WHO Conference on Health Aspects of Tsunami Disaster in Asia

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Contribution of non-governmental actors

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About Shantiham

• Established in 1987 to train counselors and psychosocial trainers.
• Have built outreach centers throughout Jaffna district.
• Train public health officers on mental health issues.
• Due to demand, Shantiham forced to shift its main services from counseling towards community based interventions.
Role of Local NGOs in Jaffna District Sri Lanka

- Contextual situation and magnitude of the disaster upon the Jaffna population has to be viewed in two ways:
  - Man made disaster
  - Natural disaster
Local NGO operations in conflict situations

• Historically, we experienced coordination problems due to the conflict.
  
  • Operationally, in the north, three sectors have to play a role in coordinating NGO activities
    – Government (central level and provincial level)
    – Military
    – L.T.T.E. (in uncontrolled areas)
Post-tsunami NGO operational capability

• NGO operations became easier and more flexible in the tsunami aftermath as there was a national sentiment to face the immediate crisis.
Integrated Government-NGO model

• There is a lack of resources to deliver psychosocial care in the government sector since specialists and consultants left Sri Lanka due to the conflict.
• The remaining specialists work in local NGOs on an ‘honorary’, unpaid basis.
• This system built coordination and cooperation both before and after the tsunami.
Shantiham’s role in the tsunami’s aftermath

- Conducted needs assessment in affected communities 45 days after the tsunami to determine the long term consequences of the disaster
- Supportive listening in the first month after the tsunami
- Conducted referrals for basic needs of affected populations
- Identified vulnerable individuals experiencing severe reactions
- Education and awareness raising
- Promote access to existing services and begin long term counseling and therapy to those in need
- Ensure quality of psychological interventions provided
- Extra training on specialist topics
- Coordinate, planning and networking with other NGOs and the government
Needs assessment

• Sent community health workers, doctors and consultants into 4 districts to identify short term, mid term and long term psychosocial issues and interventions

• Jaffna statistics:
  - Deaths: 1256
  - Missing: 1240
  - Displaced families: 48,769
  - Families housed in welfare centers: 3758
  - Families housed with relatives: 6651
Qualitative Survey results of needs assessment

• Issues arising after tsunami disaster:
  • Acute stress reaction
  • High degree of loss of life
  • Significant property/financial losses
  • Usual support system destroyed
  • Increased stress due to lack of preparation to face the disaster
  • Practical problems (reunion of family)
  • Loss of opportunity for natural grieving process
  • Fear of sea and fear of returning to coastal areas
  • Elevated incidence of schizophrenia in Jaffna (2%)
  • Rumors causing panic after the tsunami
  • Lack of coordination and organization amongst agencies
  • Lack of sympathy and sensitivity of some authorities dealing with the tsunami
  • Resurfacing of past memories and emotions related to previous traumatic experiences
  • Negative coping mechanisms (use of alcohol by widows)
  • Children and adolescent problems
Lessons learned from needs assessment

• This was the only needs assessment carried out on psychosocial needs in the Jaffna district. The government and international agencies did not carry out a post-tsunami survey.

• People expected an immediate fulfillment of needs (material assistance). We referred many individuals to a network of assistance.

• Coordination for providing psychosocial services was good because it was done by a task force on mental health established by Shanthiham after the tsunami.

• There was some coordination for delivering other services, but it was not as efficient because there was no single coordinating agency for the many NGOs present.
Conclusions

• The tsunami created an unprecedented level of cooperation between the government, military, L.T.T.E. and NGOs.
• The practice of placing government doctors and specialists into NGOs on a honorary basis enhanced coordination.
• Our experience was that the government and aid agencies did not conduct an important needs assessment in Jaffna after the tsunami.
• Conducting a needs assessment provided an opportunity to identify other needs and refer individuals to appropriate groups and agencies.
• Our role coordinating mental health NGOs in Jaffna was the main reason why mental health services were provided in a much more organized fashion compared to psychosocial services provided in other parts of Jaffna.
THANK YOU