WHO Conference on Health Aspects of Tsunami Disaster in Asia

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Contribution of non-governmental actors: On Health

Present By
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Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity - WHO

Health also needs a conducive environment, healthy area, water & sanitation
Components of Health needed attention and action after Tsunami for restoration of the following:

**Physical**
- Food, Clothing and Shelter

**Mental**
- Sense of security
- Relationship
- Self confidence
- Trust

**Economic**
- Money and material belongings
2. NGOs FIRST RESPONSE (This is only during the first two weeks)

1. Created a clean environment
   a. Clearing debris
   b. Removing dead bodies
   c. Removing dead animals

2. Took people to safer place
   a. Used all types of transportation to take people
   b. Identified kith and kin scattered
   c. Took those wounded / ill to hospital / health camps
3. NGOs first response
NGOs first response contd..
4. PROVIDED TRAUMA COUNSELING – ADULT & CHILDREN

- Engaged the children
- Provided recreation

This is still continuing in slower pace

**Psycho Social Care**

- One area where many NGOs were involved was counseling – NGOs both Indian / local and from other places / countries

- In some places too much of counseling by too many agencies – each using their own methods. This caused confusion.
5. Economic – supplying relief materials for living

6. Shelter – Temporary shelter of all types, Toilets / Bathrooms / hand pumps
Health Care

• In this there was some coordination. Non-health NGOs identified the sick and transported them to Government Hospitals or Private Hospitals.

• First few weeks there were many health camps provided by Government & Private agencies

• Private (Non health NGOs) brought doctors and held camps
  
  i. provided immediate relief - drugs
     - injections
  ii. provided some immunization

• Some gave antibiotics without realizing the consequences
HUMAN RIGHTS

- NGOs working for specific rights
- Confined only to that. Eg. Dalit rights
- No one had a wholistic approach
- Not identifying first issues of discrimination

After first 10 days – NGOs were able to bring issues of discrimination
There was no coordination – it was a stampede of NGOs, individuals, group etc.

No one knew what was coordination – even though they later expressed the need

All responded to their own idea of help – did not check needs or availability of resources / who got and who did not

Government also did not take any steps to coordinate

NGOs were better able to identify needs

But not all were able to link needs with resources

No one took any effort to coordinate

All were crossing each other

No time (or inclination) to stop and ask each other what they were doing

NGOs did not have

The skill

Or took risk to coordinate

So wastage of resources – duplication

Those neglected area were neglected
NGO DECISIONS

were based on

: their previous orientation

: their strength and resources

• Planning was done basing more on resources rather than responding to the actual needs.
ISSUES OF NGOs

- Most NGOs were NOT health NGOs
- No NGO had seen such a damage like tsunami
- No one had any idea what to do
- No one wanted to coordinate – able to coordinate
- Too many NGOs / resources / damages
- But no one took a lead
- The powerful NGOs – over shadowed and made the local NGOs underestimate themselves
Improving the effectiveness (Capacity Building) of NGO

- NGOs need to be prepared for responding for emergency
- NGOs need to be prepared to take initiative in coordination
- Not to feel threatened by other NGOs
- Not to feel insecure of loosing identify / resources
- Advocate human rights issues
- How to create linkages between needs & resources
- Basic Disaster Management Skills need to be imparted
INGOs

• Need to take steps to first register and work with others
• Need to be prepared to coordinate with local NGOs for longer sustainable action
• Just because they have resources, more skill, knowledge and power they should not discount local NGOs

or go and work directly in an area – they had never visited or worked “adopt area”.
HEALTH ISSUES SURFACED IN TAMIL NADU

No communicable diseases – Actually it was said that Tsunami killed Vectors Health Camp, Immunization also helped

REPORTED ISSUES

1. Fever, body pain
2. Pregnant women
   • lack of nutrition
   • miscarriages
3. Reproductive Tract Infection
4. Food for Children, Babies, Pregnant women not available
5. Privacy for girls – Sanitation facilities not available

Psycho social problems are many
So far NO sexual abuse was reported
IN GENERAL

The Tsunami affected area were regions which had least facilities earlier

- away from proper health facilities
- no sanitation facilities – bath room / toilets
- In many places – transportation also was not frequent
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Sex</th>
<th>Have Water</th>
<th></th>
<th>Take Water</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>North</td>
<td>South</td>
<td>North</td>
<td>South</td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
<td>104 (58.42)</td>
<td>75 (62.5)</td>
<td>99 (53.51)</td>
<td>209 (57.73)</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>74 (41.57)</td>
<td>45 (37.5)</td>
<td>86 (46.48)</td>
<td>153 (42.26)</td>
</tr>
</tbody>
</table>

**AVAILABILITY OF WATER FACILITY INSIDE TOILET**

Tsunami Health Conference

World Health Organization
Availability of water

68.57% of the respondents in Southern districts said water is not available throughout the year.

