



Tsunami: supporting communities and rebuilding lives

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IPPF/Joanne Omang:
Linda Mutagay, five
months pregnant,
at the ruins of her
home on the beach of
Moratuwa township,
20km south of Colombo,
the capital of Sri Lanka



The events of 26 December 2004 witnessed the most destructive natural disaster in living memory. An earthquake measuring 9.0 on the Richter scale, the second largest in recorded history, created a devastating tsunami that swept across the Indian Ocean at speeds of over 800km/h. Waves of up to 20 metres high hit the coastlines of thirteen countries as far apart as Indonesia and Somalia, sweeping inshore for up to three kilometres and carving a path of destruction on an unimaginable scale.



IPPF/East and South East Asia & Oceania Region

More than 250,000 people were killed and many hundreds of thousands more were left homeless and without the basic necessities of life.

The infrastructure of entire regions, including roads, homes, transport, crops and drinking water, was literally washed away, creating an unprecedented humanitarian emergency. While the tsunami affected everyone, poor communities, those with limited resources before the tsunami, were hit particularly hard and left without the necessities of life.

In the immediate aftermath of the tsunami, the International Planned Parenthood Federation reported an urgent need for help for women survivors. Thousands of women who were pregnant or had just given birth needed medical, nutritional and psychological support throughout the weeks following the tsunami. Numerous aid agencies and media outlets reported that women and girls in displaced communities were at risk of sexual violence and harassment. Many had lost their entire families and livelihood, and feared they would be forced into the sex trade to support themselves.

Thanks to generous donations, in particular by the William and Flora Hewlett Foundation, the Government of Japan and the Government of the Republic of Korea, our Member Associations in the area have been able to help many thousands of people in dire need. Emergency clinics and health camps were established in the most severely affected areas, and staff found themselves assisting in general relief work as well as aid and rehabilitation efforts.

Conditions were appalling and some of our Member Associations suffered personal losses. In the province of Aceh, Indonesia, four board members and two youth volunteers lost their lives, while others are still unaccounted for, presumed dead.

In this report, our Member Associations give a positive update on the tragic events of 26 December 2004. There are still many displaced and vulnerable communities to serve, but reconstruction

and humanitarian work goes on and it has been possible to resume many pre-tsunami sexual and reproductive health services and programmes and develop others that better serve the affected communities.

India The Family Planning Association of India is working on projects specifically targeted at each province's most severely affected areas. Many staff and volunteers assisted in bringing general humanitarian relief and in the search for survivors in. Later, health camps were established and a floating clinic was introduced.

Indonesia The Indonesia Planned Parenthood Association's initial emergency response has now been followed by a structured longer-term response, including the rebuilding of the clinic and health centre at Putroe Phuang which was totally destroyed by the tsunami.

Sri Lanka Having identified 55 badly affected midwife areas, the Family Planning Association of Sri Lanka has embarked on the Praja Sahana Project. This project is focused on rebuilding access to services and ensuring that women and young people are able to protect themselves against sexually transmitted infections and other communicable diseases.

The Maldives Staff from our Member Association in the Maldives, the Society for Health Education, have been supporting the establishment of relief centres, providing counselling services and working in outlying areas and on the many islands.

Country	Number of missing or dead	Displaced persons
India	10,672	112,558
Sri Lanka	35,261	496,282
Indonesia	221,020	567,770

Indonesia

Indonesia was the hardest hit of the countries affected by the tsunami. In addition to the huge number of lives lost, the health service infrastructure suffered the loss of nine hospitals, 64 public health centres and 174 satellite health centres, while 173 midwives died or are missing.

The Indonesia Planned Parenthood Association (IPPA) suffered similar difficulties and was obliged to relocate their entire operation. Their Aceh office and clinic were both destroyed, all programmes stopped or struggled to continue, and four board members and two youth volunteers died. Many more staff, volunteers and board members are still missing, presumed dead.

The IPPA's reaction to the tsunami's impact in Indonesia involved immediate emergency relief followed by structured planning for a long-term response. Medical staff, paramedics, staff and volunteers from the IPPA head office and other IPPA chapters operated continuously for 46 days, treating more than 4,000 people in the Aceh Besar and Banda Aceh districts.

