds were needed for long-term development, villagers agreed to establish a revolving fund with a set of guidelines.

5. Encouraging and sustaining community-driven initiatives

Mr. Maitri Jongkrajak, a community leader from Baan Nam Khem described the work in establishing community committees to manage relief. Survivors who had fled from places they were living when the tsunami struck were encouraged to return and participate in community committees to manage the relief. The Community Organization Development Institute (CODI), a semi-governmental organization began supporting the efforts. Committees were set up to address different issues such as donations, and security. Working groups met each night and proposed ideas to the Community Committees. They informed donors of their needs and priorities. Some donors cooperated while others did not. There were fifteen working groups on livelihood issues alone. Each group had access to a central fund that was a mix of community savings, donations and money from income generating activities. A community bank was established three months later. A community welfare fund was set up to assist women, children and migrant workers from Myanmar. A network was established among 60 communities from the six southern provinces affected by the tsunami to assist survivors who were excluded from recovery assistance. Unequal distribution of donations had caused arguments and divisions among people, which the Committee worked to resolve. A decision was made to pool all the donations received and allocate them equally among all community households.

Other issues raised by the committees were related to land tenure and statelessness. Survivors who were renting houses were not eligible for compensation. One solution was to use funds from DANIDA to purchase land.

Ms. Rasyidah, of Women Council in Aceh (Balai Syura Ureung Inong Aceh), Indonesia, explained that

before the tsunami, 65 per cent of people in Aceh worked in agriculture; 13 per cent in services and 12 per cent in trade. In 2002, men received 65.4 per cent of earned income while women earned 34.6 per cent. The organization had provided recommendations to BRR as input to its blueprint plans and was also campaigning to increase the percentage of women in parliament. There were also campaigns aimed at strengthening the role of women in reconstruction and redevelopment efforts. There was a need to ensure transparency in relief and cooperation and coordination among agencies. Aid agencies should respect the culture and local spirit of the affected people. She called on the Government to respect the Helsinki Memorandum of Understanding (MOU).

Ms. Jezima Ismail of the Muslim Women's Research and Action Forum, Sri Lanka described how communities located in the east of the country were upset with the lack of Government response. About two months of meetings and discussions, 21 villages joined together to set up a network of NGOs for sustainable community development. The number of participating villages increased to 51. Plans were underway for setting up an operational structure, improving disbursement of monies and linking with the private sector. The United Nations Development Programme (UNDP) had provided a grant and a place for a group of small NGOs to operate. A group of community members had requested a meeting with the President to discuss their concerns. The meeting was held. The group wished to explore ways that Muslim women in Sri Lanka could develop a network with Muslim women in Indonesia, Maldives, Thailand and other countries in the region in order to work on the promotion of social justice and equity.

C. DAY THREE

Participants joined one of two field trips jointly organized by ESCAP and

ActionAid Thailand. One trip was to a tsunami-affected village that was experiencing land-ownership problems. The group met with a woman community leader who explained the background of the problem and actions that were taken to secure the land rights. Another group of participants visited a Moken village, to discuss the community's struggle on land ownership. This community had lived on the specified area of land for over 100 years and experienced many problems in terms of access to quality health care and education. Both groups of participants also visited the Baan Nam Khem community.

Upon return from the field trip, participants reviewed a list of recommendations, which were drawn from previous national workshops. The recommendations were reviewed and adopted.

Ms. Thelma Kay, Director of Emerging Social Issues Division of ESCAP closed the workshop with concluding remarks, thanked participants and explained that the recommendations would be presented to the Commission session in April 2006.

