



I D R M

International Disability Rights Monitor:

DISABILITY AND EARLY TSUNAMI RELIEF EFFORTS IN INDIA, INDONESIA AND THAILAND

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Top front cover photograph courtesy of Victoria Archer.

The mission of the Center for International Rehabilitation is to assist people with disabilities worldwide in achieving their full potential.

The mission of the International Disability Rights Monitor project is to promote the full inclusion and participation of people with disabilities in society and to advance the use of international law to ensure that their human rights are respected and enforced.



C I R

PREFACE

ABOUT THE INTERNATIONAL DISABILITY RIGHTS MONITOR

This is the fourth publication and the first special report of the International Disability Rights Monitor (IDRM) project. The project represents an ongoing collaboration between the Center for International Rehabilitation (CIR), the Office of the United Nations Special Rapporteur on Disabilities, Disabled Peoples International (DPI), and many other international and national disability groups. The goals of the IDRM project are to promote the full inclusion and participation of persons with disabilities in society and to advance the use of international humanitarian law to ensure that the rights of persons with disabilities are respected and enforced.

The impetus for the project grew from the reality that policy makers, the human rights community, treaty monitoring bodies, and global leaders have access to very little information about the extent or the nature of the challenges faced by persons with disabilities. The IDRM project addresses this gap by documenting the problems, progress and barriers experienced by people with disabilities in a coordinated, systematic and sustained way.

The purpose of this special report is to provide information on the status of people with disabilities in countries devastated by the December 2004 tsunami that struck Southeast Asia. People with disabilities are among the most neglected populations worldwide and risk neglect in the wake of the tsunami disaster. This report highlights the on-going need of local, national, and international agencies to include people with disabilities in relief and reconstruction plans.

Other IDRM publications include the 2003 International Disability Rights Compendium, which covered a broad range of topics of concern to the disability community and included a comparative analysis of disability law in 52 countries around the world. The IDRM also produces regional reports that document and assess the condition and treatment of people with disabilities internationally. Reports include a regional report card

summarizing the degree to which basic protections for the rights of people with disabilities are in place. The first regional report, the Regional Report of the Americas, was released in August 2004, and the Regional Report of Asia was published in August 2005.

The IDRM research network that is responsible for these reports consists of local and regional researchers drawn from the disability community. The researchers come together for regional training on IDRM data collection methodology then engage in extensive research in their home countries. Researchers consult with both government officials and leaders of civil society in preparing their reports. The research for this report was conducted during early 2005, and each researcher submitted a preliminary report. Reports were then edited by CIR staff before being returned to the researchers for their approval.

While the IDRM strives to be as comprehensive and accurate as possible, disability is a complex issue and presents inherent data collection challenges. Thus, the IDRM welcomes feedback from all sources. Through a cooperative effort, we can create a resource that will be of use to all those who wish to promote and protect the human rights of all persons with disabilities.

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ACKNOWLEDGEMENTS

The disability rights movement, like all movements, encompasses a broad array of individuals and organizations working together toward a common goal. Those who have made, and continue to make, important contributions to the field of disability rights are too numerous to mention. The IDRМ would like to acknowledge the significant contributions and hard work of the all of the organizations and individuals working to improve the lives of people with disabilities worldwide. Special thanks to the United Nations Special Rapporteur, Sheika Hissa Al Thani for her continued leadership and commitment to improving the lives of people with disabilities. In addition, the IDRМ would like to thank Thuraya Khahil and Dr. Sabri Rbeihat for all of their dedicated support and contributions to the report and the field of disability rights more broadly. In the United States, Senator Tom Harkin, author of the Americans with Disabilities Act, has been a champion of disability rights, as have Senator Dick Durbin, former Secretary of Health and Human Services, Tommy Thompson, and Congressman Tom Lantos.

In addition, the IDRМ staff would like to thank those who have contributed to and supported the production of this report. First and foremost, the IDRМ wishes to thank Disabled Persons' International (DPI) and its visionary President Venus Ilagan for their successful and collaborative partnership in the Regional Report of Asia. Without this collaboration, "Disability and Early Tsunami Relief Efforts in India, Indonesia and Thailand" would not have been possible. In particular, the IDRМ wishes to thank Topong Kulkhanchit, Asia Regional Development Officer (DPI), for contributions to the Thailand report and his general guidance and encouragement. Thanks also to Kay Nagata and Lene Mikkelsen of UNESCAP, who participated in the original IDRМ training sessions that served as the foundation of the project in India and Thailand. Furthermore, we would like to thank Don Lollar, Thomas Gilhool and other supporters of our research in the region.

The IDRМ gives special thanks to the three local researchers whose contributions form the body of this report. Their commitment to the field and ability to secure the most accurate and timely information on

disability and the tsunami in the affected countries are remarkable. Each researcher traveled to the affected areas after the tsunami to obtain the vital information provided in this report. At the time they conducted their research, travel was very difficult due to the poor infrastructure and health systems within the affected areas. The quality of this report is a testament to their abilities. The IDRM would also like to thank the Center for International Rehabilitation's Vice-Chairman, Donovan Webster, for his involvement in the development of the report and his training and fact-finding trip to the affected areas shortly after the disaster. The IDRM researcher training that he provided was an invaluable and important addition to the success of the report.

Finally, the IDRM wishes to thank all of the staff members from the Center for International Rehabilitation (CIR) whose hard work made this report a reality. The IDRM would not exist without the dedicated work of Dr. William Kennedy Smith, Chairman of the CIR and IDRM founder. His ideas and efforts are the basis upon which this important project rests, and we thank him for his on-going guidance and unfailing support. Many thanks also to President Maria Veronica Reina; Director of Publications, Katherine Dorsey, Ph.D; International Coordinator, Anne Hayes; and Assistant Editor, Kelly Hamel. Thanks also to Bonnie Michel for the layout and art design of the IDRM reports, and Emmet Regan for his assistance in research coordination.

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2005 IDRM RESEARCHERS: TSUNAMI-AFFECTED AREAS

INDIA, RITU KUMAR

Ritu Kumar has devoted her entire professional career to advocating for the rights of people with disabilities, first as a teacher and then as a disability rights lawyer. Ms. Kumar worked as a Legal Assistant in the Office of Chief Commissioner for Persons with Disabilities in New Delhi and the National Human Rights Commission in India, under the NHRC-CHRC-IGNOU Linkage Project, to provide Disability Law & Human Rights training for law professors, disability activists, and lawyers. Ms. Kumar holds diplomas in Special Education and Human Rights and a Bachelor's degree in Law.

INDONESIA, CUCU SAIDAH

Cucu Saidah has been working for and among persons with disabilities in Indonesia and in neighboring countries for approximately 10 years. After receiving her degree in Special Education from the Indonesia University of Education, Ms. Saidah served as a volunteer Special Education teacher in Bandung for five years. Furthering the development of her expertise in this area, she participated in a one-year training program for Asia Pacific Persons with Disabilities in Japan. Most recently, Ms. Saidah worked at the Inter-American Development Bank in Washington, DC as a consultant on disability issues for the Japan Program.

THAILAND, PRAYAT PUNONG-ONG

Prayat Punong-ong has been working for and among people with disabilities in Thailand and all its neighboring countries since 1978. He founded the Christian Foundation for the Blind in Thailand and was its President for a number of years. He has also served people with disabilities in leadership positions of various other national and international agencies. He maintains a rigorous schedule as lecturer and consultant to National and Provincial Governments and NGO's on education, health, and civil rights policies for the blind and all people with disabilities in Thailand, as well as the rural poor population. He

was appointed to several committees of the Ministries of Education, Health, Agriculture, etc. At the international level, he is a researcher for various United Nations bodies, including UNESCO and the UN Food and Agriculture Organization (FAO).

FOREWARD

The Asian tsunami and its tragic results are slowly disappearing from the media, with other world events taking precedence. However, for the people affected by this tragedy, it will be many years before normalcy returns and they are able to recover their lives and livelihoods and move beyond the pain of loss. Now that the intensive relief operations have ended and the world has turned its attention to other events and concerns, it is time to begin the more focused work of assessing the needs and planning for the aid and rehabilitation of specific populations. Particularly as countries and communities look to rebuilding their infrastructures, we need to ensure that reconstruction takes into consideration all aspects of accessibility for persons with disabilities.

From all news reports it is obvious that the government and people of the affected countries have shown remarkable resiliency and courage in the face of this catastrophe. However, we have heard very little about the plight of persons with disabilities during this difficult time.

Since the tsunami of December 26, 2004 is not the first natural or man-made disaster, nor, unfortunately, will it be the last, it is imperative to make sure that people with disabilities are no longer marginalized or ignored in both the relief and reconstruction. In the world today, disaster preparedness has become a necessity. We, therefore, must take appropriate measures to ensure that the relief efforts and the subsequent reconstruction are inclusive of all members of society.

In my capacity as United Nations Special Rapporteur on Disabilities, it is my responsibility to monitor and assess governments' implementation of the Standard Rules on Equalization of Opportunities for Persons with Disabilities (Standard Rules) and to advance the status of people with disabilities throughout the world. Although the Standard Rules does not specifically address measures on how to include people with disabilities in disaster relief and reconstruction efforts, "equalization of opportunities" signifies that access to services, activities and programs should be made available to all individuals, particularly to persons with disabilities. The inclusion of people with disabilities in something as important as access

to food, water and shelter after a disaster is imperative and should be viewed as a basic human right.

This project serves as a valuable tool to gather information on the situation of persons with disabilities after the tsunami, and allows local and national governments, disabled persons' organizations, and relief and aid organizations, among others, to deliver more targeted aid to the people that need it the most. This disaster has brought home to us all that there are no contingency plans in any country in the world that are particular to persons who have mobility, sensory, developmental or psycho-social disabilities.

Oversights made in current or past disasters need not be repeated in the future. As countries move forward in reassessing and designing their emergency plans, this report will help to educate policy-makers on how to develop programs and policies that are accessible to all people. Moreover, with the new tsunami warning system being put in place, this project will help governments determine that warning systems, evacuation measures, shelters and emergency services are accessible to persons with different kinds of disabilities.

Although it is undeniable that the December 26th tsunami was one of worst natural disasters the world has ever experienced, the affected countries and the rest of the world can learn from this experience and improve relief and reconstruction efforts. This report should be viewed as valuable lessons learned and a starting point for creating emergency related policies and programs that are more inclusive for all people, including people with disabilities.

INTRODUCTION

THE INDIAN OCEAN tsunami of December 26, 2004 was among the most cataclysmic events of our time. In the 30 minutes during which the earthquake-driven waves came ashore, 283,000 people in 13 countries were reportedly killed; another 114,000 are still listed as missing, and more than 5 million survivors were displaced from their homes, losing most of their possessions. Collectively, the tsunami created one of the largest and most-unwieldy humanitarian-aid crises in history.

In the weeks following the tsunami—and owing to the enormous breadth of the damage and the isolating wreckage left behind—little reliable information about needs or losses could be generated, not to mention made available to a world ready to lend help. This lack of data was particularly evident with regard to tsunami survivors who were also members of the disability community: individuals already marginalized, underrepresented, and often virtually invisible before the terrible events of last December.

To investigate the lives of people with disabilities in the wake of the tsunami, the United Nations' Special Rapporteur on Disabilities partnered with the Center for International Rehabilitation to conduct an in-depth assessment of the situation facing survivors with disabilities, focusing on Indonesia, Thailand, and India: three of the nations hardest hit by the tsunami. In February of 2005, I traveled to the tsunami zone for the first phase of this project. Following this preliminary assessment, local disability advocates in each of the three countries collected extensive information about the ongoing situation. Together with the help of several dedicated CIR staffers in Chicago and Washington, DC, our team began piecing together this integrated look at the tsunami and its toll on disability populations in each of these nations.

Inside this report, readers can see not only how the tsunami affected people with disabilities in south Asia, but what key factors, disaster management plans, relief services, social programs, and existing emergency preparedness programs were in place for both the general

and disability populations in each country at the time of the tsunami and since.

DURING MY MONTH in south Asia, it quickly became evident that how well a person with disabilities fared in the days, weeks, and months following the tsunami was directly related to whether their country had solid policies and support for people with disabilities prior to the tsunami. The lack of such support can lead to a disproportionately heavy impact on people with disabilities by excluding them from their communities as well as from government assistance. In India, for example, many people with disabilities and their families live in poverty due to lack of educational and employment opportunities and so are unable to afford regular housing. Yet India's Emergency Assistance program is set up so that only people with recognized street addresses in fixed, registered buildings were eligible to receive government or post-tsunami aid. This policy disenfranchises large portions of the disabled, many of whom were living in unregistered shanty villages near seashores and ports.



Banda-Aceh

No two people illustrate this disconnect more clearly than a young man and woman I met one afternoon while conducting interviews with Ritu Kumar, the author of the Indian country report, along an Indian Ocean beachfront district roughly 10 miles south of Chennai (Madras). The first of the two, Kannan, was a 21-year-old man and the proprietor of a public telephone bureau: an office where local people without telephones can come to make calls. Born with a congenital physical disability and a survivor of childhood polio, Kannan was in his second-floor apartment a few blocks off the beach when the tsunami hit. While he and his home survived the tsunami, his office, which faces the beach, was destroyed. For Kannan, though, all was not lost. Because he had a listed address that was affected by the tsunami, he told me: "Relief efforts have been great. My life has never been so good. I have plenty of food, clothes, medicines, and medical support." Using disaster relief loans, by late February, Kannan's telephone office was again thriving.

But just 200 yards away from Kannan's shop, a 26-year-old woman named Durga Devi was truly scraping out a survival existence. Also a childhood polio survivor, she had no job at the time of the tsunami and lived on the beach in a covered platform of bamboo and plywood. Nearly drowned in the tsunami—she was washed 1,000 yards inland, and was rescued by some people who had taken refuge in a bus shelter—she lost everything. Because she has no recognized street address, Durga Devi has received no aid in any form. "Not food. Not clothes. Not medical care. Nothing," she told me. "I look at these people, with their addresses, and I think of what little separates those who are living well and eating well from those—like me—who spend every day and night on the verge of starving. The tsunami almost took my life, almost killed me. My new life after the tsunami, some days, I think will be the thing that finally kills me. I live one day [at a time], not thinking of tomorrow. Some nights, I live one hour to the next."

