

# WHO Conference on Health Aspects of Tsunami Disaster in Asia Phuket, Thailand

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## CONTRIBUTION OF NON-GOVERNMENTAL ACTORS: ON HEALTH

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Tsunami of December 2004 in Indian Ocean had inspired many kinds of actors in untraditional ways. From small child in school to an old man in the field – all contributed. Among them were the non-governmental organizations local and others. They contributed directly using the resources of all others. Regarding their contribution in Health sector, it varied. According to WHO

*“Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity”.*

It also requires a conducive environment to ensure components of health needing attention and action after Tsunami was for the restoration of the following:

- Physical - Food, Clothing and Shelter
- Mental - Ensuring sense of security
  - Restoring relationship
  - Restoring self-confidence and trust
- Economic - money and materials for livelihood and living a normal life

NGOs first responses in the first week were mainly by creating a clean environment – clearing debris, removing dead bodies of human and animals.

- Ensuring safety of the people – Individuals, women and by taking them to safe place away from the area of damage.
- Helping them to identify kith and kin
- Taking those sick and wounded to find health facilities.

NGOs first response also varied according to needs perceived, vocalized like providing materials, food, clothing, chappels, and underwear, Sanitary napkins.

Beside providing various services like :

Water supply, water purification, community medical camp – Immunization, Providing treatment, Trauma counseling also was done to those affected children were engaged.

They also tried to channelise resources brought by many individuals and outside NGOs / agencies.

Slowly the services were towards restoring live providing temporary shelters, constructing toilets, rooms and hand pumps. Some did survey to identify the needs.

### **ISSUES in these**

While all had good intention, often one did not check with local people or NGO regarding their needs cultural acceptance of certain services. So they wasted – clothes food and materials. Sometime there were no storage facilities for both people and local authorities. Those who brought materials just gave anything they liked.

In Psychosocial care also too many different types of counseling methods were used – in the same place for volunteers and people by different organizations for mental health. This was confusing and did not get the desired result.

Health care services were done in some sense of coordination as NGOs who had no health background created link with health services for services. In the same area there were more than one health camps duplicating services and encouraging people to use them Antibiotics and injection were provided by paramedical without realizing the consequences.

### **HUMAN RIGHTS**

In Tamilnadu Tsunami affected area there were not many NGOs working for human rights except for those working with fishermen (coastal right group or child labour). This did not surface until later, after NGO coordination was set up (TRRC) and other rights groups and legal groups joined together and had reviews in various districts, public hearings helped to identify discrimination and work for solution. Some were taken to the government for attention and action.

### **NGOs Decisions**

It was always blamed that NGOs who claimed to work for people were not taking the right decision. One has to remember all base their decisions on their previous orientation (induction) experience and their strength and resources. Many NGOs did not have any experience in working in disaster or even with local government unless they were getting government grant. So depending upon the resources – their staff / volunteers, and other materials resources that poured in, the NGOs decided their work. In general in most of the Tsunami hit area, there was no strong NGO presence. Fishermen also had a strong network and did not work for their community to develop. So now getting them participate was also difficult for NGOs.

## **ISSUES of NGOs**

When Tsunami hit Tamilnadu, there were a stampede of individuals, agencies, groups and NGOs from all over India and later abroad. The local NGOs who were mostly not health NGOs did all kinds work, health except for service was not the priority. No NGO had seen such damage, human suffering in India. So, mostly no one had any idea about how to have a wholistic plan to work. Also no one had encountered so many NGOs in a area – each with their own idea of relief work. No one was initiating any coordination.

No one had skill, leaderships to command attention and create environment for coordination. All were moving with no direction, except delivering what they had to people.

The NGOs who came from other area both Indian and international were more powerful with resources and some technical skill or experience of other disaster. These NGOs also ignored or used, the local NGOs for their own end as tourist guide or to collect data. They did not mostly coordinate with them. Because of these there were duplication of relief work, in some area, neglected area got neglected, resources were wasted.

INGOs had a mandate to spend their funds in any needy area – so had better access to government officials and were able to work directly with the support of government. Government had many things in their hand. So were willing partner with these INGOs. So local NGOs were side tracked. Because of these the INGOs did not have people did not accept knowledge of local culture or needs and sometime the work – so again waste of resources.