II. RECOMMENDATIONS

The workshop recognized that while no social group is inherently vulnerable and that not all members of each group suffered from the same vicious circle of non-participation, powerlessness, social and economic deprivation and vulnerability. The workshop also recognized that vulnerabilities are largely the outcome of economic, social and cultural barriers that restrict opportunities for and impede the social integration and participation of the members of the group. Bearing this mind, workshop participants acknowledged that the term "vulnerable groups" could include many groups; however, those that were the main focus of the workshop

were older persons, people with disabilities, children, youth, women and migrant workers. The following are recommendations adopted at the workshop:

1. Promote an approach (including policies) that treats tsunami survivors as 'subjects', recognising their resilience and coping mechanisms and actively involve them in decision-making, rather than as 'objects', who are passive recipients, and eliminate stigma, discrimination and stereotypes.
2. Ensure the participation of all groups, especially the vulnerable, and mainstream gender, older persons, persons with disabilities (PWDs) and youth, women and children's issues and concerns, in all policies, programmes and projects covering every aspect of disaster management (prevention, preparedness, relief, reconstruction and rehabilitation).
3. Community consultations are needed to identify specific needs, priorities and constraints, and develop action plans and assistance packages for all areas, including housing, livelihoods, infrastructure, health services, psycho-social support, education and security, with appropriate time schedules and deadlines.
4. Consider and incorporate local values and cultures in all reconstruction and rehabilitation work.
5. The vulnerability of island communities to natural disasters and the importance of early warning in preparedness should be recognised.
6. Expedite the process of rehabilitation and reconstruction in disaster-affected areas.

7. Planning, implementation, monitoring and evaluation activities should be coordinated (to avoid duplication), be decentralized and involve representatives from Government (national and local), international organizations, NGOs, INGOs and community-based organizations (CBOs) to ensure sustainable, equitable, and effective service delivery.
8. Ensure that at least the most basic early warning systems in relevant languages are in place, covering all potentially-affected people and areas – including PWDs, migrant workers, fishing or rural communities, and tourist areas – and that vulnerable groups are involved in all processes of early warning.
9. Establish an effective and efficient conflict resolution, complaints mechanism and monitoring system and ensure its visibility and accessibility among all stakeholders.
10. Ensure transparency, accountability and good governance by all stakeholders.
11. Develop and make available a system for disseminating information and a database with accurate statistics disaggregated by gender, age, ethnicity, marital and disability status, and geographical area.
12. Guarantee that compensation procedures are transparent, equitable and accessible to affected people, and do not discriminate against women.
13. Governments should adopt legislation to acknowledge women as household heads to ensure equal property rights and equal access to social, and other services.
14. Adopt a human rights framework to relief and reconstruction work that guarantees access for all to information, opportunities and services without discrimination based on gender, age, ethnicity, religion, legal and disability status, with special attention to people who have been made more vulnerable as a result of disasters.
15. Support community-based and self-reliance initiatives.
16. Provide safety nets to cover women and all vulnerable groups, such as children, PWDs, older persons and migrants.
17. Promote the rights of children and youth, such as those stipulated by the Convention on Rights of the Child (CRC), considering their best interests and, among other things, to guarantee their access to health and education and to protect them from increased post-tsunami risks of substance abuse, trafficking and other forms of abuse.
18. Ensure women's rights are protected and promoted in accordance with the provisions of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW).
19. Assistance should be provided to people who have lost legal and other relevant documents and records.
20. Legal documentation and information about rights to land tenure and ownership should be made accessible and transparent to all stakeholders.
21. Ensure that policies on housing, land and property rights consider the specific needs of women and vulnerable groups.
22. Develop specific qualitative and quantitative indicators based on Sphere Standards and Humanitarian Accountability