ALL ACROSS THE tsunami zone, despite the swift national and humanitarian emergency-aid response, the bringing of potable water, medical care, stores of food, and shelter to the hardest hit areas was patchy and chaotic, with little aid arriving to the scenes in an organized and clearly advertised way. Still the assistance and medical expertise

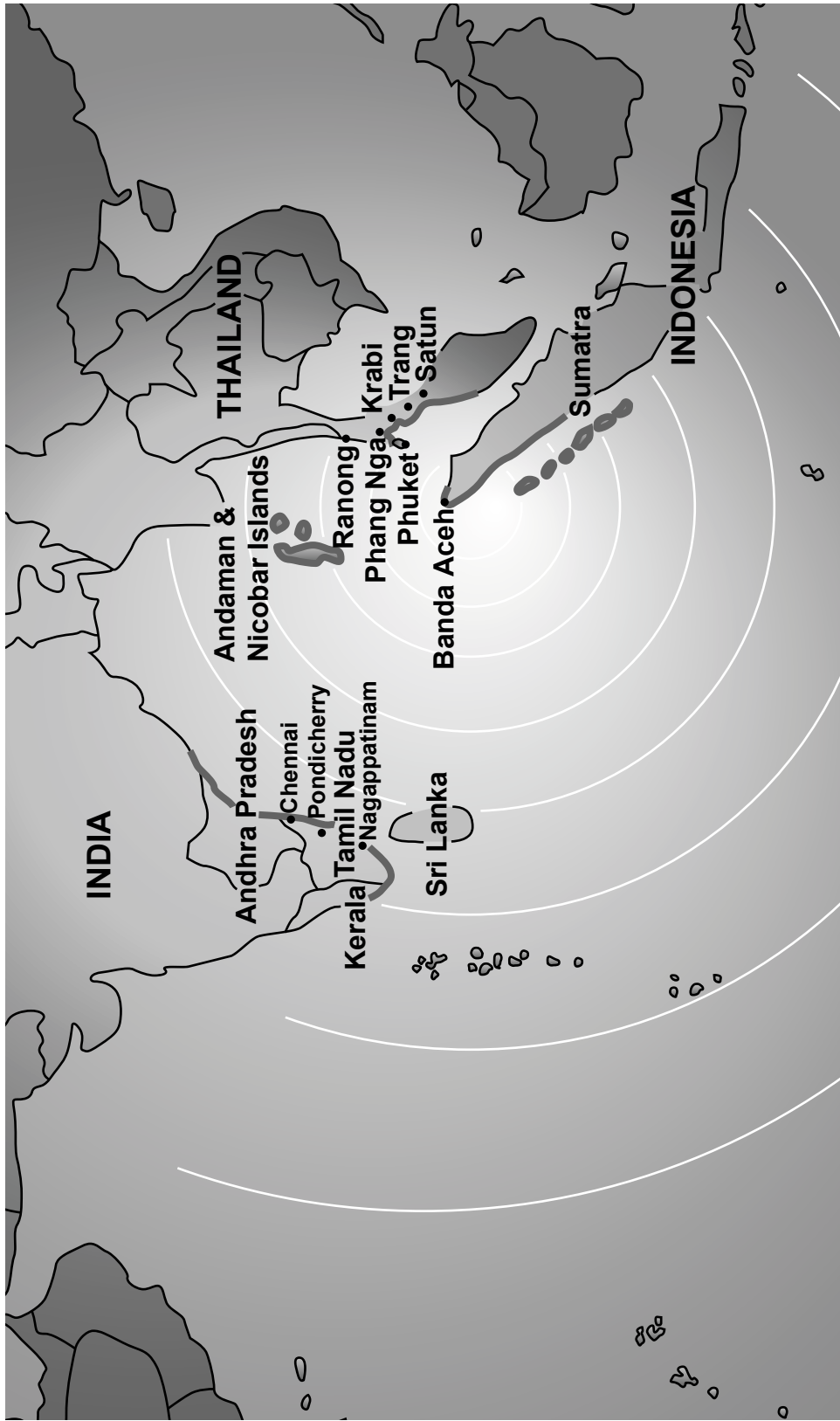
was enough to stave off the much-feared “second wave” of tsunami-related deaths due to pathogenic disease across all tsunami zones.

Now, the situation along the Indian Ocean seems to have stabilized. There remain years of clean-up ahead: on February 10, 2005, while I was visiting in Banda Aceh, Metro News Television in Indonesia reported that the International Committee for the Red Cross estimated “at least six more months of searching would be required” before all tsunami casualties might be recovered in Aceh Province. From my visits to the cities and remote jungle refugee camps of Indonesia, Thailand, and India, this estimate seems optimistic.

But even as recovery and assistance move forward for survivors of the tsunami—both those with and without disabilities—there are new and important hurdles to address as rebuilding begins. Obviously, with this rebuilding process comes a great opportunity to create more-inclusive spaces. In Thailand, Lt. Colonel Topoing Kulkhanchit, of Disabled Peoples International in Bangkok, sees a unique moment for the Thai government to further implement its 1991 policy to create disability-accessible public areas. “Despite the terrible event of the tsunami, there now comes a time when, perhaps, we can make great strides forward for accessibility at tourist places. After all, people with disabilities like to visit the beach, as well.”

Thankfully, in the case of the south Asian tsunami, the immediate response and rescue is over, but much rebuilding – of lives and of cities – remains to be done. As the people of the tsunami zones move to regain their lives, assisted by those charged and ready to help, an opportunity exists to make life more equitable for a sector of people who, prior to the disaster, were already being kept out of the mainstream of their communities. As the rebuilding moves forward, we should all remember to help it do so in a more inclusive and enlightened manner.

Donovan Webster
May 31, 2005



EXECUTIVE SUMMARY

On 26 December 2004, a 9.0 magnitude earthquake struck the Indian Ocean near Indonesia. The quake resulted in a series of tidal waves that caused immense destruction and loss of life throughout the region. Six months after the disaster, the official death toll for the eight affected countries stood at over 176,000 people dead, with ongoing efforts to recover bodies and more than 50,000 people listed as still missing.¹ In addition, hundreds of thousands of survivors were displaced from their homes, schools and places of employment. The extent of the devastation generated an outpouring of humanitarian aid, with relief workers from around the world swiftly bringing assistance. The recovery effort is expected to be on-going for several years.

As with any such massive undertaking, the results must be examined in order both to suggest improvements for future efforts as well as to highlight ways in which the continuing recovery can be improved as it moves forward into reconstruction. Although the Tsunami Evaluation Coalition has been formed to conduct an overall evaluation of the tsunami response,² it is also important for specific groups and sectors to conduct more focused evaluations. In particular, it is essential for marginalized or vulnerable groups, which might be more likely to be excluded from other evaluation efforts, to analyze the response from their experiences. This report is one such effort and examines the extent to which people with disabilities were included in the tsunami response efforts.

Understanding the tsunami response as it relates to people with disabilities is an important undertaking. The World Health Organization has estimated that around 10% of the world's population consists of people with disabilities. Although official disability statistics within the region cite much lower numbers of people with disabilities, there are numerous concerns about the validity of those figures.³ People with disabilities are often excluded from the everyday life of their communities, with little

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1. USAID, Indian Ocean: Earthquakes and Tsunamis, Fact Sheet #39, 7 July 2005.
 2. ALNAP, Tsunami Evaluation Coalition (TEC) Online Forum: Promoting a sectorwide approach to evaluations of the tsunami response, <http://www.alnap.org/tec/>.
 3. International Disability Rights Monitor, IDRM: Regional Report of Asia, 2005.

access to education or employment. Despite their sizeable numbers, in many countries they are a largely forgotten segment of the population. According to the International Disability Rights Monitor Regional Report of Asia, none of the countries included in this report – India, Indonesia and Thailand – are among the most inclusive nations for people with disabilities.⁴ Because of the systemic exclusion faced by many people with disabilities, the dangers of being left out of recovery efforts are substantial, and learning from past experiences to improve future efforts is vital.

METHODOLOGY

The International Disability Rights Monitor (IDRM) documents and assesses the rights and treatment of people with disabilities internationally. The genesis of the project lies in the dearth of the data on the actual every day conditions in which people with disabilities around the world live. The results of two regional reports have shown that even under normal circumstances, people with disabilities are marginalized and forgotten. After the devastation caused by the 26 December tsunami, the IDRM and the United National Special Rapporteur on Disability joined together to monitor and report on the inclusion of people with disabilities in the recovery efforts. In addition, it was hoped that the effort to ensure that the voice of people with disabilities would be heard by the reconstruction efforts. This report documents the successes and shortcomings of the first six months of the recovery.

The methodology employed for this report is based on the same methodology used for previous IDRM reports. Because of the challenges inherent in collecting reliable information about the situations of people with disabilities, a dispersed reporting network, which is comprised of local researchers who are familiar with and engaged in the disability

4. See the IDRM: Regional Report of Asia for a detailed description of laws, policies and programs, as well as reports on how well these mechanisms are implemented. The report includes seven countries: Cambodia, China, India, Japan, the Philippines, Thailand and Vietnam. A country report for Indonesia was not available for the initial version of the report.

communities of each country, is central to the IDRM methodology. The IDRM research network allows us to seek out, analyze, and organize information that has never before been collected on this scale. Each researcher involved in this report received in-person training on research, interview and reporting techniques conducted by CIR Vice-Chairman, Donovan Webster. In addition, Mr. Webster conducted a brief fact-finding mission in conjunction with the trainings in February 2005.

The IDRM methodology consciously combines a quantitative approach, eliciting data that is comparable across countries, and a qualitative approach to obtain textured responses that will support a narrative description of the situation in each country. Researchers are provided with a research guide but are also encouraged to broadly document situations and circumstances in their locale. The questions used to guide the research contained in this report were adapted from a survey designed in collaboration with the Pan American Health Organization (PAHO) to assess the extent to which people with disabilities are included in emergency plans within the Americas. The questions were developed through multiple meetings and discussions, and based upon initial discussions with experts working in the field of emergency response, it is clear that as people with disabilities are often marginalized from programs in policies in general, they are also especially ignored or forgotten in terms of inclusion in emergency plans and relief efforts.

The adapted research guide includes 34 questions related to the relief and reconstruction effort and are divided into five areas: background on disability and legislation, emergency response and mitigation plans, impact on the tsunami and people with disabilities, assessment of the currently relief efforts, and coordination and involvement of disabled peoples' organizations (DPOs) in the relief and reconstruction efforts. Researchers were asked to obtain statistical materials and interview national and local governmental officials, local and national disability advocates as well as other individuals or organizations involved in provide relief and aid. The IDRM staff reviewed and edited the reports, conducting indepth fact-checking and additional on-line research.

TSUNAMI RELIEF AND RECONSTRUCTION

Disability Population and Inclusion

In the period immediately following the tsunami, it was originally assumed that a large number of people would acquire physical disabilities as a consequence of the disaster. Major natural disasters often result in widespread serious injuries caused by the initial disaster or subsequent infectious diseases. Overall, however, this expectation does not seem to have played out in most affected areas. From the information that is available, mental or psychosocial disabilities account for the majority of new disabilities. With regard to physical disabilities, it appears that the rate of new disabilities was lowest in those areas that were hardest hit. In particular, Indonesia and the Nicobar and Andaman Islands of India appear to have had a much greater fatality rate than injury rate. The rate of newly disabled may be somewhat higher in other areas of India and Thailand, but systems for collecting information about people with disabilities are poor throughout the region. Thus, as with disability statistics more generally, existing information must be regarded with caution and follow-up data collection is necessary.

The impact on those who had a disability prior to the tsunami is similarly hard to assess. In the hardest hit areas, people with disabilities seem to have fared worse than the rest of the population in terms of survival. In areas where fatality rates were lower and effects were more likely to concentrate on personal property or economic livelihood, the situation of people with disabilities tended to be dependent upon identification or registration systems. Thailand maintains a registry for people with disabilities and was able to use this registry to provide extensive and timely assistance to registered individuals. Similarly in areas of India, formal street addresses were used in the delivery of assistance. Individuals with disabilities who had permanent street addresses were often able to access much needed goods and services. In both countries, however, people with disabilities who are outside those formal systems of identification were largely excluded from aid, amplifying the negative effects of the disaster itself.

People with disabilities have also been largely excluded from the relief effort at the level of non-governmental organizations (NGOs) and

other relief agencies as well. In many instances, participants reported that awareness was low, with disability not being a topic of discussion at the majority of organizing and coordinating meetings. When people with disabilities were discussed, little concrete action resulted, due to a perceived lack of expertise within most multilateral agencies and international NGOs. The relative lack of disability-specific organizations and DPOs in many of the affected areas compounded the overall lack of awareness and experience in the area.

Basic Needs: Shelter, Food and Water, Access to Health Services

With the destruction of the tsunami, access to basic needs such as food, water and shelter became a priority for survivors. Large numbers of people were displaced from their homes, which were damaged or destroyed, and most areas responded by constructing temporary camps and shelters. By and large, these temporary shelters were not constructed in a way that made them accessible to people with physical disabilities. Even when the temporary shelters themselves were barrier-free, such as in India, the latrines were not made accessible, compromising the overall accessibility of the camps. Some officials appear to have been receptive to suggestions that further shelter construction be made accessible, but there is a lack of the expertise necessary to accomplish the task.

The lack of accessibility created not only problems for the immediate need of shelter, but also other problems of access. To the extent that additional relief services, such as food distribution or medical services, were concentrated through the shelters, these services also became inaccessible. Furthermore, the location of other facilities, such as schools, within shelter buildings rendered these more long-term services inaccessible as well.

Although food and water distribution was problematic to the extent that it relied on a system that was already closed to many people with disabilities, other efforts were reported that extended beyond the shelter system. In India, the use of community and family distribution networks were reported to have worked in some instances. Nevertheless, for people with disabilities living independently or whose families might have been disrupted by the disaster, excessive reliance on such distribution systems could create problems.

One of the aspects of the response that is reported to have been among the most inclusive was the effort to communicate information about relief activities and, specifically, locations of health facilities. Critical information was communicated through multiple channels to reach the greatest possible number of people. As a result, people with sensory disabilities who may be unable to receive information through some channels would have been able to receive information through a method accessible to them. Among the simultaneous methods of communication used were radio, printed messages such as posters, and selective outreach campaigns, some of which specifically targeted people with disabilities.

The affected areas were confronted with a number of challenges to public health following the disaster, including the loss of important infrastructure and personnel. For people with disabilities, this damage manifested itself in their lives in a variety of ways. For example, new assistive devices have been made available in all three countries, but the demand is far greater than the items that have been supplied.

Perhaps the biggest health challenge faced in the affected-areas is the inadequate mental health or counseling resources. People with disabilities report an overall lack of capacity both before and after the disaster. Since the tsunami, NGO's have played a large role in provision of mental health care, and many have also conducted training to provide local mental health resources going forward. Nevertheless, the services in this area have been slow in coming and follow-up has been inadequate. In some areas within India, it was approximately 6-8 weeks post-disaster before mental health services were available. Furthermore, like many other relief services, mental health services focused on shelter or were concentrated in locations that were inaccessible to most people with disabilities due to a lack of transportation options.

Reconstruction

The second and equally important stage of the recovery effort is reconstruction, which focuses on rebuilding damaged and destroyed infrastructure and returning survivors to the activities of everyday life. Because accessibility and inclusion more generally were lacking in all affected areas, the reconstruction process represents an important

opportunity to rebuild in a way that ensures the participation of everyone. It is typically easier and less expensive to build inclusive, accessible systems than to attempt to retrofit older, inaccessible ones. For example, a new building designed and constructed according to the principles of universal design does not cost much more than any other building, but attempts to renovate buildings to make them accessible can be complicated and prohibitively expensive. Nevertheless, the majority of post-tsunami reconstruction work appears to be progressing without significant input from or consideration of people with disabilities. Although people with disabilities are mentioned as a target group in some disaster plans, these plans include no concrete recommendations for how to foster inclusion through the reconstruction process.

Most reconstruction – of homes, schools, public buildings, tourist sites – is proceeding without addressing issues of accessibility. Where accessible design has been reported, it is primarily limited to specialized facilities designed for people with disabilities such as special schools or rehabilitation facilities. Although there have been some official expressions of interest in accessible construction of public buildings, little concrete progress has been observed. There have been isolated training sessions for those directly involved in the rebuilding, but lack of expertise on accessible construction remains a significant problem.

With regard to everyday activities such as education and employment, people with disabilities were largely excluded from these realms prior to the disaster. Thus, substantial needs for education and vocational training exist along side the support needed by those whose businesses were damaged in the disaster. The participation of some international groups such as UNESCO that mandate accessibility for people with disabilities suggests that there is some possibility that such needs will not be forgotten. However, lack of local awareness may weaken implementation.

CONCLUSIONS: DISABILITY RIGHTS IN EMERGENCY SITUATIONS

Taken together, the pieces of this report show that despite the dedicated, intensive, well-funded relief efforts, people with disabilities living in the affected areas continue to experience a loss of their human rights – both

through the devastation of the disaster itself and through overall exclusion from the recovery efforts. In the wake of a disaster, the notion of rights may appear to vanish behind the reality of the immediate needs of all survivors. However, it is precisely the issue of rights that lies at the root of humanitarian efforts following disasters and emergencies. The right to life and personal security is a significant concern for first emergency responders. The distribution of food and sanitary drinking water during early relief efforts protects survivors' right to health. Reconstruction aims to restore the right to shelter, education and work. Ultimately, all those who labor in the wake of a disaster are laboring to help survivors reclaim their fundamental human rights – rights that should be equally available to all. The continued exclusion of people with disabilities from the exercise of fundamental human rights – both in the wake of disasters and more generally – is a vital issue that needs to be addressed.