Emergency action

In the first five days after the tsunami, the Indonesia Planned Parenthood Association's headquarters sent an advance team to assess the needs in the most severely hit area, Banda Aceh. Following the results of their survey, they established:

- A health post in Aceh Besar and Banda Aceh districts providing emergency health services for internally displaced persons, particularly around the airport where many people camped while waiting to fly to alternative destinations
- Medical services, including static health posts in Lambheu Village (Keutapang) and Darul Imarah subdistrict
- Mobile services for 18 villages in Banda Aceh and Aceh Besar Districts
- A distribution network to deliver food staples (i.e. rice, sugar, palm oil, etc) provided by IPPF, IPPA and other non-governmental organizations, to internally displaced persons in the Banda Aceh and Aceh Besar districts

Rebuilding in Indonesia

Once the initial emergency operation was completed, IPPA Aceh turned its attention to the long-term rebuilding of its centres, work and community. It is a testament to the dedication of the staff, volunteers and board members that they have achieved so much so quickly and in such harrowing circumstances.

IPPA Aceh has concentrated on developing three programme areas:

- **Building a comprehensive reproductive health clinic:**

The IPPA's centre at Putroe Phuang was completely destroyed by the tsunami. A delivery clinic has now been entirely rebuilt at a new location in Nyak Makam, Banda Aceh, and re-equipped using donations from the Government of the Republic of Korea, the Embassy of Japan, the Hewlett Foundation and IPPA reserves. The clinic is situated in a prominent position along the main road and as such is much used and supported by the surrounding community. The clinic has been operational since April 2005, staffed by two obstetricians and gynaecologists, a GP and two midwives/nurses.

The centre provides delivery services, Pap smear tests, immunization and family planning services among other things, and consists of a delivery room and four recovery rooms, kitchen, bathrooms and a waiting area. The centre has its own ambulance, as well as a motorcycle and computer.

The clinic is favoured by the community over local hospitals and had 324 clients between April and July 2005. The clinic is focused on providing high quality, confidential, client friendly services. It is a specialized clinic with highly-trained obstetric and gynaecology staff, easily accessible and open 24 hours per day for deliveries.

- **Developing a youth centre:** Throughout the last 12 months, IPPA has developed its work with young people through a youth centre. The project has 10 trained peer educators/facilitators and provides counselling, information and education activities (group discussions, dialogues and lectures) both in and out of schools. For example, workshops are run in villages, barracks and Pesantren/Moslem boarding schools.

- **Community development:** IPPA has developed a women's empowerment project in four villages in Banda Aceh with 20 motivators and 38 members who meet once a month. The groups focus on the economic empowerment of women through the provision of funds to stimulate activities such as handicrafts, sewing, ceramics, poultry breeding and developing kiosks to sell commodities. These women are trained activists for family planning and provide information services on reproductive health and rights and family planning to their communities.

IPPF/ESEAOR – Temporary Medical Point



India

In India, the eastern coastal stretches and islands experienced the tsunami's greatest force, most notably the Andaman and Nicobar Islands, Tamil Nadu, Andhra Pradesh, Orissa, Kerala and Pondicherry.

The Family Planning Association of India's (FPAI) response fell into three categories: an immediate humanitarian response to bring relief, comfort and support where it was needed most; a measured assessment of the sexual and reproductive health needs of affected communities; and the implementation of a long-term targeted programme of assistance.

Emergency action

FPAI promptly assisted its Chennai and Hyderabad branches' relief efforts with Rs.100,000 in emergency funds.

Staff from the Chennai centre took communications equipment to their operational areas to relay messages from the Indian authorities. Communications were very difficult in the aftermath of the tsunami; with no power, overburdened personnel and a frightened and confused population, there was a pressing need to provide calm, direct help where it was needed most and to inform people on how to access emergency services. Volunteers and staff also collected relief items such as clothes, drinking water and food for distribution to those most in need.

Chennai's youth volunteers and peer educators were involved in the most severely affected areas, undertaking the traumatic tasks of clearing decomposing bodies and the detritus left by the wave.