- Principles (HAP) to monitor and evaluate progress in a participatory manner.
23. Ensure the provision of food, shelter, income security, health services, education (including special needs education) and personal security.
 24. Compulsory education should be provided free of charge.
 25. School curricula should include education on disaster prevention, preparedness and management.
 26. Ensure displaced school-aged children can re-enter and remain in school by supplying material assistance, including stationary, clothes, shoes and transportation.
 27. Direct priority to the reconstruction of school buildings that have been affected, and develop non-formal education programmes.
 28. Address socio-economic and legal situations that bring about the marginalization of vulnerable groups and women, and guarantee their protection from exploitation and violence.
 29. Ensure clean water storage and supplies, the sanitary collection/disposal of sewage and garbage, and make accessible and separate by gender toilet and bathing facilities.
 30. Protect children and women from sexual abuse through raising awareness of these issues and making reproductive health services more widely available. Also protect those who report sexual abuse.
 31. Encourage breast-feeding, and distribute feeding supplements equitably and according to universally-available growth charts.
 32. Make available drugs and referral services, including ambulance services and mobile clinics, as well as maternity and newborn immunization.
 33. Training should be provided to all health personnel, teachers, members of civil society, parents and older persons, in order to address gaps in psychosocial support in trauma situations.
 34. Expedite the reallocation of land, rebuilding of permanent houses and relocation of households, taking into account interests, needs and preferences of affected people, and local cultural and social institutions and principles.
 35. In the rebuilding of houses, local residents should be given priority for employment in construction work and in being awarded contracts.
 36. Standards and conditions of temporary housing, such as barracks, should be improved, especially considering the needs, safety and security of vulnerable groups and women.
 37. Create opportunities and comprehensive plans for sustainable livelihood activities, including new skills, access to capital (including credit and grants) and marketing opportunities.
 38. Livelihood assistance activities should take into account the changes in household roles and responsibilities resulting from the loss of an adult household member, which often bring about added burdens.
 39. Women (including widows), PWDs, youth and older persons, who are – as well as those who suddenly became – heads of households, should be given assistance, to support for their role as care givers, through grants. They should also have

- equal access to livelihood and training opportunities.
40. Build women's livelihood capacities and increase their opportunities through groups for women to work together and micro-finance (with waived interest for those affected by the tsunami), as well as consider their child care needs to facilitate their participation.
 41. Disseminate information in local languages on availability of facilities to start up livelihood enterprises and give priority in livelihood programmes to those with no access to other income.
 42. Encourage private sector partnerships for those promoting sustainable livelihood activities in tsunami and other disaster-affected areas, such as by granting tax exemptions.
 43. Develop sustainable livelihood programmes for tsunami-affected youth taking account of available resources and market potential, and introduce special loan schemes for them, including preferential interest rates.
 44. Develop community centres which include training for tsunami survivors to develop relationships and facilitate their reintegration at all levels.
 45. Ensure effective natural resource management of diverse ecosystems based on participation and consensus of all stakeholders – considering the needs and priorities of local communities as well as equitable access, control, and distribution of benefits of natural resources.
 46. Design and implement long-term, integrated, participatory planning to promote economic and environmental sustainability with equitable access to markets, which do not operate under exploitative conditions, by all vulnerable groups.
 47. PWDs and older persons should be included as among the most vulnerable and should be consulted in designing relief, reconstruction and development plans, as well as in adopting legislations and programmes involving them.
 48. Ensure that PWDs and older people have access to relief, social protection schemes (i.e. small regular cash payments) and opportunities to be productive using a sustainable rights-based, rather than welfare/charity approach.
 49. Raise awareness and build capacity of government and agency workers regarding disability issues and enact strong legislation to safeguard the rights of PWDs.
 50. Create awareness within the general public to eliminate negative attitudes and reduce social stigma against PWDs.
 51. Ensure physical accessibility incorporating the concept of universal design in the reconstruction process in all services and provide community based rehabilitation (CBR) and other forms of rehabilitation for PWDs.
 52. Implement inter-generational approaches in emergency, rehabilitation and reconstruction response programmes that recognize older person's needs and support their roles and inclusion.
 53. Ensure migrants have access to legal support, legal documents, social welfare, health care, compensation and assistance without fear of arrest or deportation, based on a humanitarian approach, regardless of citizenship, and in their languages.

54. Undertake a comprehensive census of migrants and migrant communities to aid Government, international organizations and NGOs to assess their needs, as well as include them in disaster preparedness plans.
55. In exceptional circumstances created by disasters, temporary suspension of arrests and deportation of law-abiding unregistered migrants should occur and opportunities should exist for them to travel to identify and claim the bodies of deceased family members and to provide support to fellow migrants.
56. State and non-state actors in disaster-affected conflict areas should refrain from activities which threaten the lives of people, and rebuilding and reconstruction should promote peace-building efforts.

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