An analysis of the post-tsunami recovery effort indicates that there appear to be two primary obstacles to better inclusion of people with disabilities. First, there is a lack of concrete, disability-related standards for relief workers. Although disability is included in the most recent version of the Sphere standards, it is in a very generalized way that may increase barriers to implementation. For example, the section on malnutrition among people with disabilities states that “no guidelines currently exist for the measurement of individuals with physical disabilities” and refers the field workers to “the latest research findings.”⁵ With so little guidance, it is unsurprising that people with disabilities continue to be excluded. Although the localized needs of individuals with disabilities should ideally be consulted in every disaster situation, the development of some minimal standards to be incorporated into international standards documents would hopefully aid implementation as well as act as an awareness-raising tool for field workers.

Second, there continues to be an overall lack of disability awareness and relevant expertise at both local and international levels. At the local level, awareness-raising campaigns by and capacity building for disability organizations are necessary. Although awareness-raising is not a panacea, the general receptiveness of many officials to suggestions

5. The Sphere Project, Charter and Minimum Standards in Disaster Response, 2004 Edition, p. 186.

for including people with disabilities in the reconstruction indicates the importance of such efforts. Moreover, building the capacity of local disability organizations will help ensure the participation of people with disabilities going forward. At the international level, increased training of international agencies and relief workers around issues of disability is critical if disability is to be incorporated into actual implementation of recovery efforts. Finally, improved coordination and collaboration between international agencies and disability organizations is needed in order to create, manage and properly utilize the necessary expertise. If recovery efforts themselves are not inclusive, then the reconstruction they are trying to effect will likely fall short as well.

**DISABILITY AND EARLY
TSUNAMI RELIEF EFFORTS**

COUNTRY REPORTS

INDIA

KEY FACTORS

In post-tsunami India, very few disability organizations are involved in rehabilitation and relief efforts. As a result, there is little awareness among government officials of the kind of services that people with disabilities need. Therefore, except in a few isolated cases where disability organizations are active or where government officials are taking a personal interest in the construction of special schools or other facilities, the needs of people with disabilities are being overlooked. The primary service provided to people with disabilities in affected areas has been the distribution of assistive devices.

TSUNAMI BACKGROUND

The earthquake that occurred off the coast of the Sumatra region of Indonesia on 26 December 2004 was the fifth largest earthquake since the beginning of the 20th century and the largest in the last 40 years. The earthquake, which registered a magnitude of 9.0 to 9.3 on the Richter scale, resulted in deadly tidal waves that ravaged the whole of South Asia and killed approximately 200,000 people.¹

GENERAL STATISTICS

The central coast of India's Tamil Nadu state and the Andaman and Nicobar Islands were hardest hit by the tsunami. In Tamil Nadu, the Nagapattinam and Cuddalore districts were among the worst affected areas. The coastal areas of Pondicherry, Andhra Pradesh and Kerala

1. Wikipedia OnLine Encyclopedia, "2004 Indian Ocean Earthquake", 10 February 2005, http://en.wikipedia.org/wiki/2004_Indian_Ocean_earthquake; "World Health Organisation (WHO)", Tsunami situation report: India, 9 January 2005, http://www.infoplease.com/spot/who.int/hac/crises/international/asia_tsunami/ind/2005_01_09/en/.

were also affected, but to a lesser extent. The tidal waves ranged from 3 to 10 meters in height and in some places reached as far as 300 meters to 3 kilometers inland.²

The 572 Andaman and Nicobar Islands (38 of which are inhabited) lie in the Bay of Bengal, just north of the earthquake epicenter and therefore suffered the most damage. The Nicobar Islands are inhabited by the Onge, Sentinelese, Jarawas, Great Andamanese, Shompen and Nicobarese tribal groups,³ and prior permission from the government of Andaman and Nicobar is required to travel there, in order to safeguard the privacy rights of the tribal groups. The waves that hit the Nicobar group of islands reached an estimated height of 15m. All of the islands in the Nicobar group suffered extensive damage. Among the Andaman Islands, primarily the Little Andaman and parts of the South Andaman Islands were affected. Most people from Little Andaman and the Nicobar Islands were evacuated to Port Blair in South Andaman after the tsunami, but they have since returned to their islands. The North Andaman, Middle Andaman and South Andaman Islands suffered considerably less damage.

As a result of the tsunami, 10,749 people have been reported dead: 1,899 in the Andaman and Nicobar Islands; 7,983 in the coastal districts of Tamil Nadu; 591 in Pondicherry; 171 in Kerala; and 105 in Andhra Pradesh.⁴ The total number of missing persons is 5,640; 5,554 of whom are from the Andaman and Nicobar Islands and are feared dead.⁵

In addition to those who lost their lives, over 6,500 people report having suffered serious injuries: 3,247 in Tamil Nadu;⁶ 1,514 in Andaman and

2. World Health Organization (WHO), "Tsunami Update 3 months on" , 26 March 2005 (http://www.who.int/hac/crises/international/asia_tsunami/3months/ind/en/index.html).
3. The Rediff News Agency "Only an actual survivor of Adaman Tribes will ensure they are safe," 30 December 2005, <http://www.rediff.com/news/2004/dec/30inter1.htm> .
4. <http://ndmindia.nic.in/Tsunami2004/sitrep35.htm>; Ministry of Home Affairs, Government of India, Special Situation Report 35, dated 18.01.05, No.32-5/2004-NDM-I.
5. *Ibid.*
6. G.O. Ms. No. 3 dated 3.1.2005, Revenue Department, Tamil Nadu, India.

Nicobar Islands;⁷ 500 in Pondicherry;⁸ and 1,707 in Kerala⁹. The total population affected by the tsunami is reported to be 2,726,596.¹⁰

On the mainland, 157,393 dwelling units in 897 villages have been damaged.¹¹ In addition, 10,260 hectares of farmland and 60,760 boats were damaged.¹² As per preliminary estimates of the Indian government, the total financial loss for the mainland states of Tamil Nadu, Andhra Pradesh, Kerala and Union Territory of Pondicherry has been estimated at INR 70 billion (US dollar 1.56 billion).¹³ Almost all of the Nicobar Islands need to be rebuilt.



7. Andaman and Nicobar Administration, Daily Report dated 2nd April, 2005, Ministry of Home Affairs (NDM Division), "Damages due to tsunami."

8. Office of the Secretary (Revenue)-cum-Collector, Government of Pondicherry, Progressive Report as on 09.03.2005.

9. Government of Kerala, "Tsunami Relief Operations in Kerala ", 10 January 2005 <http://www.kerala.nic.in/tsunami.html><http://www.kerala.nic.in/tsunami.htm>; Tsunami Relief Operations in Kerala, updated as on 10.01.2005, Government of Kerala.

10. Ministry of Home Affairs, Government of India, Special Situation Report 27, dated 09.01.05, No.32-5/2004-NDM-I, Annexure I; <http://ndmindia.nic.in/Tsunami2004/sitrep27.htm>.

11. *Ibid.*

12. *Ibid.*

13. *Ibid.*

EMERGENCY PLANS

Prior to the tsunami, India did not have a national disaster plan in place, and disaster management and coordination was the responsibility of the individual state or province. However on 11 May 2005, as a direct response to the tsunami disaster, the Indian government introduced a National Disaster Management Plan “to ensure it is better prepared to tackle natural and man-made catastrophes in the future.”¹⁴ Each of India’s 29 states and the hundreds of administrative districts will be required to set up a disaster management authority.¹⁵

In the first phase of tsunami response, the Administration, Armed Forces, NGOs and civil society undertook massive rescue and relief operations, looking for survivors and rushing food, clothing and medicines to those affected. Relief camps were set up to provide immediate basic needs such as food, clothing and shelter. The provision of basic health services was carried out by nongovernmental organizations (NGOs), civil society and the government. In cooperation with USAID, the government targeted certain beneficiary groups in its relief efforts, including at-risk populations, but the strategy did not mention people with disabilities.¹⁶

Due to the large scale of the disaster, India’s states and Union Territories were not prepared to manage the relief effort without the central government’s assistance. The Ministry of Home Affairs was the initial focal point for coordination of response measures and has been working with all responders: the affected states and Union Territories (UTs); the Ministries and Departments providing emergency support, including the Ministry of Defense and Armed Forces; other states offering assistance to affected areas; and NGOs.¹⁷ The government has also created a multi-sector core group for planning and implementation of post-tsunami recovery and rehabilitation programs. The group has three sections: Financial Advisory, Program Management and Coordination, and Engineering and Design. The core group is intended to be “an

14. Kamil Zaheer, “Shaken by tsunami, India brings in disaster bill,” Reuters News Agency.

15. Yahoo News 11th May, 2005.

16. United States Agency for International Development (USAID) “India Strategy 2003-2007” //www.usaid.gov/in/LookingAhead/strategy6.htm.

17. *Ibid.*

inter-departmental coordination mechanism to be convened on a regular basis for planning and monitoring the entire recovery and rehabilitation program.”¹⁸

Financial assistance to the relief effort was provided by the Calamity Relief Fund (CRF) and the National Calamity Contingency Fund (NCCF), both of which exist for such disasters. The National Calamity Contingency Fund (NCCF) was augmented by 5 billion Rupees (Rs)¹⁹ (approximately US\$11.5 million), of which Rs. 2.5 billion were provided to Tamil Nadu, and Rs.1 billion were given to both Andhra Pradesh and Kerala. Pondicherry and the Andaman and Nicobar Islands received an additional Rs.350 million and Rs.2 billion respectively.²⁰ In disbursing funds, the CRF and NCCF used a list of standard items and normal expenditures that was last reviewed in March 2003.²¹ The states and UTs followed these specifications for distribution of financial assistance and other relief items. In addition, the central government announced special relief packages for the families of the dead and injured and an ex-gratia of Rs.100,000 from the Prime Minister’s National Relief Fund was to be provided to the next of kin of the deceased.²²

Although estimates of the damage caused to the mainland states and UTs are still being worked out, the Andaman and Nicobar Islands are comparatively being ignored due to their isolation. On the islands, an Integrated Relief Command (IRC) has been set up which is also being coordinated by the Ministry of Home Affairs, located in the mainland of India.²³ The relief efforts are focused on the worst-hit Car Nicobar Islands and the aboriginal tribes who are living there. The personnel of the Unified Command of the Army, Navy and Air Force are focused on relief work in the area.²⁴ Although many NGOs have also been involved

18. Ministry of Home Affairs, Government of India O.M. No.32-3/2003-NDM.I dated 23rd April, 2003.

19. As of 14 June 2005, 1 US dollar was the equivalent of approximately 43.57 Indian Rupees.

20. Ministry of Home Affairs, Government of India O.M. No.32-3/2003-NDM.I dated 23rd April, 2003.

21. *Ibid.*

22. *Ibid.*

23. The Hindu News 31st December, 2004, “Integrated Relief Command for Andamans set up,” <http://www.hindu.com/2005/01/01/stories/2005010114360100.htm>.

24. Cdr. Samir Kohli Dy. Dir. Shipping on 20th April 2005.

in the relief work and are concentrating on providing food, shelter, health, and educational services, most of the NGOs are working in the Andaman Islands. Very few NGOs have been allowed to go to the Nicobar Islands, so fewer services for people with disability have been available. Moreover, since the Nicobar Islands are accessible only by sea or air, delivery of supplies takes considerable time. Overall, disability as a focus area is by and large being ignored mainly due to lack of awareness among the NGOs and the government.

DISABILITY BACKGROUND

India's Constitution embodies the basic concept of 'equality in all spheres of human activity' in its chapter on fundamental rights and prohibits discrimination based on race, caste, sex, descent, and place of birth, but does not explicitly prohibit discrimination based on disability. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PDA) was therefore enacted in 1996 after intense lobbying by various disability groups to safeguard the rights of persons with disabilities. The PDA establishes preventive and promotional aspects of rehabilitation, including education, employment and vocational training, research and manpower development. The act also aids in the creation of a barrier-free environment, rehabilitation of persons with disabilities, unemployment allowances for persons with disabilities, special insurance schemes for employees with disabilities, and the establishment of homes for people with severe disabilities.²⁵ The Chief Commissioner of the Center and Commissioners for persons with disabilities in the states are responsible for monitoring the implementation of the PDA's provisions and overseeing utilization of the budget allocated to each commissioner.²⁶ However, these quasi-judicial bodies have limited powers, and therefore have failed to produce a noticeable change in society.²⁷ Limited awareness of the PDA has also resulted in slow implementation of its provisions.

25. Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

26. *Ibid.*

27. Yogesh Sharma, Desk Officer, Office of Chief Commissioner for Persons with Disabilities, Interview by author.

Under the PDA, “person with disability” is defined as “a person suffering from not less than 40% of any disability as certified by a medical authority.” The PDA identifies seven categories of disability: “blindness; low vision; leprosy-cured; hearing impairment; locomotor disability; mental retardation; and mental illness.” It also categorizes people with disabilities according to the degree of their disability: mild, moderate, severe, or profound. Only those who belong to the last three disability categories listed above and have over 40% disability are covered under the PDA’s provisions. The government provides no concessions to people with mild disabilities, i.e. under 40%. The extent and degree of disability is ascertained by a medical board consisting of at least three members appointed by the central/state government, at least one of whom should be a specialist in the relevant disability.²⁸

A 2001 census that collected information on the prevalence of visual, hearing, speech, mobility and mental disabilities found the total disability population to be 21,906,769, or 2.13% of the total population. Of the total disability population, 16,388,382 belonged to rural communities and 5,518,387 lived in urban areas. People with visual impairment accounted for 48.5% of the disability population; followed by people with physical disabilities, who constituted 27.9%; people with mental disabilities, who constituted 10.3%; and people with speech and hearing disabilities, who accounted for the remaining 7.5% and 5.8%, respectively.²⁹ According to the census, there were 7,057 people with disabilities living in the tsunami-affected areas of the Andaman and Nicobar Islands.³⁰ Many leaders of the disability community feel that these numbers are very low and do not reflect reality. The low numbers can be explained by fact that enumerators were not properly trained in disability issues, the definition of disability was very technical and unclear, and in some cases the enumerators neglected to ask the questions about disability. Lack of awareness of the reasons for conducting a survey of the general population was another reason for the low numbers. Since no significant data existed in the country prior to the 2001 census, for the past two decades the government has estimated the percentage of people with

28. Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1995.

29. Census of India, 2001 Report, <http://www.censusindia.net/disability/index.html>.

30. *Ibid.*

disabilities in the country as 5-6% of the total population when drafting policies and allocating budgets.³¹ Due to the unreliability of the numbers obtained through the census disability groups prefer to use the previous estimate of 5-6%.

In most of the affected areas of Tamil Nadu and the Andaman and Nicobar Islands, prior to the tsunami, services for people with disabilities were largely non-existent. Only one disability organization exists on the islands, and very few organizations exist in the districts of Tamil Nadu. Even within the NGOs that do exist, there is a lack of adequate infrastructure and trained professionals. The Organization for Development Activity (ODA), an NGO based in Trichy, Tamil Nadu, works with its partner organizations to provide training to people and organizations working for people with disabilities, to facilitate development. According to its Executive Secretary, Mr. Lobithas, insufficient funding is available to encourage people to stay in these areas to work on long term development activity.³² Districts where such NGOs exist are the only districts addressing the needs of people with disabilities. In almost all other districts, including the entirety of the Andaman and Nicobar Islands, facilities for people with disabilities are almost non-existent.

