

INTEGRATED PSYCHOSOCIAL CARE PROGRAMME FOR TSUNAMI AFFECTED COMMUNITY IN ALAPPAD PANCHAYAT IN KOLLAM

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1. TRAGEDY AT ALAPPAD IN KOLLAM DISTRICT, KERALA

- The death toll in Kerala was Officially reported as 196 persons
- The Alappad Gram Panchayat in Kollam district had the maximum death toll and devastation in the state, with 148 lives lost, 2194 houses completely destroyed and around 3000 houses seriously damaged. Over 30000 affected people were in relief camps.
- The Fishing community lost all its household possessions and livelihood assets, including fishing crafts and nets.

2. A HOLISTIC APPROACH AND PSYCHOSOCIAL SUPPORT

- ❖ **Cleaning the area and removing debris, providing drinking water and food, providing nutrition food to children and pregnant women, organizing community mess, creating temporary toilet facilities, providing sanitation kits and regularly visiting relief camps and listening to and consoling the affected people etc.**
- ❖ **The basic need support programmes included construction of temporary shelters and toilets, structural strengthening (retrofitting) of existing houses, maintenance and repair of damaged houses, providing kitchen utensils, food ration for vulnerable families and dress for school children and aged people.**
- ❖ **Modest interventions are also being made for helping needy families with income generation programmes.**
- ❖ **A comprehensive set of programmes were organised including child recreation centres and school students and youth recreation programme.**
- ❖ **Programmes for youth and school children included setting up libraries and organising study-cum-pleasure tour, arts and sports competition, community living camp and information collection, dissemination and guidance.**

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- ❖ **A school regeneration project, involving tsunami affected schools has been introduced which included maintenance and repair of damaged school buildings, repair and maintenance of urinal and latrines, construction of drinking water facilities, supply of school furniture, sports kits, library books computers and other accessories setting up of children's park and strengthening laboratory facilities.**
- **Sahayi addressed issues and groups, largely ignored by governmental and non-governmental organisations. Mental health of the tsunami victims was one such issue and Sahayi had to organize itself to meet the challenge.**
- **Seeking expertise from NIMHANS and DEEDS (an NGO), Bangalore and organizing Community Level Workers (CLWs) from among the tsunami survivors, Sahayi initiated a psychosocial care programme.**
- **The strategy involved three components: community participation; integrating psychosocial care with relief and rehabilitation programmes; and ensuring the sustainability of the psychosocial care programme for long term interventions.**

3.COMMUNITY PARTICIPATION

This was based on four factors:

- The self respect of the tsunami affected people needs to be restored through community participation in relief and rehabilitation. They don't want to be treated as beggars. The people wish that their dignity and self respect be acknowledged during this time of distress. The tsunami affected communities need to be actively involved in the decision-making process for formulation and implementation of relief and reconstruction activities, including decisions about rebuilding and relocation of housing and other services.
- The communities are clear in their desire to have a say in the utilization of resources and to regain control over their own lives. They desire transparency and accountability in the projects undertaken by various agencies, including government.
- Dependency needs to be reduced. While relief and charity are important in the immediate aftermath of a disaster, they should be replaced as soon as possible with assistance to people in regaining their livelihoods and control over their lives.
- There should be an effective role for the local self governance institutions and grass root NGOs and other civil society organizations in the programme planning and implementation and effective linkages among these agencies.

4. SPECIFIC STRATEGIES ADOPTED FOR PSYCHOLOGICAL INTERVENTION

- *i) Identification of Community Level Workers (CLWs):*The programme for psychosocial care was integrated with other relief and rehabilitation programmes. Community participation and involvement were ensured by engaging tsunami survivors from the locality as Community Level Workers.
- *ii) Strengthening the capacity of the CLWs:*A series of training organized such as
 - psychosocial care,
 - stress management,
 - Life skill education,
 - common mental Disorders
 - Child Care and management.
 - Communication, decision making, leadership and self development.

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- *iii) Regular Weekly/Monthly Review Meeting and Follow Up.*
- *iv) Linkages with other agencies*
- *v) Life Skill education for children and adolescents*
- *vi) Formation of a Community Based Organization.*
The CLWs have been encouraged to organize themselves into a community based organization and this organisation, with its own resources and programmes, including income generation and empowerment programmes, can carry on the psychosocial intervention when Sahayi leaves the scene.

5. Important Activities

- **Regular family visits**
- **Special group meeting for men**
- **Special care(Consistent visits and referral service**
- **Counseling services**
- **Library and recreation facility for children and students**
- **Community living camps for children and adolescents**
- Competitions, pleasure trips etc for children and adolescents
- **Basic need support and other material support**

6. Techniques Used

- **Ventilation, empathy, active listening, social support, relaxation techniques, emphasis on spirituality, externalisation of interests etc.**
- **Cognitive behaviours therapy (to counter depression), Systematic desensitization (to alleviate fear), Social skill training (to Improve social interaction), role playing (to face new responsibilities and situations)**

7.LEARNINGS

- **Disaster survivors need immediate psychological help as well as long-term community-based mental health support in order to deal with the mental health consequences such as post-traumatic stress disorder, depression etc. Major long-term commitments will be needed if the victims are to regain their mental health.**
- **The psychosocial care interventions in typical post disaster situations are often far inadequate, particularly when whole communities are affected.**
- **Programmes for restoring the mental health of disaster victims should be an integral part of the Disaster Management Plans of the national and state governments.**
- **The NGO interventions are often short term, although the impact of the disaster events on mental health is often long lasting.**

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- **Special attention needs to be bestowed on the psychological issues of women and the elderly in the post-disaster intervention.**
- **In the rehabilitation of disaster victims, emphasis has always been on the involvement and participation of the local community.**
- **Psychological care of disaster victims is no exception.**
- **The self-help and healing capacity of communities needs to be mobilized.**
- **The creation of long-term community-based mental health support, involving community level mental health workers will be especially vital.**
- **A comprehensive programme for training community level mental health workers shall be an essential part of the Disaster Management Plans of the national and state governments.**
- **The commitment and professional capacity of the local volunteers not only ensures continuity and sustainability of psycho social support but also ensures availability of a committed professional group whose services can be utilised else where in similar situations.**
- **Linking psychosocial support with socio- economic programmes would be an effective intervation strategy.**