In Hyderabad, the worst affected area of the province was Giripuram, around 450 km away from the branch office. Despite this distance, the FPAI Hyderabad Branch was the first non-governmental organization in the state to take action for rehabilitation. This included distributing fishing nets and clothes to over 150 families whose possessions and livelihoods had been lost to the tsunami.

IPPF/Nigel Tarling – Many victims of the tsunami are living in temporary accommodation, making young women and children more vulnerable to ill-health and abuse

Rebuilding work

Shortly after the tsunami, FPAI turned its focus to developing a strategic response. In Chennai, staff and volunteers worked with local community leaders and other non-governmental organizations to discuss aid and rehabilitation measures. As a direct result:

- Two health camps were organized
- 175 people were given treatment and provided with counselling services
- A training programme for developing counselling skills and for providing other relief work was organized for staff, volunteers and youth peer educators

One-year project

IPPF's Regional Office in Delhi consulted with local communities and FPAI to develop a response to the pressing sexual and reproductive health needs of the affected populations. As a result, a one-year project funded by the William and Flora Hewlett Foundation was created to provide sexual and reproductive health services and information to the most vulnerable families and communities affected by the tsunami.

This project, ***Access to Sexual and Reproductive Health Services for Tsunami Victims in India***, services a total of 1,500 families and is focused on providing better access to counselling services and reproductive health services, and improving information and communication services.

The project has succeeded in launching a community boat, donated by Meenakshi Temple Societies, to act as a floating clinic, capable of reaching remote areas only accessible by water. Doctors and support staff have been recruited to work at 'Single Stop Shops', providing sexual and reproductive health services, counselling, skills training and water-cleaning tablets, amongst other services.



The Maldives

In the seven days following the tsunami, our Member Association in the Maldives, the Society for Health Education (SHE), took part in the immediate relief operation based at the Indira Gandhi Memorial Hospital.

Working in shifts to ensure 24-hour coverage, SHE staff worked hard to support crisis management at the hospital, helping with organization, offering psycho-social support to tsunami victims and relatives, and calming the many distraught arrivals.

SHE also provided support and care for people at the internally displaced persons camp in Male.

Using their expertise and recently acquired crisis management skills, SHE staff went on to support the establishment of psycho-social relief centres, helping with the coordination of casualties, mediation work, and referral, as well as counselling assistance for grief and anxiety.

SHE counsellors visited 30 islands in an effort to reach outlying areas and communities, and helped to formulate a psycho-social support body. This later gained official recognition and was incorporated into the National Disaster Management Centre.

Recovery support

The second phase of reconstruction undertaken by SHE was a Quick Impact Project funded and delivered in conjunction with Oxfam and the Vaavu Atoll Recovery Project. With the financial support of the Hewlett Foundation, SHE ensured the continuation of the psycho-social counselling services implemented in the first few days and weeks of the disaster. Their work included:

- Telephone counselling training of 17 volunteers to staff the telephone helpline at the psycho-social service within the Disaster Management Centre
- On-going counselling offered at the SHE counselling unit



IPPF/Joanne Omang: Two pregnant women in labour awaiting care at the makeshift maternity ward of the Training Hospital in Galle, on Sri Lanka's southern coast

Reconstruction support

SHE is continuing to offer support in Thaa Buruni, Vilufushi Island, one of the communities devastated beyond immediate habitation. Community members have been temporarily resettled in neighbouring islands and activity is underway to restore their livelihoods and homes.

One immediate objective of this reconstruction effort was to reactivate the community-owned fishing boats of Vilufushi Island in Thaa Atoll. Substantial efforts have been made to ensure that people affected by the tsunami are empowered to deal with new situations, that they understand the referral system of support available to them and have access to dependable psycho-social support.

IPPF's Member Association has also been training community helpers and aiding capacity-building with doctors and physicians working in the Regional Hospitals of the Maldives on mental health issues.

SHE is continuing to provide community-based access to psycho-social support for the Vilufushi and Buruni communities of Thaa Atoll on a long term basis.