DISABILITY AND THE TSUNAMI

DISABILITY POPULATION AS A RESULT OF THE TSUNAMI

It is believed that a majority of people with disabilities did not survive the disaster. Dr. S.P. Saha, Head of the Orthopedic Department at the G.B. Pant Hospital in Port Blair, South Andaman, reported that a few years ago there were 700 people with disabilities resulting from a polio epidemic in Car Nicobar. However, when he visited the area three days after the tsunami, he could not locate a single person with a disability. He stated that “they may be dead, as they may not have been able to run up to the hills to save their lives. Those who could run have survived.”³³

31. Javed Abidi, Interview by author; Anuradha Mohit, Interview by author.

32. Mr. Lobithas, Executive Secretary, ODA, Interview by author.

33. Tsunami and Disability: Report of visit to Indian islands: compiled by Rama Chari and Rajul Padmanabhan: http://www.disabilityworld.org/12-02_05/news/tsunamivisitreport.shtml.

Table one presents the results of a survey of the number of people with disabilities who were affected by the tsunami in the state of Tamil Nadu, including those who were injured, displaced or lost their source of income. The survey was conducted by the District Disabled Rehabilitation Officers (DDROs) in the state's 13 tsunami affected districts and its results indicated that 2,645 people with disabilities have been directly or indirectly affected by the tsunami. However, no such survey has been conducted in the Andaman and Nicobar Islands, so it is impossible to estimate the full extent of the disaster's impact on people with disabilities. The Relief Commissioner for the affected islands stated that "no NGO working for people with disabilities approached us for conducting such a survey, though we received demands from groups working for orphans, destitute women, widows, etc."³⁴ CARITAS, an NGO involved in reconstruction and rehabilitation, has conducted a survey of people with disabilities in Hut Bay, Little Andaman; Campbell Bay; and the Great Nicobar Islands, but no results are available yet.³⁵

TABLE 1: NUMBER OF PEOPLE WITH DISABILITIES AFFECTED BY THE TSUNAMI IN TAMIL NADU AS OF 04.02.2005³⁶

District	Blind	Deaf	Ortho	Mental Retardation	Mentally Disabled	Multiply Disabled	Total
Chennai		15	41				56
Kancheepuram			17				17
Tiruvallur	01	04	46				51
Cuddalore	24	174	257	73		07	555
Nagapattinam	60	248	687	199		87	1281
Tirunelveli	05	13	80	24		04	126
Villipuram	01	03	30	07		12	53
Kanyakumari	18	19	256	44			337
Tuticorin			69	120			189
Total	109	476	1483	467		110	2645

34. Relief Commissioner, Andaman and Nicobar, in a meeting in Port Blair, South Andaman on 18th April, 2005.

35. Father Selvaraj, Director CARITAS, interview by author.

36. Office of Special Commissioner for the Disabled, Chennai, Tamil Nadu, on 12.04.2005.

Reports of new tsunami-related physical disabilities have been fewer than was anticipated. The primary causes of new physical disabilities are loss of limbs and, in a few cases, loss of eyesight resulting from eyes being exposed to silt.³⁷ According to the District Collectors of Tamil Nadu, one-third of injured persons have lost limbs or their eyesight.³⁸ In some districts of Tamil Nadu, a survey was conducted on the number of people who acquired disability as a result of tsunami. Results are presented in table two. No similar data is available for the Andaman and Nicobar Islands, and information is limited to doctors' accounts. According to the Coordinating Officer at Port Blair, 1,489 people were injured by the tsunami in the Andaman and Nicobar Islands.³⁹ According to the doctor at the G.B. Pant Hospital, there has been one case of amputation and two to three cases of spinal injury.⁴⁰ However, the exact number of people who have acquired a permanent disability is not available.

TABLE 2: NUMBER OF NEW PEOPLE WITH DISABILITIES AFTER THE TSUNAMI⁴¹

District	Blind	Deaf	Ortho	Mentally Disabled	Multiply Disabled	Total
Nagapattinam			125	20		145
Kancheepuram			03			03
Kanyakumari	01		03			04
Cuddalore			01			01
Total	01		132	20		153

37. Mr. C. Krishnamurthy and Mr. G.S.Anand, NGO staff; Dr. Ramakrishna Sarada Devi Vivekananda Satsang, Pattanipakkam, Srinivisapuram, Chennai, in a meeting on 22nd March, 2005.

38. G.O. Ms. No. 3 dated 3.1.2005, Revenue Department, Tamil Nadu, India, G.O.Ms. No.574, Revenue, dated 28.12.2004, state of Tamil Nadu.

39. Tsunami and Disability: Report of visit to Indian islands: compiled by Rama Chari and Rajul Padmanabhan: http://www.disabilityworld.org/12-02_05/news/tsunamivisitreport.shtml.

40. *Ibid*, Dr. Prasad, CMO, G.B. Pant Hospital, Port Blair, South Andaman on 21st April, 2005.

41. Figures gathered from District Disabled Rehabilitation Officers during visits to the districts conducted during the course of the research.

However, in Cuddalore, the Director of OASIS, an NGO involved in education and rehabilitation, stated that “the government criteria for considering a person as disabled is that the person should have 40% disability.” This strict interpretation of disability and the overall low priority people with disabilities have received in the response efforts suggest that the number of people who have acquired a disability is likely higher than these estimates. According to many sources of information, mental disabilities affected a large portion of the population and were one of the major outcomes of the tsunami. People with mental disability received lower priority in terms of special benefits or compensation than people who incurred a physical disability.

RELIEF SERVICES

Coordination and Inclusion of Disability. A Coordination Committee has been formed to examine the medium and long term plans of involved NGOs and facilitate the interface between the government, NGOs, and affected people. The objective of the Coordination Committee includes identifying the activity and location in which each NGO is functioning.⁴² There are very few disability groups among the NGOs that have come to work on post-tsunami rehabilitation efforts, and disability as a focus area has been largely neglected.

The primary government provisions for people with disabilities include Rs.5000 payments to individuals who have sustained injuries which in some cases have resulted in disability, Rs. 25,000 payments to those who have lost their limbs or eyesight,⁴³ and distribution of assistive devices. In some instances, people who have suffered spinal injuries have received only Rs.5000, while Rs.25,000 payments have been reserved only for those who have lost limbs or eyesight.⁴⁴ The Office of the Chief Commissioner for Persons with Disabilities has issued a statement to the Commissioners of the four affected states and Union Territories on the mainland, Tamil Nadu, Andhra Pradesh, Kerala and Pondicherry, ordering provision of accessible infrastructure for persons

42. Mr. Anthony, Heading NGO Coordination Committee in Nagapattinam, Tamil Nadu on 2nd May, 2005.

43. G.O. Ms. No. 3 dated 3.1.2005, Revenue Department, Tamil Nadu, India G.O.Ms. No.574, Revenue.

44. District Collector, Nagercoil, Kanyakumari on 23rd April 2005.

with disabilities, as per the Central Public Works Department (CPWD) guidelines.⁴⁵ No guidelines have been sent to the Andaman and Nicobar Islands. Even in the mainland, there has been no follow-up on the orders; guidelines therefore are not being strictly implemented.

Very few new disability groups are stationed in these areas post tsunami. Only those that existed prior to the tsunami are working there, and even among these, there is a lack of adequate expertise and funding to bring in professionals to introduce policy initiatives or implement various government schemes and programs. For example, the Salvation Fellowship Trust, an NGO in the Andaman and Nicobar Islands working for people with disabilities, lacks trained professionals,⁴⁶ and even the government is unable to introduce structural changes due to lack of disability experts in the area.⁴⁷ Because very few NGOs are working closely with the government, awareness of disability issues among government officials is very low. Only in the Kanyakumari district of Tamil Nadu was a disability NGO, Social Education for Development (SED), a partner of Action Aid, working closely with the government. SED is running a community based rehabilitation program that includes education, economic rehabilitation, vocational training, awareness creation, and medical services including physiotherapy, surgery, provision of aids and appliances, medical referrals, etc.⁴⁸ Notwithstanding the efforts of organizations like SED, response to the needs of people with disabilities is severely lacking, and very little effort is being made to adapt the built environment or to provide rehabilitation and educational services for the benefit of people with disabilities.

Shelters. Over 600,000 people were displaced by the tsunami. Initially, 612 relief camps were set up to provide shelter for 377,906 displaced persons.⁴⁹ The camps also served as distribution networks for the food, clothing and health services provided by the government, NGOs and civil society. Most of these camps have now been closed, and people

45. Deputy Chief Commissioner, Office of the Chief Commissioner for Persons with Disabilities, New Delhi letter no. 9-2(BFE)/CCD/2005 dated 10th February 2005.

46. Ealiyamma, Salvation Fellowship Trust, Port Blair, South Andaman on 18th April 2005.

47. Director, Social Welfare, Andaman and Nicobar on 18th April 2005.

48. Mr. U.Cleatus, Secretary, SED, meeting on 25th April, 2005.

49. Ministry of Home Affairs, Government of India, Special Situation Report 27, dated 09.01.05, O.M. No.32-5/2004-NDM-I, Annexure I: <http://ndmindia.nic.in/Tsunami2004/sitrep27.htm>.

have either gone back to their own repaired houses or have relocated to temporary shelters erected since. The construction of permanent shelters to accommodate the affected population will take considerable time. Although the Relief Commissioners of Tamil Nadu and the Andaman and Nicobar Islands were receptive to the idea of introducing disability specific guidelines for the built environment and for other facilities, they seemed unaware of what such provisions should include.⁵⁰ The Commissioners have requested guidelines for making the permanent shelters accessible,⁵¹ and the District Collectors have agreed to make some of the new shelters accessible, provided that people with disabilities request it.⁵²

Temporary shelters have been made of corrugated galvanized iron (CGI) sheets or tin sheets and are intended simply to provide shelter during rains. Shelters are accessible, but bathrooms tend to be located far from the shelters, making it difficult for people with disabilities to use them. The toilets in the temporary shelters are also at a considerable distance and the terrain in some places hinders the movement of people with disabilities, making the facilities inaccessible, especially in the rainy season. With regard to the inaccessible shelter locations, NGO and government officials cited the lack of available, appropriate land in the affected areas.

In the Andaman and Nicobar Islands, temporary shelters were still under construction in April due to delays in the supply of equipment and lack of available labor for constructing the shelters. Furthermore, shelter designs ignored the requests of the various tribal groups to use their own specific designs, which are suitable to the conditions of the islands. Rather than supplying tools for construction as requested by the indigenous groups, the government supplied CGI sheets. A few government officials stated on condition of confidentiality that the lack of timely coordination and communication with the Home Ministry resulted in the reliance on the Home Ministry's own structural designs, despite the fact that these designs

50. R. Santhanam, Relief Commissioner, Tamil Nadu on 11.04.2005; Relief Commissioner, Andaman and Nicobar on 18 April 2005.

51. *Ibid.*

52. District Collector, Nagercoil on 25 April 2005; Relief And Rehabilitation Officer, Cuddalore on 1 May 2005, District Disabled Rehabilitation Officer, Nagapattinam on 2 May 2005.

are not considered architecturally or environmentally suitable for the islands. Both NGOs and government officials hoped that the permanent houses would be based on a better planning by the government.

The design of the permanent shelters has been finalized by the Tamil Nadu government⁵³ and currently does not include any features to make them accessible for people with disabilities. As with other reconstruction projects, there has been some interest in building accessible shelters expressed by officials, but additional effort is needed to ensure the consideration of people with disabilities in shelter design. No design has been approved for the Andaman and Nicobar Islands. According to Father Selvaraj of CARITAS, the government has not consulted with NGOs on the design or construction of permanent shelters.⁵⁴ According to the Lieutenant Governor of Andaman and Nicobar, work on the permanent shelters will only start after the end of the rains, most likely October.

Food and Water Distribution. Because of the time it took to mobilize resources and because many people fled deep inland to escape, food could not reach many people for the first three to four days after the tsunami.⁵⁵ After the third day, food and water packets were air dropped in these areas. The Ministry of Home Affairs mobilized 1,693 million tons of food items and 871 million tons of drinking water. State governments, NGOs, and civil society also distributed food items in the initial months of the disaster, and food was cooked in relief camps. TNT, a Dutch logistical support company, delivered 300 tons of biscuits to Chennai and to the district headquarters of the affected areas. The majority of the biscuits, approximately 280 tons, were then sent to the districts for further transportation and distribution.⁵⁶ Food was distributed locally from a single location, but strong community ties have been observed and families and communities have responded to the needs of people with disabilities. To some extent the vulnerable groups are at a disadvantage because the food is given to those first in line.⁵⁷

53. Government of Tamil Nadu "Guidelines for Reconstruction of Houses Affected by the Tsunami" <http://www.tn.gov.in/tsunami/guidelines.htm>.

54. Father Selvaraj, Director CARITAS, on 2 June 2005.

55. In discussion with a few affected people in Hut Bay, Little Andaman on 19 April 2005.

56. World Food Program "Emergency Report n. 7" 11 February 2005 <http://www.wfp.org/index.asp?section=2>.

57. Shanti Chellappa, Society for Suicide Prevention, Interview by author.

No shortage of food supplies was reported from the mainland, though there were several accounts of food being wasted due to abundance of supply and due to the food not corresponding to the normal diet of those affected. The Nicobar Islands however, face problems due to the isolation of the islands and their dependence on ships or helicopters for supplies. Furthermore, island residents are mainly dependent on agriculture, and the salt water brought by the tsunami destroyed their agricultural lands. The rainy season has further cut off their supply as supply ships cannot sail on the rough seas that cut off deliveries from May to September. Although rations for the five months of rains were delivered, by and large those on the Nicobar Islands are on their own for the five to six months of rains.⁵⁸

General Health Care. Primary health care services are available in almost all affected areas of both the mainland and the Andaman and Nicobar Islands, but specialized health care services are mainly available only in big cities like Chennai in Tamil Nadu.⁵⁹

In the Andaman and Nicobar Islands, primary health care services were affected by the tsunami. For example, the primary health care center in Hut Bay, Little Andaman, was located near the beach and was entirely destroyed by the tsunami, and its doctor had to relocate to and operate in a school. There was only one doctor for the entire Hut Bay, as the only other doctor was on maternity leave and no other doctors were deployed to the area.⁶⁰ The doctors in all of these islands are general physicians and have no training in or facilities for specialized medical services. To receive emergency or specialized services, people from the area have to travel to the G.B. Pant Hospital in Port Blair, South Andaman for treatment.⁶¹ Travel time from different islands varies: from Little Andaman it takes eight to ten hours by ship, while from the Nicobar Islands, it can take up to three or four days. In emergencies, the doctor can recommend the patient be transported by helicopter. Furthermore, even the G.B. Pant Hospital lacks specialized services like physiotherapy, occupational

58. Samir Kohli, Deputy Director Shipping, Andaman & Nicobar.

59. Dr. Prasad, CMO, G.B. Pant Hospital, Port Blair, South Andaman, in a meeting on 21 April, 2005.

60. Dr. Toppo, Government Hospital, Hut Bay, Little Andaman, on 19 April 2005.

61. *Ibid.*

therapy, etc., for which patients must be sent to the mainland.⁶² Dr. Prasad of the G.B. Pant Hospital, reported that two to three people suffered spinal injuries in the tsunami and were referred to Kolkata in West Bengal and Chennai in Tamil Nadu on the mainland, and stated that the hospital "... require[s] a super specialty center for spinal injured and other permanent disabilities."⁶³ Since the tsunami, teams of doctors have been deployed from New Delhi to the Andaman and Nicobar Islands,⁶⁴ but the travel and living conditions of the Nicobar Islands are so bad that not many are willing to stay for long.⁶⁵ Furthermore, the islands are completely inaccessible from May to September, during monsoon season.⁶⁶

TABLE 3: ANDAMAN AND NICOBAR HEALTH SERVICES AS OF 20.02.2004⁶⁷

Type of Medical Services	Number
No. of health institutions	147
No. of referral hospitals	1
No. of district hospitals	2
No. of community health centers	4
No. of primary health centers	4
No. of sub-centers	7
No. of urban health centers	5
No. of homeopathic dispensaries	8
No. of ayurvedic dispensaries	1
No. of doctors	137
No. of nursing staff	349
No. of hospital beds	977
Doctor population ratio	1:2800
Nurse population ratio	1:1010

62. Dr. Prasad, CMO, G.B. Pant Hospital.

63. Dr. Sada Sivan, Director Health Services on 21 April 2005; Dr. Prasad, CMO, G.B. Pant Hospital.

64. *Ibid.*

65. Director Social Welfare on 18 April 2005.

66. Cdr. Samir Kohli Dy. Director of Shipping on 20 April 2005.

67. Office of Director Health Services on 21 April 2005.

Some NGOs, including Aprajita, Seva Bharati, and Voluntary Health Association of India are providing primary health care services on the islands.⁶⁸ The Ministry of Social Justice and Empowerment (MSJE) also sought to improve and provide programs specifically for orphans and those who have a disability as a result of the tsunami.⁶⁹ At the relief camps, people with disabilities received medical and surgical support from trained professionals, appropriate assistive devices, and counseling services.⁷⁰ Other groups, including the World Health Organization (WHO), were also active in the area and were collectively responsible for averting the initially anticipated outbreak of epidemics.

