

WHO Conference on Health Aspects of Tsunami Disaster in Asia

Phuket, Thailand
4–6 May 2005

Contribution of non-governmental actors

Presented By

Mr Nallathamby
Canagarathnam
President
Shanthiam



**World Health
Organization**

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.



**World Health
Organization**

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



**World Health
Organization**

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



**World Health
Organization**

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 Shantiham 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



**World Health
Organization**