## **Coordination**

Just like various systems in our body coordinate to help the person to function effectively, all players in any situation need to coordinate. But coordination is not just coming together alone – a meeting – but a process to work together. In general coordination need leadership – some one to take initiative, to take risk. Some one to create an atmosphere – non-threatening atmosphere to meet and have a dialogue and did sharing for common cause and goal, able to share and listen to experience, identify issues of concern plan strategies, keep flow of information both ways and keep progressing.

In coordination, there is also a chance / opportunities for people to learn to build their capacity. This time coordination was not present. There were NGO -government meetings at the office of the Collector (local district authority) – But mainly to get direction from government and for the government to identify who can do some of the tasks like providing temporary or permanent shell or other facilities.

There is an urgent need for this coordination mechanism to be set up in all area as there are more and more disaster being experienced all over the world. Their systems need to be strengthened by capacity building of local NGOs along with government officials. They need to be prepared for responding to emergencies, to take initiative, for human rights and humanitarian issues – all included. And able to identify resources and create linkages to meet the need. They have to have basic disaster management skills.

TNVHA (Tamil Nadu Voluntary Health Association) has done such coordination work as pilot work since early February in one revenue division of a district.

Eg. TNVHA has coordinated the NGOs in one Taluk of Nagappattinam District (Taluk is a revenue division of a district) Due to this:

- ❖ 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

Documentation of one District :

**District** : Nagappatinam  
**Taluk** : Tarangambadi  
**Village** : Tarangambadi

| <b>Name of the NGOs</b> | <b>ACTIVITIES</b>   |
|-------------------------|---|
| SIFFS                   | Temporary shelter 270, Refresh work<br>Supply of FRP vallams, Kattumaram and OBMS repair of boats, engines, Computer Edu. & Scholarships  |
| SEED                    | Counseling, SHG (4) Creeche at Anaikoil (2) Nos.  |
| TREE                    | Refresh work – Provide materials: rice, mat, blanket, medicines, Health awareness Camps – Chinnan kudi  |
| Don Bosco – CESVI       | Evening tuition centers (4) Water tanks 2 lakh it OHT,<br>Tailoring Center (1)<br>Electrician & Electronics & Handicraft, Motor Mechanic (1)<br>Future: Driving training & license – 120 Boys planner<br>Permanent Houses Planned – 2500 *200, Community Toilets, Boat engine repairing |
| FMM                     | <i>Trauma counseling, medical camp Relief materials like Grocery Counseling at school, Vocational guidance done</i>   |

|   |  |
|---|--|
| <b>GSWS / TNVHA</b>                         | <b>Temporary Houses 1 unit house = 20 houses</b><br>Temporary houses – Individual house – 7<br><b>Hand pumps – 18, Toilet - 25</b>   |
| SNEHA                                       | Balwadi / SHG  |
| OFFER                                       | Counselling , Women Empowerment for SHG and Youth Women, Medical Help and Awareness for identified people<br>Leadership and Communication, Motivation for Youth              |
| TMSSS – CARTAS - CRS                        | 50 Houses, cash for work and food for work programme   |
| Seva Bharati                                | 150 temporary houses   |
| Rotary Club, Thane Hills                    | 100 permanent shelters, reconstruction of existing school, vocational training center, community centre, help to orphaned children, fishing equipments new & repair 35 boats |
| TTK - LIG Limited                           | 50 permanent houses, reconstruction of existing school, vocational training center, community centre   |
| Water Aid UK / GRAMALAYA ECG-SELVALAYA      | construction of children's toilets + toilet complexes, temporary shelters  |
| Don Bosco Anbu Illam Social Service Society | construction of 10 temporary community gathering centres, vocational training, school enrolment  |
| Marialaya                                   | Retring of dead Bodies, Non-formal Education, Mobile Clinic, Villages sustable Program.  |
| Grameena Social Service Society             | permanent houses, temporary shelters, mobile clinic, counseling, boats and fishing nets supply, childcare services   |
| Grama Shakthi Sharmajivi (GRASS)            | Temporary shelters-276   |
| Help a Child of India                       | Food grains, micro credit program, nets and boats repairing, medical care  |
| HOPE Foundation                             | Boats, vocational training centre, medical clinic, balwadi.  |

This type of coordination is needed throughout this year in all area for full development of people not just during a disaster. If it is there in future one, say meeting a disaster will not be a problem.