The health services available on the mainland are better than those available on the islands.

Assistive Devices. The National Institute of Mentally Handicapped (NIMH) has distributed assistive devices, including calipers, crutches, and tricycles, through relief camps in the affected areas of the four states and UTs on the mainland.⁷¹ SCHUNK, a German collaboration company from Bangalore, gave Rs. 2,225,000 to the government, to benefit people with disabilities in the Cuddalore district of Tamil Nadu. The government used the contribution to distribute assistive devices like hearing aids, artificial limbs, sewing machines, and tricycles to 750 people with disabilities. IMPACT, another NGO, has distributed sewing machines and bunk stalls to 50 people with disabilities in the Nagapattinam district of Tamil Nadu. In the Andaman and Nicobar Islands, the National Institute of Orthopaedically Handicapped (NIOH) has distributed aids and appliances.⁷² These devices have been distributed predominantly in the relief camps set up in the first months following the disaster.

Table four provides a breakdown of the devices distributed in the Tamil Nadu districts.

68. Dr. Mukul Bhatia, Voluntary Health Association of India in Hut Bay, Little Andaman on 19th April 2005.

69. Ministry of Social Justice and Empowerment 6 January 2005 <http://www.indianngos.com/tsunami/ministry-socialjustice.htm>.

70. Asia-Pacific Development Centre on Disability "India Current Situation of Persons with Disabilities" http://www.apcdproject.org/countryprofile/india/india_current.html.

71. Dr. L.Govind Rao, Director, National Institute of Mentally Handicapped (NIMH) on 2nd June 2005.

72. Director Social Welfare, Andaman and Nicobar on 18th April 2005.

TABLE 4: NUMBER OF AIDS/ APPLIANCES SO FAR PROVIDED TO THE TSUNAMI AFFECTED PEOPLE WITH DISABILITIES⁷³

	Tricycle	Wheelchair	Crutches	Calipers	Artificial Limbs	Hearing Aids	Solar charger and batteries	Braille watch and stick	Total
Tirunelveli	12	05	10			10		03	40
Cuddalore	140	85	439	484	397	162	162	15	1884
Nagapattinam	60	60	120			60	60		360
Kancheepuram	01	02							03
Chennai	25	06							31
Tiruvallur	14	02							16
Villipuram	10	01							11
Tuticorin									
Kanyakumari									
Total	242	161	569	484	397	232	222	18	2345

As detailed in Table five, the National Institute of Orthopaedically Handicapped (NIOH) distributed assistive devices to people affected by the tsunami in the relief camps in Port Blair, the Andaman and Nicobar Islands.⁷⁴ Although in areas such as Hut Bay, Little Andaman, many people with orthopedic disabilities did not have access to crutches or any other aids. They expressed their desire for having tricycles or other mobility devices, but did not know from where to procure them and seemed unaware of the aids that were available.⁷⁵ Because it was difficult to move from one place to another on the difficult terrain of Hut Bay, people with disabilities were being carried in times of need.

73. Office of Special Commissioner for the Disabled, Chennai, Tamil Nadu on 12th April 2005. The table includes the assistive devices distributed by SCHUNK, the German collaboration company from Bangalore: Office of Relief and Rehabilitation Officer, Cuddalore, Tamil Nadu on 1st May 2005.

74. Office of Director Social Welfare, Andaman and Nicobar on 21 April 2005.

75. Interviews with orthopaediacally disabled persons in Hut Bay, Little Andaman on 19 April 2005.

TABLE 5: ASSISTIVE DEVICES PROVIDED BY THE NIOH TO TSUNAMI SURVIVORS IN THE ANDAMAN AND NICOBAR ISLANDS⁷⁶

Assistive Device	Total
Orthosis Measurement Taken	46
Orthosis fitted on the spot	21
Prosthesis Measurement Taken	13
Prosthesis fitted on the spot	17
Tricycles	2
Wheel Chairs	12
Crutch/ Blind Stick	67
Hearing Aids	117

Mental Health Counseling. Prior to the tsunami, there were fewer than 4,000 trained psychiatrists in all of India.⁷⁷ There were no psychiatrists on staff in the 5 regional hospitals near the affected areas, and it took approximately 6-8 weeks before mental health counseling was available for tsunami survivors. Due to the lack of mental health professionals, many of the counseling services were provided through organizations such as Don Bosco and Action Aid, and government agencies including the National Institute of Mental Health and Neuro Sciences (NIMHANS)

76. Office of Director Social Welfare, Andaman and Nicobar on 21 April 2005.

77. World Health Organization (WHO)- India "Mental Health Care for India's Tsunami Survivors" 5 March 2005 <http://www.whoindia.org/SCN/News/2005/030505-Mental-health-care-for-india-tsunami-survivors.pdf>.

and the National Institute of Mentally Handicapped (NIMH). Some religious groups, like Art of Living and Ramakrishna Mission, helped provide solace and comfort to people, through meditations and other stress-relieving methods.⁷⁸

The Indian Red Cross stated that their volunteers provided psychological support in the affected areas, but did not provide details on how many people received counseling services or how many volunteers were present.⁷⁹ In the districts of Cuddalore and Nagappatinam, Medecins Sans Frontieres (MSF) sent 13 counselors with 27 psychosocial workers to provide mental health counseling in 32 villages, stating that mental disabilities, including post-traumatic stress disorder, was the most relevant health risk.⁸⁰

In the aftermath of the tsunami, there has been a severe shortage of trained counselors, and several groups have been training locals to fill that shortage. In January, the NIMH sent 6 teams to the four affected states and UTs of the mainland, to conduct a needs assessment and provide guidance and training to local counselors.⁸¹

People with disabilities received mental health services during the first few months after the tsunami. However, little follow-up is being provided, especially in the area of counseling services, and there is some concern that services will not be provided in the long-term.

Though most people have recovered, there are many cases, especially among women and children, where tsunami-related trauma has resulted in mental disability.⁸² According to the Relief and Rehabilitation Commissioner of Cuddalore, “a girl of 15-16 years has become mentally

78. Relief and Rehabilitation Officer, Cuddalore.

79. Indian Red Cross “Tsunami Update: Indian Red Cross Moves from Relief to Rehabilitation.”

80. Medecins Sans Frontieres (MSF) “India-Tsunami Three Month Review” 8 April 2005 <http://www.msf.org/countries/page.cfm?articleid=96C83EA6-368B-4B0A-B6E12A562EE7250F>.

81. Dr. L. Govind Rao, Director, NIMH.

82. In Nagapattinam district, the mother of an orthopaedically disabled girl had become mentally disabled. She had lost her son in the tsunami. In Cuddalore, a 15-16 year old girl was in a state of shock and was not eating or talking. There was no treatment available for her.

ill due to tsunami and we have no facilities here for giving her proper treatment.”⁸³ According to the Director of OASIS, “the treatment is available in Chennai and is very expensive. No proper treatment is available nearby. We require a home for mentally ill patients but due to financial constraints we are unable to start one.”

The Academy of Disaster Management, Education Planning and Training, a local NGO, trained as many as 200 teachers in the affected areas to provide on-going mental health counseling to children.⁸⁴ However, advanced treatment is not available in most places, and there is concern that people returning to rural areas will not have access to follow-up treatment.⁸⁵

RECONSTRUCTION

In the second phase of tsunami response, the states and UTs and NGOs have begun to focus on building permanent shelters and restoring livelihoods to help those affected resume their normal lives.

According to a Damage and Needs Assessment Report requested by the Indian government and prepared by the World Bank, the Asian Development Bank (ADB), and the United Nations, the reconstruction of India’s four mainland tsunami-affected areas will cost over US\$1.2 billion. Housing reconstruction will cost approximately US\$490 million, while reconstruction of fisheries, the predominant livelihood in the affected areas, will cost US\$285 million.⁸⁶

The World Bank and the ADB have entered into an agreement with the government to extend a credit of US\$465 million from the World Bank’s

83. Mr. Shanmugan, Relief and Rehabilitation Officer, Cuddalore District, Tamil Nadu interview with author, 1st May, 2005.

84. World Health Organization (WHO)- India “Mental Health Care for India’s Tsunami Survivors”.

85. *Ibid.*

86. World Bank “Tsunami Reconstruction To Cost \$1.2 Billion, Says World Bank-ADB-UN Joint Assessment Report” 14 March 2005, <http://www.worldbank.org.in/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/INDIAEXTN/0,,contentMDK:20392153~menuPK:295589~pagePK:141137~piPK:141127~theSitePK:295584,00.html>.

International Development Association (IDA) and total assistance of US\$205 million from the ADB (US\$100 million as loan, US\$100 million as a grant, and US\$5 million from the Japan Fund for Poverty Reduction). These funds combined with US\$61 million of reallocated existing IDA credits, and a special US\$2.5 million World Bank grant, bring the total World Bank and ADB financing for tsunami reconstruction in India to US\$733.5 million. The UN is expected to provide a further US\$38.5 million.⁸⁷

World Bank funds will support rural water supply rehabilitation in Kerala, livelihood restoration in Andhra Pradesh, and housing and transport infrastructure restoration in Tamil Nadu and Pondicherry. Funding will also support studies for longer term coastal management. US\$40 million was allocated to Andhra Pradesh, US\$10 million to Kerala, US\$42 million to Pondicherry, and US\$434 million to Tamil Nadu. The US\$2.5 million grant will support studies and training in Tamil Nadu and Pondicherry.

ADB funds will focus on rehabilitation of transportation infrastructure, village infrastructure, and livelihood restoration in Tamil Nadu and Kerala. US\$143.75 million of the funds was allocated to Tamil Nadu, US\$56.25 million to Kerala. US\$2.5 million from the Japan Fund for Poverty Reduction was allocated to each State. The ADB will establish extended missions in Chennai (Tamil Nadu) and Trivandrum (Kerala) to assist states with implementation. Although the Office of the Chief Commissioner for Persons with Disabilities has distributed a letter to the Commissioners of the four affected states and Union Territories on the mainland urging provision of accessible infrastructure to persons with disabilities, as per the Central Public Works Department (CPWD) guidelines,⁸⁸ the designs of public buildings are not considering the needs of people with disabilities. There is no assurance that buildings reconstructed by NGOs or international donors will be made accessible.

87. Asian Development Bank ,(ADB), "World Bank and ADB Sign Agreements with GOI to Support Emergency Reconstruction of Tsunami Hit Areas in India Financing of US\$733.5 million (Rs.3,191 crores) finalized." 12th May, 2005 <http://www.adb.org/Documents/News/INRM/inrm200507.asp>.

88. Deputy Chief Commissioner, Office of the Chief Commissioner for Persons with Disabilities, New Delhi letter no. 9-2(BFE)/CCD/2005 dated 10th February 2005.

For example, with the assistance of the United Nations Development Programme (UNDP), the government provides guidelines on how to rebuild homes in Tamil Nadu, but does not mention disability or how to rebuild a home to be accessible.⁸⁹

The Director of Social Welfare and the Relief Commissioner of Andaman and Nicobar were very receptive to proposals for construction of houses, schools, community halls, etc., for people with disabilities.⁹⁰ The Lt. Governor has also expressed the desire for disability NGOs to go work in the area. Though officials generally seem responsive to the idea of providing accessible infrastructure, reconstruction is proceeding without the inclusion of people with disabilities because awareness is low and technical expertise lacking. Vidya Sagar, an NGO based in Chennai in collaboration with Samarthyia, another NGO which promotes accessibility, conducted an 'Accessibility Workshop' to make NGOs and engineers working in the tsunami affected areas aware of how reconstructed facilities could be made accessible.⁹¹ Furthermore, although willingness to incorporate such changes is present, coordination among the various bodies is still missing.

Although there is no coordinated inclusion of people with disabilities in reconstruction and rehabilitation activities, NGOs and individuals are making isolated efforts. Prior to the tsunami, no special schools existed in the Andaman and Nicobar Islands. The Salvation Fellowship Trust (SFT), an NGO based in Port Blair, is trying to assemble funds to establish special schools for children with disabilities. A person with an orthopedic disability is distributing aids and appliances to people with disabilities and providing keyboard training.⁹² Cheshire Home, Chennai is working with Handicapped International in the rehabilitation and training of people with disabilities in the Kancheepuram District of Tamil Nadu, generating employment activities and training women with disabilities in

89. Government of Tamil Nadu "Guidelines for Reconstruction of Houses Affected by the Tsunami" <http://www.tn.gov.in/tsunami/guidelines.htm>.

90. Director Social Welfare, Andaman and Nicobar on 20th April 2005; Lt. Governor, Andaman and Nicobar on 15th April 2005.

91. The Workshop was conducted from 23rd to 24th Feb 2005 by Sanjeev and Anjali Sachdeva, Samarthyia, samarthyaindia@yahoo.com, www.samarthyaindia.org.

92. Mr. J.K.Mukherjee.

trades like basket making, shell craft, etc.⁹³ These activities started only after the tsunami. The government and NGOs are still supplying boats, fishing nets, trawlers, catamarans, etc., to affected fishing communities.

One month prior to the tsunami, a woman with a disability in Nagapattinam tried to mobilize the district's men and women with disabilities to make chalk. She suspended her work after the tsunami, because the bags of chalk powder got wet but restarted it with the government compensation she received from her brother's death. However, the trade is not very profitable, and she is therefore looking for another type of vocational training to offer to people with disabilities as well as adequate funding to start profitable ventures. She has also initiated self help groups and is trying to procure loans to help people with disabilities start small ventures, but she requires adequate guidance and training to empower the women and men with disabilities in the area.⁹⁴ In the Nagapattinam district, which is the worst affected district in the whole of Tamil Nadu, efforts to benefit for people with disabilities are negligible.

In the Kanyakumari district of Tamil Nadu, the government would like to build a special school for children with mental disabilities. However, an official expressed that he was seeking funding from an international agency, because he wanted the school to be equipped with the most modern facilities and believed only an international agency would be able to provide adequate funding.⁹⁵ In the Nagapattinam district of Tamil Nadu, the government is planning to build a physiotherapy centre at an estimated cost of Rs. 5,000,000 and that would serve 150 people with locomotor disabilities.⁹⁶ The official expressed the desire to make it a Centre of Excellence and stated that he would be better equipped to proceed on the plan with the help of a funding agency.

93. Mr. Murali, Cheshire Home.

94. K. Pandiamma, Nagapattinam.

95. Additional Collector, Nagercoil, Kanyakumari.

96. Ranvir Prasad, Additional Collector, Relief & Rehabilitation, Nagapattinam, Tamil Nadu, email: ranvir@nagai.tn.nic.in.