IPPF/Joanne Omang: Mother and child in front of their devastated home, in Moratuwa township, 20km south of Sri Lanka's capital Colombo

Sri Lanka

In Sri Lanka, the most severely affected areas were along the south coast from Tissamaharama in the east to Mount Lavinia in the west. The initial response was to provide comprehensive emergency relief, in the long term our Member Association, the Family Planning Association of Sri Lanka (FPASL), concentrated its efforts on rebuilding sexual and reproductive health infrastructure.

Rebuilding: the Praja Sahana Project

As part of our efforts to help with rehabilitation and rebuilding in the aftermath of the tsunami, the Praja Sahana Project was a joint effort developed by collaboration between our Regional Office in South Asia and the Family Planning Association of Sri Lanka, with the support and expertise of health officials along the coast. The project has involved the help of many individuals including volunteers, members of district committees and staff of associations in the most badly affected areas.

Project objectives:

- Empowering young people and women to protect themselves against sexually transmitted infections, HIV/AIDS and other communicable diseases
- To improve access to sexual and reproductive health services by supporting the state health care system to regain their service delivery capacity

The team initially identified 55 areas that did not receive sufficient midwife service coverage due to the effects of the tsunami; typically each area comprised 600 families. These were located in four key districts where the Praja Sahana Project was focused: Kalutara, Galle, Matara and Batticalo.

After meetings with key district officials, a schedule of activities was drawn up and plans were made for the careful selection of sexual and reproductive health counsellors and communicators. In all, 110 volunteers have now been trained.

To introduce the communicators and the project itself to the community, a ceremony was held in each district. Bicycles donated by the Japanese Organization for International Cooperation in Family Planning (JOICFP) were presented and the project was explained to villagers.

The International Planned Parenthood Federation

Founded in 1952, the International Planned Parenthood Federation is an independent, not-for-profit umbrella organization working to advance sexual and reproductive health and rights in 183 countries around the world.

With over 37,000 clinics, drop-in centres, outreach and peer education programmes, IPPF reaches millions of women, men and young people each year. We work to expand access to maternal health care; gynaecological services; HIV/AIDS information, prevention, treatment, testing and counselling; diagnosis and treatment of sexually transmitted infections and safe abortion services, particularly amongst poor and marginalized communities.

Sexual and reproductive health and rights are central to the development agenda. Against a backdrop of political and ideological opposition to women's rights, IPPF is committed to ensuring that the international community continues to recognize the true value of improving health and well-being of women and men everywhere.

Our Mission: The Five A's

Access: Unacceptable numbers of women die or suffer lifelong injuries because they lack access to sexual and reproductive health information and services. Over 500,000 maternal deaths, mainly in developing countries, occur annually, the majority preventable. Currently, an estimated 150 million women worldwide want to limit or space their pregnancies, but remain without the means to do so effectively. Ensuring access to information and services is at the heart of IPPF's work.

HIV/AIDS: HIV is overwhelmingly a sexually transmitted infection that is disproportionately affecting women and young people: integrating HIV services into existing frontline sexual and reproductive health and family planning programmes is essential in reaching these increasingly at-risk groups. IPPF is committed to increasing access to prevention, care, support and treatment globally and to removing barriers that make people vulnerable to infection.

Adolescents: We recognize that young people have unique sexual and reproductive health needs. The world's population is expanding and we now have the largest generation of young people ever. Youth-friendly services and education on sexuality, which will lead to healthy, safe and empowering lives, is a priority for IPPF.

Safe Abortion: IPPF advocates for the right to safe abortion services, working to make abortion safe, legal and rare. 70,000 women die annually due to unsafe abortion, making it one of the main causes of maternal death. Unsafe abortion remains a major public health issue and IPPF works to provide access to safe abortion to the fullest extent permitted by the law; where restrictive laws are putting women's lives at risk we advocate for change.

Advocacy: IPPF has proven its willingness to speak out fearlessly and forcefully for sexual and reproductive health and rights. Now, more than ever, IPPF's strong and clear voice is needed. Globally, the sexual and reproductive health needs of 350 million people remain unmet; to reverse this situation the momentum of the last 30 years must be maintained.