

WHO Conference on Health Aspects of Tsunami Disaster in Asia

**Phuket, Thailand
4–6 May 2005**



**World Health
Organization**

Challenges for water, sanitation and hygiene promotion interventions in the immediate aftermath of the tsunami: An Acehnese perspective

Vivien Margaret Walden
Oxfam GB



Oxfam in Aceh

- Working in seven sites
- Working on water, sanitation and hygiene promotion
- Well-positioned to respond immediately to the disaster in Nias



Challenges to water provision

- Contamination of wells
- Salinisation of groundwater
- Chlorination – was it appropriate?
- Boiling of drinking water
- Tankering
- Lack of on-going maintenance commitment from other NGOs



Challenges to Sanitation provision

- High water table with flooding of latrines
- Lack of access and desludgers
- Community resistance to pit latrines
- Appropriateness
- Sustainability



Challenges to waste disposal

- The sheer amounts
- What to tackle first
- Recycling
- Lack of access
- Lack of interest from NGOs
- Lack of infrastructure
- Packaging of donations



Challenge of body disposal

- Dead bodies pose a limited health risk
BUT:
- There is a psychological effect on the survivors
- There is the problem of the smell
- The sheer numbers
- Are there practical ways of solving this as early as possible?



Distribution of hygiene kits

- Community not always consulted
- No coordination between agencies
- Not always appropriate
- Packaging and disposal



Maintaining Dignity

We can do this by:

- Giving people the hygiene articles they need
- Holding lingerie fairs instead of just distributing underwear
- Consultation especially with women



Hygiene Promotion



- High levels of knowledge
- People living in crowded areas
- Not used to pit latrines
- Need for hygiene articles rather than knowledge

Coordination



- Many smaller NGOs with no humanitarian experience
- Too much money
- Coordination at national level well-managed but not lower down the ladder

Capacity building



- Oxfam did support the Ministry of Public Works
- Not enough recognition of staff trauma and lack of resources

What could we do better?

- Better coordination
- More effective use of resources
- Less duplication
- Improved logistics with maybe a pipeline
- preparedness agreement with major NGO actors
- Uniform approach to household water disinfection
- Support to the ministries in terms of staffing and resources
- Better assessment of options as to where to invest resources



**World Health
Organization**

Overall rating

- Appropriateness – mostly
- Adequacy – partially
- Effectiveness – yes if we look at morbidity data
- Efficiency – could be improved
- Connectedness – partially



Acknowledgements

- The Oxfam Aceh field team
- Paul Sherlock
- Richard Luff
- The Oxfam public health team
- WHO for inviting me to the conference
- The people of Aceh