DISABILITY ORGANIZATIONS WORKING IN AFFECTED AREAS

ANDAMAN AND NICOBAR

- 1) Handicap International, in coordination with Vidya Sagar, a Chennai based NGO, has endeavored to provide financial and technical support to projects in Andaman and Nicobar islands:

Vidya Sagar
1, Ranjith Road
Kotturpuram
Chennai
Ph. (O) – 044-22354784-85
Poonam Natarajan (Director) – 09840036611
Rajul Padmanabhan (Dy. Director) – 09841057541
Email – rajulpadmanabhan@hotmail.com

- 2) Salvation Fellowship Trust, an NGO headed by Ealiyamma, is providing training to children with visual, hearing, and mental disabilities, but lacks the infrastructure and trained personnel required for running the school. Although it has full governmental support, it lacks adequate knowledge of NGO management. CARITAS, another NGO, has lent support, but requires financial and technical support.

Mrs. Ealiyamma
Managing Trustee
Salvation Fellowship Trust
R/o Rajendra Mohan Lal
Naya Gaon, Jungli Ghat
PO 431
Port Blair
Andaman and Nicobar

TAMIL NADU
NAGAPATTINAM, TAMIL NADU

- 3) K. Pandiamma has mobilized self help groups of women and men with disabilities who are trying to initiate income generating ventures but lack adequate skills and financial support.

K. Pandiamma
Chairperson, Handicapped Development Centre
Opp. Anna Statue
Rural Bazaar
Hospital Road
Nagapatiinam

For more information contact:
Mr. Anthony
NGO Coordination Committee
Collectorate, Illrd Floor
Nagapatinnam, Tamil Nado
Ph – 91-9842902609

CUDDALORE

- 4) OASIS Trust for the Handicapped is running special schools for the people with physical, hearing, and mental disabilities. It is also the government's implementing agency for the free distribution of aids and appliances. According to its Director, K.V. Thavaraj, better medical care and surgical facilities are needed and facilities for treatment, and care of people with severe mental and psychosocial disabilities are inadequate. The Director expressed the need for funds to open a home for persons with mental disabilities and for starting income generating activities.

K.V. Thavaraj, Director
OASIS,
Cuddalore, Tamil Nadu
Email: oasisasn@yahoo.com

TRICHY

- 5) The Organization for Development Activity (ODA) is based in Trichy, and provides vocational skills training to people with disabilities and NGOs, and assistance for the development of self-help groups and income generating activities. The organization requires funding to sustain and expand its activities.

Mr. Lobithas, Secretary
Organisation for Development Activity (ODA)
Trichy
Ph. 09443410700

CHENNAI

- 6) Cheshire Home has been involved in the post-tsunami construction of accessible housing for people with disabilities in the Kancheepuram district and also in providing vocational training. It has adequate expertise and skills to provide training to other NGOs, but requires funds and human resources.

Murali Padmanabhan
Project Coordinator, Cheshire Home,
Chennai
Ph. 09840282676

NAGERCOIL, KANYAKUMARI

- 7) The Social Education for Development (SED) runs a Community Based Rehabilitation (CBR) program that provides education, economic rehabilitation, vocational training, awareness creation, and medical services including physiotherapy, surgery, provision of aids and appliances, medical referrals, etc.⁹⁷ Action Aid is funding the organization's activities.

97. Mr. U. Cleatus, Secretary, SED, meeting on 25th April, 2005.

Mr. U. Cleatus
Secretary, Social Education for Development
Opp. Collectorate
Nagercoil
Tamil Nadu
Email: dhanyacleatusu@sancharnet.in

INDONESIA

KEY FACTORS

For the roughly 1.5 million members of the pre-tsunami disability community in Indonesia, the tsunami and its aftermath are just one more impediment to an already difficult existence. Few services for people with disabilities existed prior to the tsunami, and both relief and reconstruction efforts have largely ignored the disability community. Lack of awareness is a key factor in the exclusion of people with disabilities, and there are few disability organizations in place to help advance disability issues.

TSUNAMI BACKGROUND

GENERAL STATISTICS

Indonesia, in particular the island of Sumatra, is the country that was most affected by the tsunami. Various sources estimate that the number of people killed by the tsunami is between 90,000 and 128,000, while somewhere between 1100 and 37,000 people are still missing.¹ Due to the severity of the disaster and the need to respond quickly, precise figures of those affected are still unknown. Many bodies were not identified prior to burial, so some people still reported as missing may be among the confirmed dead. In Indonesia as well as other tsunami-affected countries around the Indian Ocean, the debris left by the retreating tsunami has created a recovery nightmare. On February 10, 2005, Metro News Television in Aceh reported that the International Committee for the Red Cross estimated that at least six more months of searching would be required before all tsunami casualties might be collected around Banda Aceh.

1. The Indonesia National Coordinating Board for Disaster Management (BAKORNAS PBP) <http://bakornasppb.go.id/aceh/modules.php?name=EstKorban>; United Nations, Indonesia Situation Report: Natural Disasters I Nanggore Aceh Sarussalam and North Sumatra, 11 May 2005, available at www.e-aceh.org.

In addition, in the months following the tsunami there were between 387,000 and 500,000 displaced persons living either in camps or with host families.² Enumerating displaced persons continued to be difficult due to the mobility of the population and the lack of accurate reporting. The province Nanggroe Aceh Darussalam was the most devastated by the tsunami with over 720,000 people directly affected and extensive structural damage including the damage or destruction of 77 health centers.³

EMERGENCY PLANS

The tsunami that struck Indonesia in late 2004 was not the only disaster the country has experienced. In addition to the recent tsunami, Indonesia has suffered from a series of natural disasters in recent years including floods, mudslides, earthquakes, volcanic eruptions and drought.⁴ Indonesia has at least one earthquake a day and a history of catastrophic volcanic eruptions.⁵ Man-made emergencies caused by rebellions in the islands of Sumatra, Sulawesi, West Java, and others are also common, including the bombing of the Australian embassy in September 2004. In the Province of Nanggroe Aceh Darussalam, the rebellion started by the Free Aceh Movement (GAM) has resulted in over 80,000 displaced people⁶ and approximately 10,000 deaths, many of whom were civilians.⁷ A peace accord was finally signed in August, 2005.

The Indonesia National Coordinating Board for Disaster Management (BAKORNAS PBP) is responsible for issues related to disaster relief at both the provincial and district levels. This organization meets on an ad

2. International Committee of the Red Cross "Indonesia: the Humanitarian Response Since the Tsunami", April 13, 2005 <http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList77/3AF39056F5D16318C1256FEA00488141>.

3. World Health Organization http://www.who.int/hac/crises/international/asia_tsunami/idn/en/.

4. Asian Disaster Reduction Center (ADRC), "Indonesia Country Report" 2004 <http://www.adrc.or.jp/countryreport/IDN/2004/index.html>.

5. Republic of Indonesia, www.indonesia.go.id.

6. Badan Pusat Statistik Nanggroe Aceh Darussalam (National Statistics of Nanggroe Aceh Darussalam) www.nad.go.id.

7. BBC News: Aceh Gam's Separatists <http://newswww.bbc.net.uk/1/hi/world/asia-pacific/3039243.stm>.

hoc basis and is composed of Ministers from relevant offices, such as the Ministry of Health, Ministry of Communications, and Ministry of Social Affairs.⁸ Their responsibilities include the following: the development of a basic policy for disaster management; the strengthening of activities that are considered necessary for successful disaster management, such as standardization, registration and development of personnel, equipment of health facilities, and other logistics; and the training and education in disaster preparedness to strengthen effort for disaster response.⁹ However, in Indonesia there were no specific laws or regulations in place regarding natural disaster management prior to the tsunami.¹⁰ There are no specific guidelines and/or regulations related to people with disabilities and natural disasters.¹¹



Mandaville Camo



Banda-Aceh, Lampulo

8. Asian Disaster Reduction Center (ADRC) "Indonesia Country Report".

9. World Health Organization (WHO).

10. Asian Disaster Reduction Center "Indonesia Country Report".

11. In addition, SATKORLAK, the field coordination established by BAKORNAS at provincial and municipal level, was not aware of any regulations or procedures for people with disabilities.

In April 2005, Indonesia issued its *Master Plan for Rehabilitation and Reconstruction for the Regions and People of the Province of Nanggroe Aceh Darussalam and Nias Islands of the Province of North Sumatra*. Although disabled persons are mentioned in basic principle number eight, which states that “priority will be given to the protection and assistance of the most vulnerable community members affected by the disaster,” people with disabilities are largely excluded from the remainder of the 129-page plan. There is one item pertaining to rehabilitation for “defective disaster victims.” There are no provisions for ensuring that reconstruction proceeds with consideration for accessibility or social inclusion for people with disabilities.¹²

DISABILITY BACKGROUND

In Indonesia, very few services exist for people with disabilities. Due to an inadequate national budget, little has been done to recognize, enable, or provide easier public access for people with disabilities. According to the 2000 National Survey, the population of people with disabilities living in the community was 1,492,080, or less than 1% of the total population of 201,241,999.¹³ The survey did not count people with disabilities living in institutions. This exclusion, combined with a lack of reliability between surveys, suggests that official statistics are not accurate. Table one demonstrates the lack of reliability in disability statistics within Indonesia.

12. Regulation of the President of Republic of Indonesia, Number 30, 2005, *Master Plan for Rehabilitation and Reconstruction for the Regions and People of the Province of nanggroe Aceh Darussalam and Nias Islands of the Province of North Sumatra: Main Book of Rehabilitation and Reconstruction*, www.e-aceh.org.

13. Susenas (Censuses) 1998 and 2000, BPS-Statistics Indonesia <http://www.apcdproject.org/countryprofile/indonesia/statistical.html#table11>.

TABLE 1: DISABILITY POPULATION BY TYPE OF DISABILITY

	2000 National Survey ¹⁴	Indonesia Country Report ¹⁵	Nanggroe Aceh Darussalam Province ¹⁶
Physical Disability	40.3%	11% (162,800)	23% (26,041)
Blind	17.0%	13% (192,400)	7% (7,931)
Deaf	12.0%	34% (503,200)	5% (5,194)
Mental Disabilities			
Mental disability	13.4%		
Psychiatric disability	6.8%		
Intellectual and/or mental disability		26% (348,800)	
Developmental disability			4% (4,495)
Speech disability	7.2%		
Multiple Disability	3.2%		3% (3,575)
Chronic Disease		16% (236,800)	7% (7,363)
Other			51% (56,593)
Total number of people with disabilities	1,492,080	1,444,000	111,192

14. Asia-Pacific Development Center on Disability, "Statistical Data on Disability Profile" <http://www.apcdproject.org/countryprofile/indonesia/statistical.html#content>.

15. This information was taken from the Indonesia Country Report presented at a UNESCAP workshop. It is unclear in the report where the figures on disabilities originated; Robinson W. Saragih, *Indonesia Country Report*, Presented at the Workshop on the Protection and Promotion of the Right and Dignity of Persons with Disabilities, Bangkok, Thailand, 11-12 October 2000 <http://www.worldenable.net/convention2004/slidesindonesia.htm>.

16. Social Affairs Department of Nanggroe Aceh Darussalam, 2004.

The validity of the reported disability population is also in question. The low number of people with disabilities reported by Indonesia contrasts with the broad definition of disability found in national law. The primary definition was developed by the Ministry of Social Affairs in the Act of the Republic of Indonesia Number 4/1997, concerning disabled people. This document defines a disabled person as “...someone who has a physical and/or mental abnormality, which could disturb or be seen as an obstacle and constraint in performing normal activities, and consisted of 1) physically disabled, 2) mentally disabled, 3) physically and mentally disabled.” The Ministry of Health also provides a definition of disability as “the functional absence or abnormality of anatomy structure, psychology, or physiology,”¹⁷ while the Ministry’s decree 104/1999 on medical rehabilitation defines a person with disability as someone with limited ability for performing “normal activities” because of an impairment.¹⁸ The small number of recognized disabled people in Indonesia—despite the broad definition of disability—leads many to believe that many members of the disability community are not counted limiting both their membership in larger society and their ability to contribute to it.

Although there are several pieces of specific legislation that protect people with disabilities in Indonesia, the prominent legislation is the above mentioned Act of the Republic of Indonesia Number 4/1997 Concerning People with Disabilities. The Act was passed in response to recognition of the need to improve social welfare efforts for the disabled and aimed to achieve equal status, rights, duties and roles for people with disabilities.¹⁹ It defined the different types of disability, and established provisions for access to education, employment, and assistance to people with disabilities.²⁰ The Act requires each governmental agency and institution to develop specific policies and procedures to “improve and promote

17. Asia Pacific Center on Disability “Indonesia Country Profile”.

18. Ministry of Health, Decree 104/1999 on Medical Rehabilitation.

19. United Nations Economic and Social Committee for Asia Pacific (UNESCAP) <http://www.unescap.org/esid/psis/disability/decade/publications/z150071e/z1500705.htm#indonesiaB>.

20. U.S. Department of State, *Country Reports on Human Rights Practices 2000, Indonesia*, 23 February 2001. <http://www.state.gov/g/drl/rls/hrrpt/2000/eap/707.htm>.

the welfare of disabled persons.”²¹ For example, one of the outcomes of the act was the establishment of the Ministry of Health’s 1999 decree on rehabilitation.

While several disability-rights organizations are beginning to advocate for the enforcement of existing disability law in Indonesia, the disability community and its potential contributions to larger society have yet to be fully embraced.

DISABILITY AND THE TSUNAMI

DISABILITY POPULATION AS A RESULT OF THE TSUNAMI

According to officials at the Department of Health, Department of Social Affairs and Department of Education Nanggroe Aceh Darussalam, the status of people who had a disability prior to the tsunami remains unknown.²² However, some evidence suggests that people with disabilities fared worse than the population as a whole. For example, the Indonesia Society for the Care for Children with Disabilities (YPAC) had schools in two different areas in Banda Aceh. Although some teachers were affected, the children attending the schools were most affected. Approximately half of the 145 students attending these two schools are still missing and unaccounted for.²³ In contrast, the highest estimated mortality rate for Banda Aceh in general is about 25%.²⁴

In addition to the lack of information about the survival of persons with disabilities, officials also do not know the number of new disabilities

21. Asia Pacific Center on Disability “Indonesia Country Profile”.

22. Official of Department of Social Affairs of Nanggroe Aceh Darussalam (NAD), interview by author, 22 March, 2005; Official of Department of Education of NAD, interview by author, 23 March 2005; Official from Department of Health of NAD, interview by author, 23 March, 2005; Official of Department of Education of NAD, interview by author, 23 March 2005; Official of Department of Health of NAD, interview by author, 22 March 2005.

23. Chairperson of Board, Indonesia Society for the Care for Children with Disabilities, interview by author, 15 March, 2005.

24. Education International, “Tsunami Relief Program: Indonesia” <http://www.ei-ie.org/tsunami/en/indonesia.htm>.

created by the tsunami.²⁵ There are no measures in place to report new disabilities to the government, so available statistics related to disability caused by the tsunami are estimates and are unreliable. With regard to new physical disabilities, Handicap International, Banda Aceh, estimates that approximately 50-60 amputations were conducted as a result of injuries related to the tsunami in the area of Banda Aceh, although the exact number is difficult to know.²⁶ Yayasan Eko Lestari, who distributes medical supplies in the area and also assists in surgeries conducted by the Leuseur Foundation, stated that approximately 20 people received amputation and were sent to a hospital in the neighboring city of Medan.²⁷ Others, such as staff at the Zainal Abidin General Hospital in Banda Aceh and the NGO Aceh Sepakat were not able to estimate the number of new physical disabilities.

Some information suggests that there are more mental disabilities resulting from the tsunami than physical disabilities. Handicap International, Banda Aceh stated that approximately 100,000 people have suffered some form of mental trauma and would require assistance. SATKORLAK, the government field coordination at the provincial and municipal level that was established by BAKORNAS, stated that they have worked with 89 individuals, the majority of whom are females, who have a mental or psychiatric disability due to the tsunami.²⁸

Although the United Nations Economic and Social Commission for the Asia Pacific (UNESCAP) initially feared that disability might increase by 20% as a result of the disaster, the absence of a national record or a centralized reporting system makes it impossible to gauge the full impact of the tsunami on the disability population.²⁹ It is unclear if some individuals with disabilities were excluded from the above estimates or if others were counted more than once.