In Northern districts, water seems to be available for 43.77% of people only.

(part of study of TNVHA)
NGOs need to work for

- Basic amenities of people
- Healthy surrounding
- Water and Sanitation
- Health services – ensure health care workers are there
- Train their own staff for providing these services
- How to utilize existing resources like SHG (Self Help Group)
Eg. TNVHA has coordinated the NGOs in one Taluk of Nagappattinam District (*Taluk is a revenue division of a district*)

- 25 NGOs working in that area are meeting every month
- Information of services / needs are documented
- Needs / Discriminations were identified
- Resources identified among NGOs or created linkages
- Now village wise coordination is facilitated
- NGOs capacity is built through training
- Relief and rehabilitation work is done through this coordination
<table>
<thead>
<tr>
<th>Name of the NGOs</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIFFS</td>
<td>Temporary shelter 270, Refresh work Supply of FRP vallams, Kattumaram and OBMS repair of boats, engines, Computer Edu. &amp; Scholarships</td>
</tr>
<tr>
<td>SEED</td>
<td>Counseling, SHG (4) Creeche at Anaikoil (2) Nos.</td>
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<tr>
<td>TREE</td>
<td>Refresh work – Provide materials: rice, mat, blanket, medicines. Health awareness Camps – Chinnan kudi</td>
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<tr>
<td>Don Bosco – CESVI</td>
<td>Evening tuition centers (4) Water tanks 2 lak it OHT, Tailoring Center (1) Electrician &amp; Electronics &amp; Handicraft, Motor Mechanic (1) Future: Driving training &amp; license – 120 Boys planner Permanent Houses Planned – 2500 *200, Community Toilets, Boat engine repairing</td>
</tr>
<tr>
<td>FMM</td>
<td>Trauma counseling, medical camp Relief materials like Grocery Counseling at school, Vocational guidance done</td>
</tr>
<tr>
<td>GSWS / TNVHA</td>
<td>Temporary Houses 1 unit house = 20 houses Temporary houses – Individual house – 7 Hand pumps – 18, Toilet - 25</td>
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<tr>
<td>SNEHA</td>
<td>Balwadi / SHG</td>
</tr>
<tr>
<td>OFFER</td>
<td>Counselling , Women Empowerment for SHG and Youth Women, Medical Help and Awareness for identified people Leadership and Communication, Motivation for Youth</td>
</tr>
<tr>
<td>TMSSS – CARITAS -CRS</td>
<td>50 Houses, cash for work and food for work programme</td>
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<tr>
<td>Seva Bharati</td>
<td>150 temporary houses</td>
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<tr>
<td>Rotary Club, Thane Hills</td>
<td>100 permanent shelters, reconstruction of existing school, vocational training center, community centre, help to orphaned children, fishing equipments new&amp;repair, 35 boats</td>
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<tr>
<td>TTK-LIG Limited</td>
<td>50 permanent houses, reconstruction of existing school, vocational training center, community centre</td>
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<tr>
<td>Water Aid UK / GRAMALAYA ECG-SELVALAYA</td>
<td>construction of children’s toilets+toilet complexes, temporary shelters</td>
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<tr>
<td>Don Bosco Anbu Illam Social Service</td>
<td>construction of 10 temporary community gathering centres, vocational training, school enrolment</td>
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<tr>
<td>Marialaya</td>
<td>Retring of dead Bodies, Non-formal Education, Mobile Clinic, Villages sustable Program.</td>
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<tr>
<td>Grameena Social Service Society</td>
<td>permanent houses, temporary shelters, mobile clinic, counseling, boats and fishing nets supply, childcare services</td>
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<tr>
<td>Grama Shakti Sharmajivi (GRASS)</td>
<td>Temporary shelters-276</td>
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<tr>
<td>Help a Child of India</td>
<td>Food grains, micro credit program, nets and boats repairing, medical care</td>
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<tr>
<td>HOPE Foundation</td>
<td>Boats, vocational training centre, medical clinic, balwadi.</td>
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Thank You