25. Official of Department of Social Affairs of Nanggroe Aceh Darussalam, Official of Department of Education of NAD; Official of Department of Health of NAD; Official of Department of Education of NAD; Official of Department of Health of NAD.

26. Project Director for Indonesia, Handicap International, interview by author, 18 March, 2005; Handicap International Report.

27. Staff member of Yayasan Eko Lestari, interview by author, 17 March, 2005.

28. SATKORLAK Health Report, Posko SATKORLAK Medan, 17 March, 2005.

29. United Nations Information Service, "News Release," 14 February, 2005 <http://www.unis.unvienna.org/unis/pressrels/2005/soc4668.html>.

RELIEF SERVICES

Coordination and Inclusion of Disability. The Indonesia government, specifically the military, was responsible for overall coordination of the relief efforts in Indonesia. It was estimated that there were over 250 NGOs working in the province of Naggroe Aceh Darussalam alone.³⁰ There were several meetings among NGOs to coordinate the logistics of the relief effort, such as transportation, air movement of cargo and storage space at airports; however, during these meetings, ensuring that people with disabilities had access to relief services was not discussed.³¹ During the WHO briefings on the situation of the relief effort in regards to health, there was no mention of disabilities.³²

Shelters. The International Organization for Migration (IOM) has been asked by the Indonesia government to construct 11,000 semi-permanent homes and shelters for the tsunami-affected population. At least 4500 units have been contracted for, with the first being delivered in late April 2005.³³ The structures are designed to house up to seven people and can be quickly adapted to serve as medical clinics or schools.³⁴ Unfortunately, the shelters are not accessible to people with physical disabilities. Thus, neither the majority of semi-permanent homes nor the clinics and schools set up in IOM structures will be available for use by people with physical disabilities. Furthermore, the UN Office for the Coordination of Humanitarian Affairs recently did an assessment of five Temporary Living Centers in Aceh Barat; however, no mention of accessibility or special measures for people with disabilities are included in their report.³⁵

30. World Health Organization, "Three Months After the Indian Ocean Earthquake-Tsunami" http://www.who.int/hac/crises/international/asia_tsunami/3months/report/en/index.html.

31. This statement is based on upon the meetings attended by the author, a WHO official, and a World Food Program official. Although they attended most of the meetings, they did not participate in all of the meetings that took place. It is possible that disability was discussed in the meetings that they did not attend, but the general perception is that this would be unlikely.

32. Official from the World Health Organization.

33. International Organization for Migration, Press Briefing Notes, 26 April 2005, <http://www.iom.int/en/news/pbn260405.shtml>.

34. *Ibid.*

35. BAPPENAS, Indonesia: Notes on Reconstruction series www.e-aceh.org.

In addition, within the shelters the number of latrines available to the general public was inadequate. It was estimated that there were three latrines for approximately 5,000 people. These latrines were inaccessible to people with physical disabilities.³⁶

Currently, there are very few people with disabilities staying in these shelters or any semi-permanent housing, and neither average citizens nor civil authorities appear to know where people with disabilities are living.³⁷ It is believed that some people with disabilities may be living with family members whose homes were not affected or are currently living on the streets.

Food and Water Distribution. Early disaster relief was swift though chaotic, with potable water, emergency medical care, and stores of food quickly arriving to the scene in no organized or clearly advertised fashion. Meanwhile, in more than 36 camps across Aceh State, dozens of different relief and medical NGOs and national military medical task forces from a dozen countries created crisis centers and field and floating hospitals.

The World Food Program (WFP), in coordination with BAKORNAS PBP, was the lead organization for food distribution during the relief efforts. The Indonesian military (TNI), assisted by several foreign militaries, worked with the WFP to provide logistical aid. The WFP used several methods to distribute food to the survivors of the tsunami including air drops, regional distribution, and utilization of existing infrastructure such as health clinics and schools in areas where they were not destroyed. Furthermore, daily food rations were provided within internal displacement camps. Since these camps were not accessible to people with disabilities, they were also excluded from these food and water distribution efforts.

The International Committee for the Red Cross (ICRC) also set up a large food and water distribution location as well as a full field hospital within the soccer stadium. The location choice was based upon the high profile of the soccer stadium. Most of the community knew where it was

36. Official from the World Health Organization.

37. This information is based on the author's visits to the various shelter sites constructed by the IOM as well as interviews with various officials, NGOs and other people she encountered in the affected areas.

located, and the ample space it provided. The stadium is six miles from the shore and therefore did not receive any damage since the tsunami destruction zone ended approximately two and a half to three miles from the shoreline. The distribution center and its services were advertised through radio broadcasts and posters displayed throughout the town, making some basic information about the services accessible to people who have hearing or visual impairments.³⁸

General Health Care. The tsunami created a number of problems for the general health care system in Indonesia. Many hospitals and health clinics were damaged or destroyed, and doctors and health workers were among the victims. The main care and trauma center in Banda Aceh, Zainoel Abidin Hospital, was heavily damaged by the tsunami but was quickly re-occupied by a skeleton staff (more than 200 employees were lost in the disaster). Having been in the path of the tsunami, the facility remained saturated and unusable for several weeks.

The World Health Organization coordinated the health effort in Indonesia and had as one of its priorities to support the most vulnerable populations (the very young and old, pregnant and lactating women, those with chronic diseases and those with difficulties accessing services.)³⁹ Although this was the intention, there were no specific measures put into place to locate and assist people with disabilities.

Assistive Devices. In the past, people with disabilities received assistive devices including mobility devices through the Ministry of Social Affairs or local NGOs. The issue of providing mobility devices, such as wheelchairs, to recent amputees was reportedly discussed at one meeting of international NGOs involved in the response effort. However, due to the difficulty in finding an organization with the capacity to provide this equipment and the lack of expertise on disability issues within the international community, it was decided that this was not a priority.⁴⁰

Nevertheless, there are several hospitals and NGOs who have treated or provided aids and mobility devices for those individuals who have

38. Donovan Webster, Trip Report of Tsunami Affected Countries.

39. World Health Organization, "Three Months After the Indian Ocean Earthquake-Tsunami".

40. Civil / Military advisor for the World Food Program.

a disability as a result of the tsunami. At the Zainal Abidin General Hospital in Banda Aceh, there were over 60 people registered to receive prosthetic limbs after the tsunami, although they do not know if these requests came from people with newly amputated limbs or from people who required replacements for prosthetic devices lost in the tsunami.⁴¹ Aceh Sepakat stated that they had provided mobility devices such as wheelchairs and crutches, but they were reluctant to share the exact numbers of mobility devices provided with groups who were not directly providing aid.

Mental Health Counseling. Although there are some groups trying to provide mental health counseling to individuals traumatized by the tsunami, the amount of services available appear to be inadequate compared to the need. A group called People Crisis Center has a program to provide psychological services to people after the tsunami. In addition, Handicap International is also training local physiotherapists to work with long-term mental health issues. The Education and Information Center for Child Right, a local NGO in Medan known primarily by its Indonesia acronym KKSP, works particularly with children in distress and focuses on internally displaced children living in shelters, providing counseling for children who have survived the disaster. The KKSP currently works with 55 children who have psychological trauma caused by the tsunami and provides counseling through the shelters, camps, and host families where children are located. However, KKSP reports that they have not encountered any children with disability in the shelters and therefore have not been able to provide them with assistance.⁴²

RECONSTRUCTION

According to the World Bank's damage and loss estimate, the cost of the damage in Indonesia amounted to about \$4.5 billion or 97% of Aceh's

41. Zainal Abidin General Hospital, Author's visit to registration process, 21 March, 2005.

42. Director of KKSP, Interview with author, 17 March, 2005.

GDP.⁴³ However, the exact number of damaged buildings and the extent of the damage are unknown.⁴⁴

Just as people with disabilities were marginalized in the relief effort, they have also been excluded or ignored in the reconstruction efforts. Many of the buildings being reconstructed are not being built so that they are accessible to people with disabilities. Furthermore, the Department of Public Works in Banda Aceh does not know how to adapt a building in order to make it accessible.⁴⁵ Handicap International (HI) is working to address this lack of knowledge and to educate those constructing new buildings. They have held workshops at the shelters and a university workshop for urban and city planner representatives on the general concepts and practices of universal design. HI and the United Nations Development Programme (UNDP) plan to build approximately 400 houses that are accessible. The IDRM was not able to ascertain the progress on or results of this plan. Overall, however, people with disabilities are not included in reconstruction planning meetings, and their needs are not being sufficiently taken into account in the plans for public facilities.

The only area in which people with disabilities have received any significant attention is in the reconstruction of special schools for children with disabilities. An example of this would be the Indonesia Society for the Care for Children with Disabilities (YPAC), which had schools in two different areas in Banda Aceh. One of the buildings, which was located in the village of Keuramat, was completely destroyed and the other, which was located in Santan Village, was damaged. All the school materials are gone, and there is an urgent need for the reconstruction of the dormitories as almost half of the surviving students do not have a place to stay. Most of them lived in the school's dormitory prior to the tsunami, which was entirely destroyed. Currently some of the children are homeless while others are staying with host families. In addition, 24 of the 26 teachers are now living in shelters or with their families who were not affected by the tsunami.⁴⁶ Although one of YPAC's

43. US State Department, "Indonesia Country Profile" <http://www.state.gov/r/pa/ei/bgn/2748.htm>.

44. Official of Department of Public Works of Banda Aceh, Interview with author, 24 March, 2005.

45. Official of Department of Public Works of NAD, Interview with author, 23 March, 2005.

46. Chairperson of Board, Indonesia Society for the Care for Children with Disabilities, interview by author, 15 March, 2005.

schools was reopened in late February, it was almost impossible for the children to study due to the lack of teachers and learning materials and the unsafe structural condition of the school.⁴⁷ YPAC has three planned phases of reconstruction.

TABLE 2: YPAC RECONSTRUCTION⁴⁸

PHASE	ACTIVITY	DONOR AND CONTRIBUTION
Phase 1	Emergency and Relief March 1st – April 30th, 2005: <ol style="list-style-type: none"> 1. Reconstruction of the damaged building for classrooms and the dormitory for students. 2. Providing food for the students 3. Providing school equipment including uniforms for the students 	Received approximately \$10,000 from the Asian Health Institute
Phase 2	Establish New Building May 1st – August 31st, 2005	Received approximately \$10,000 from the Republic of China.
Phase 3	Building the Rehabilitation Center for Children with Disabilities	Second Hope an NGO from France

Even though YPAC has received \$20,000 as mentioned in table two, they still have reconstruction needs that have not been met. Furthermore, there is a wide disparity between the financial support provided to regular

47. When the author visited the school on 19 March, 2005 they were in the first phase of reconstruction.

48. Chairperson of Board, Indonesia Society for the Care for Children with Disabilities.

schools and the support provided to schools for children with disabilities. For example, an NGO called Tomorrow's Hope received almost half a million dollars from the Singapore Red Cross to reconstruct schools and orphanages in the Nias islands.⁴⁹

Some organizations and companies have contributed financial support specifically for accessible reconstruction designed for use by children with disabilities. KLM Airlines has donated 66,000 Euros to construct an orphanage for children with disabilities in Medan, a city in Northern Sumatra, which will serve as temporary housing.⁵⁰ Additionally, in collaboration with the Indonesia Ministry of Education, UNICEF is providing US \$90 million to rebuild over 300 schools and repair 200 damaged schools in Banda Aceh and the Nias islands of Northern Sumatra. According to UNICEF, these new schools will be reconstructed according to universal design and will be accessible for children with disabilities.⁵¹

Although KLM and UNICEF are two good examples of attempting to include and consider children with disabilities in the reconstruction effort, a large percentage of schools being reconstructed may not be accessible. A recent report on "Getting Children Back to School", a document outlining plans for reconstruction of the educational system, largely excludes mention of people with disabilities and the need for accessible schools. There's a brief mention of "support for those that have special needs that result from their recent experiences" and some discussion of the need for mental health services, but the report does not provide strategies or educational provisions for those children who had a disability prior to the tsunami.⁵²

49. Red Cross "Tsunami Relief" http://www.redcross.org.sg/tsunamirelief_projects_m.htm.

50. Travel Daily News "KLM to Build Center for Disabled Children in North Sumatra" 31 March 2005 http://www.traveldailynews.com/new.asp?newid=21750&subcategory_id=101.

51. I news wire "UNICEF to support US \$90 million in rebuilding tsunami affected schools" 5 May 2005, <http://i-newswire.com/pr18585.html>.

52. BAPPENAS, Indonesia: Notes on Reconstruction series.

DISABILITY ORGANIZATIONS WORKING IN AFFECTED AREAS⁵³

- 1) Yayasan Eko Lestari (YEL)
Jl. Tengku Amir Hamzah, Lingk. XI
Pekan Sunggal, Medan,
Indonesia, 20128
Tel/Fax: 62-61-8457033
Email: yel@indo.net.id

- 2) Helen Keller Indonesia
Jl. Bungur Dalam 23 a-b,
Kemang, Jakarta Selatan,
Indonesia, 12370
Tel: 62-21-7199163, 62-21-7198147

- 3) Handicap International (Jakarta Office)
Leuseur Foundation
Jl. Imam Bonjol 76-78, Jakarta,
Indonesia, 10310
Tel: 62-21-3923213

- 4) YPAC Nasional
Jl. Hang Jebat II No. 2,
Kebayoran Baru, Jakarta Selatan,
Indonesia, 12120
Tel: 62-21-7254357, 62-21-7251710
Fax: 62-21-7247366

53. This list is not comprehensive and is based on the author's assessment of the international and local NGOs which are providing some of the best assistance to people with disabilities after the tsunami.

THAILAND

KEY FACTORS

Pre-tsunami Thailand was the most popular tourist destination in Southeast Asia. On the morning of 26 December 2004, the tsunami hit Thailand's Adaman (west) coast and engulfed the provinces of Phang Nga, Phuket and Krabi. After the tsunami, there were large disparities between the services provided to people with disabilities who were registered with the government and to those who were not. Furthermore, although disability groups advocated strongly for services to be provided to all people with disabilities, there was little response or reaction from the government to ensure such provisions.

TSUNAMI BACKGROUND

GENERAL STATISTICS

The World Health Organization (WHO) estimates that the tsunami killed a total of 5,323 people in Thailand, a third of whom were foreigners, and that more than 3,000 people remain missing.¹ The exact number of displaced people is unknown, although it is estimated that as many as 3,600 homes were destroyed.² The tsunami caused widespread destruction and practically wiped out areas such as Ko-Phi-Phi island. It also affected Thailand's economy by significantly damaging the tourism and fishing trades and destroying approximately 4,300 mostly locally-owned boats.³ Thailand is also susceptible to other natural disasters such as earthquakes and flooding, and has experienced an increase in man-made emergencies. Terrorist attacks have become more regular and indiscriminate and, since January 2004, have killed more than 600 people, in places from supermarkets to airports.⁴

1. World Health Organization, Tsunami Report :3 months on from the Tsunami http://www.who.int/hac/crises/international/asia_tsunami/3months/tha/en/index.html.
2. Thailand Tsunami Survivors and Supporters Report May, <http://www.achr.net/000ACHRTsunami/Thailand%20TS/Tsunami%20Thailand.htm>.
3. *Ibid.*
4. Department of Disaster Prevention and Mitigation: Mission Statement, 2005 <http://www.disaster.go.th/content/english/english/eng03.htm>.

EMERGENCY PLANS

The Department of Disaster Prevention and Mitigation, which is part of the Ministry of the Interior, coordinates national emergency plans. The Department's mission statement is to "establish disaster prevention and civil defense systems and create awareness in every city." Although it does not specifically mention disability, the goals of the department include "reinvigoration of the victims' physical and psychological trauma, restoration of the victims' livelihood, necessities and occupations."⁵

Similarly, although people with disabilities are not explicitly excluded from the evacuation process, there are no specific measures that provide for them in times of natural disasters or emergencies. The government hopes to establish a method or strategy through which people with speech impediments or hearing impairments can communicate with authorities in the case of natural disaster, civil emergency or criminal assault. Until then, however, people with disabilities must rely on communication through volunteers or relatives.⁶

DISABILITY BACKGROUND

In census and epidemiological activities, a person with a disability is defined as "an individual who is limited by function and/or ability to conduct activities in daily living and to participate in society through methods used by persons without disabilities due to visual, hearing, mobility, communication, psychological, emotional, behavioral, intellectual or learning impairment, and has special needs in order to live and participate in society as to others."⁷

There are two official figures of the disability population in Thailand. The National Statistics Office reports that in 2001 the population of

5. Department of Disaster Prevention and Mitigation: Mission Statement.

6. Interview with Topong Kulkhanchit, Regional Development Officer, Disabled Peoples' International Asia-Pacific Region, 16 May 2005.

7. Asia-Pacific Development Center on Disability (APDC) "Country Profile, Thailand: Current Situation of Persons with Disabilities" http://www.apcdproject.org/countryprofile/thailand/thailand_current.html.

people with disabilities was 1.1 million, or 1.8% of the general population of 62.9 million.⁸ In contrast, the 1996 Ministry of Public Health Survey estimated the percentage of people with disabilities to be 8.1%.⁹ The large discrepancy between the numbers can be attributed to the fact that different definitions and different methodologies were used.

Physical disability was the most prevalent disability type (56.9%), and congenital conditions, sickness, and traffic accidents were the three most prevalent causes of physical disability, accounting for 33%, 15% and 9% of cases, respectively.¹⁰

The 1997 Constitution mandates access to public facilities for, and prohibits employment and education discrimination against, people with disabilities. However, according to human rights and international observers, the government does not enforce these laws effectively.¹¹



Phuket Hospital

8. National Statistics Office, *Report of Disabled Persons Survey 2001*. Online: *Asia-Pacific Development Center on Disability (APCD)*: http://www.apcdproject.org/countryprofile/thailand/thailand_stat.html <http://www.worldenable.net/escapstats/paperthailand.htm>.

9. Yutaka Takamine, World Bank Working Paper: Disability Issues in East Asia: Review and Ways Forward (WP # 292990), May 2004.

10. *Ibid.*

11. U.S. Department of State. Country Report on Human Rights Practices 2003: Thailand (25 February, 2004) <http://www.state.gov/g/drl/rls/hrrpt/2003/27790.htm>.

The Rehabilitation of Disabled Persons Act (B.E. 2534) of 1991 is the most important piece of specific disability legislation.¹² The Act protects and promotes the rights of people with disabilities and establishes their right to medical, educational and occupational rehabilitation services, employment, financial security, community support, and decision making. In order to receive any of the services or subsidies available under the Act, an individual must register with the Ministry of Public Welfare.¹³ Despite efforts made by disability organizations and the government, the number of people with disabilities registered is still very low. As of March 2002, it was estimated that less than 10% of people with disabilities were registered. Poor accessibility of the district public welfare offices and hospitals as well as lack of information about the registration process are deemed the primary explanations for the low registration rate.¹⁴

DISABILITY AND THE TSUNAMI

DISABILITY POPULATION AS A RESULT OF THE TSUNAMI

Prior to the tsunami, there were 13,216 people with disabilities registered in the 6 affected areas.¹⁵ Because of the low registration rate, the actual number of people with disabilities living in the affected areas is estimated to be much higher. The Foundation of Basic Health estimates that people with disabilities constitute approximately 7.5% of the population,¹⁶ which suggests the pre-tsunami disability population in the affected area was approximately 134,144, of whom more than 120,000 were not receiving government services. Research conducted by Handicap International shows that across the three most affected provinces of Thailand, only two people with pre-existing disabilities were treated and released at field hospitals and aid stations.¹⁷ Although many feel that a higher number of

12. National Council on Social Welfare of Thailand, *Government Implementation of the Standard Rules as Seen by Member Organizations of Rehabilitation International (RI)*. 1997. http://www.independentliving.org/standardrules/RI_Answers/Thai.html.

13. Prayat Punong-ong, *Blind disabled people and the Thai rural economy*, Posted by UN FAO, July 1997. <http://www.fao.org/sd/PPdirect/PPre0040.htm>.

14. Japanese International Cooperation Agency (JICA) and Planning and Evaluation Department "Country Profile on Disability-Kingdom of Thailand" March 2002 http://siteresources.worldbank.org/DISABILITY/Resources/Regions/East-Asia-Pacific/JICA_Thailand.1.pdf.

15. Ministry of Social Welfare.

16. Foundation of Basic Health.

17. Donovan Webster, trip report from Thailand 13-14 February 2005.

people with disabilities may have been injured or killed by the tsunami, there is no accurate, available data to support this theory.¹⁸

It is difficult to predict the exact number of people who will have a disability as a result of the tsunami, even with the government's registration and reporting system. However, the Department of Medical Services estimates that 33 people have already reported becoming severely disabled and that approximately 800 people will have a long-term physical or mental disability caused by the tsunami.¹⁹ Dr. Chu Chat, director of orthopedics and point person for Emergency and Triage at the Vachira Phuket hospital in Phuket, the main referral hospital for the areas affected by the tsunami, says records show that, between 26 December and 7 January, 1,088 injured people visited the hospital. There were 330 admissions, of which 196 were surgeries, 6 were amputations, 3 were cases of paraplegia and 4 were cases of tetraplegia.

The Council of Disabled People of Thailand (DPI-Thailand) asked the government to conduct a post-tsunami survey of the number of people with disabilities, in order to obtain an accurate number of the newly disabled and to gather information on how many people with disabilities survived the tsunami and where they currently are living. The government did not grant this request.²⁰

RELIEF SERVICES

Coordination and Inclusion of Disability. The Thai government was responsible for the general coordination of all NGOs, and the City Hall of Phuket served as headquarters of the disaster relief effort.²¹ There were few meetings to help coordinate efforts among the many relief agencies and local government. According to various civil authorities, such as police officers, there were no regular briefings.²² Hospitals, rather than the government, seemed to serve as the actual focal point for information.²³

18. Topong Kulkhanchit.

19. Thai News Agency <http://www.mcot.org/query.php?nid=35101>.

20. Topong Kulkhanchit.

21. Australian Government, Thailand Briefing by Neryl Lewis, http://www.ausaid.gov.au/hottopics/tsunami/brief_thai.cfm.

22. Donovan Webster.

23. *Ibid.*

In a recent Relief Web article, Neryl Lewis, an officer of AusAID, stated, “We faced many challenges that we had to deal with at the beginning. But we managed to overcome them. One problem was the lack of Standard Operating Procedures (SOP) to interface effectively with foreign rescue or relief teams. Another challenge was the on-site management and coordination among all Thai and foreign agencies conducting rescue and relief. Identification of bodies was a major challenge requiring DNA analysis and other means.”²⁴

There were no separate meetings to discuss how to ensure that people with disabilities were being included in the relief effort. In a letter to the government, DPI-Thailand asked the government to create a special coordinating body for people with disabilities within the relief effort, but did not receive a positive response.²⁵

Shelters. Since there was less damage in Thailand than in other affected countries, there was not as strong a need for large scale shelters or temporary housing. Although there are approximately 4,000 people currently living in camps and relying on the support of aid agencies, many people were able to stay with family members rather than in shelters.

One organization that provided temporary housing was World Vision, which provided 220 temporary shelters, and through these, distributed approximately 60,000 cartons of milk and 3,000 cartons of powdered milk. The shelters that have been established are not stable long-term constructions, but are merely tents inaccessible to people with disabilities. However, according to a World Vision representative, by early March, most of the survivors in the tents have moved to more stable temporary houses built by World Vision which were, as much as possible, built for convenient access of all the beneficiaries.²⁶ According to Topong Kulkhanchit of DPI Regional Office, when short or long term shelters are made inaccessible, people with disabilities usually require assistance to enter the shelters and then are unable to exit and re-enter them without

24. Statement of H.E. Dr. Surakiart Sathirathai, Minister of Foreign Affairs, Special Envoy of the Prime Minister of Thailand, at the Special ASEAN Leaders' Meeting on Aftermath of Earthquake and Tsunami, Jakarta, 6 January 2005.

25. Topong Kulkhanchit.

26. World Vision, http://www.wvi.org/wvi/asia_tsunami/thailand_tsunami.htm.

additional assistance. Shelters essentially trap people with disabilities inside of them.²⁷

Food and Water Distribution. Almost all food aid was distributed through shelters, and since the majority of shelters were not accessible, it was difficult for many people with physical disabilities to receive such provisions. Unlike Indonesia, there was no area outside of the shelters where people with disabilities, or anyone else, could go to obtain food and water.

General Health Care. According to the Rehabilitation Act A.D. 1991, people with disabilities who are registered with the Public Welfare Office are eligible to receive free health care and medical services from the government. The tsunami damaged many hospitals, which made it difficult to provide medical services to individuals after the disaster. However, all hospitals have been repaired and are functioning normally.²⁸

Assistive Devices. The government provides free mobility and other assistive devices, such as wheelchairs, spectacles, canes, and artificial limbs, to all registered citizens with a disability.²⁹ The Ministry of Health stated that by February 13, 2005, in the 6 affected provinces, it had provided:³⁰

- 31 wheelchairs
- 21 canes
- 23 commode wheelchairs
- 7 walkers
- 5 hearing aids
- 89 artificial legs.

However, according to DPI, there are many people who require assistive devices but have not yet received them. For example, the

27. Topong Kulkhanchit.

28. Asia-Pacific Development Center on Disability (APCD).

29. Topong Kulkhanchit.

30. This estimate was given by the Ministry of Health to the Thailand chapter of Disabled Persons International (DPI) as the number of materials already received by people with disabilities. However, there is some skepticism about the accuracy of this statement since it would have been very difficult, to make so many prosthetic limbs in such a short time. Prosthetic limbs can not be massed produced and instead need to be configured for each individual's specific dimensions, which can take up 2-3 days per artificial limb.

Department of Medical Sciences reports that of the over 50 people that have received prosthetic limbs, only two or three of them are tsunami survivors.³¹

Mental Health Counseling. According to Sudarat Keyuraphan, Minister of Public Health, as of 11 January, there were over 5,000 people in the six affected areas seeking some form of psychiatric treatment. Over 1000 tsunami survivors were given sedatives, and 11, the majority of whom had a history of mental disability, were still undergoing “intensive therapy”.³² Dr. Wachira Phengchan of Suan Saranrom Psychiatric Hospital stated that the “worst [cases of mental illness] were the ones who were too depressed or afraid to even seek medical or other assistance.”³³ Most mental health services were provided at the shelters, which were not accessible, or at hospitals, which were difficult for people with disabilities to travel to due to the poor conditions of the streets and transportation systems post-tsunami. There is also concern that very little follow-up is being provided to those in need of psychiatric treatment.³⁴

TABLE 1: PSYCHIATRIC HEALTH³⁵

Province	Number of people served ³⁶	Types of Services		
		Psychiatric drugs	Counseling	Medical treatment
Krabi	3664	633	2840	1114
Phang-nga	8105	2414	8287	2646
Phuket	2535	509	2092	833
Ranong	1220	155	1137	316
Satun	704	273	226	458
Trang	241	0	284	156
Sum	16,469	3,984	14,866	5,523

31. Topong Kulkhanchit.

32. China Internet Information Center “5000 Tsunami Survivors in Thailand Visit Psychiatrists” http://www.china.org.cn/english/features/tsunami_relief/117502.htm.

33. *Ibid.*

34. Topong Kulkhanchit.

35. Ministry of Public Health, Department of Mental Health, May 15, 2005 <http://www.dmh.go.th/english>.

36. This estimate is based on the number of services provided and not the number of people who have received services. It is possible that one patient may have received more than one service at each visit and may have visited the counseling services various times.

In addition, the Department of Mental Health conducted a survey that found there were more orphans than original estimates suggested, the majority of whom will need long-term professional psychological support. There are over 1,100 orphans, an increase of over two hundred in just one month.³⁷

RECONSTRUCTION

According to the Ministry of Social Development and Human Security registry, 135 people with disabilities have lost their homes, with almost half of the damage reported in the Province of Satun.³⁸ In total, approximately 6,824 houses were damaged, of which 3,615 were completely destroyed and 3,209 partially damaged. 4,615 of the damaged houses are in Phang-Nga Province.³⁹

There are several different estimates of the total damage and reconstruction costs. The United Nations Development Program (UNDP) estimates the damage to civil infrastructure, including roads, bridges and piers, to be US\$ 7.8 million, with almost 70% of the damages in Phang-Nga.⁴⁰ The Ministry of Foreign Affairs estimates that the damage may total more than half a billion dollars.⁴¹

A majority of the buildings being reconstructed are not accessible for people with disabilities,⁴² including most of the schools, public buildings and tourist sites. Although reconstructed hospitals have ramps, most lack accessible bathrooms. DPI-Thailand sent a letter to the Prime Minister requesting that all newly constructed buildings be accessible but did not receive a response.⁴³

37. Relief Web, "Thailand Field Situation: Report no. 10" <http://www.reliefweb.int/rw/rwb.nsf/0/73e22386bfc0d08449256fbd000bf0a0?OpenDocument>.

38. Interview with an Official at the Ministry of Social Welfare by Prayat Punong-ong.

39. <http://www.reliefweb.int/rw/rwb.nsf/0/73e22386bfc0d08449256fbd000bf0a0?OpenDocument>.

40. United Nations Development Program, <http://www.undp.or.th/tsunami/tsunami.htm>.

41. Thailand Ministry of Foreign Affairs, <http://www.mfa.go.th/web/1839.php?id=11396>.

42. Topong Kulkhanchit.

43. *Ibid.*

In addition, many people with disabilities have lost their businesses due to the tsunami. For example, in Phuket, up to 25 people with disabilities, primarily people with hearing impairments, previously owned businesses, such as gift shops, food markets and clothes shops that were destroyed by the tsunami.⁴⁴ The government has offered interest-free loans of 20,000 Thai Baht (approximately US \$485)⁴⁵ to registered people with disabilities in the six tsunami-affected provinces, to be used for food, shelter repair, and business re-opening. The government has extended the repayment schedule of loans taken before the tsunami by up to one year. Those who request a first time loan after the tsunami will receive direct approval without going through the rigorous application and approval process.⁴⁶ Of the 4,671 registered people with disabilities in these six provinces, only 428 have taken advantage of the loans. This small number stands despite a public-awareness program promoting the loans in newspapers, in the mail, and through trained social workers, which suggests that people with disabilities in the tsunami zones either do not wish to take on the burden of even an interest-free loan or are not registered.⁴⁷

DISABILITY ORGANIZATIONS WORKING IN AFFECTED AREAS⁴⁸

Handicap International (HI)
 10 Phaholyotin 3 Road, Samsennai, Phayathai, Bangkok 10400
 Tel : 0-2619 –7833, 0-2619- 7844, 0-2619- 8966
 Fax: 0-2278- 3350
 Email: bkkinfo@thailand-hi.org

44. Interview with individuals in Phuket by Prayat Punong-ong.

45. As of 24 June, 1 US dollar equaled approximately 41 Thailand Bhat.

46. Topong Kulkhanchit.

47. Donovan Webster, information based upon an interview by Topong Kulkhanchit.

48. This list is not comprehensive and is based on the author's assessment of the international and local NGOs which are providing some of the best assistance to people with disabilities after the tsunami.

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Nonthaburi 11120 Thailand
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Send e-mail to rdo@dpiap.org

Christian Foundation for the Blind in Thailand (CFBT)
214, 10, Pracharak, Banpaid, Muang,
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Nonthaburi Society of Disabled Persons (NSDP)
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