

FROM CRISIS TO DEVELOPMENT
HUMANITARIAN AID FOR SUSTAINABLE HEALTH



SRI LANKA

PRESENTATION OF THE COMITÉ D'AIDE MÉDICALE

The Comité d'Aide Médicale (CAM) was established in 1990 and is a non-profit humanitarian organization whose mandate is to provide medical and related programs to communities affected by conflict, natural disasters and other humanitarian crises. In addition to France, CAM is currently present in Angola, Sri Lanka, the Central African Republic, Sudan and Chad, developing programs in partnership with local authorities and communities and prioritizing the strengthening of local community capacity. CAM's expertise and activities are structured around four main program areas :

Primary Health Care :

- Provision of direct health care via mobile and fixed clinics
- Reproductive, maternal and child health, nutrition, vaccination programs
- Rehabilitation & construction of health facilities
- Training and capacity building of local health personnel and local health authorities.
- Provision of essential drugs

Environnemental Health :

- Water and sanitation activities including construction and maintenance of wells and latrines
- Medical waste management activities including the construction of purpose-built, locally adapted incinerators, training and capacity building of health workers and local craftsmen

Community Health :

- Health education, sensitization and hygiene promotion activities and surveying of local knowledge, attitudes & practices
- Community capacity building in relation to health promotion
- Individual support to assure health care access to underprivileged and marginalized populations
- Training and capacity building of health workers to respond to at risk or marginalized populations

Psychosocial Health :

- Individual and family support for those traumatized by loss and grief as a result of conflicts or natural disasters
- Recreational, cultural and educational activities which aim at rebuilding community cohesion within post-crisis settings
- Construction of community centers and other civic infrastructure
- Emergency and crisis accommodation programs for at risk populations

CONTEXT

In the eastern part of Sri Lanka, where the CAM has been intervening since 2005 with an emergency aid program to provide primary health care and safe drinking water to the population affected by the tsunami, the humanitarian context has evolved from a post-crisis situation to one of development. Many NGOs who arrived to provide support in the aftermath of the Tsunami (December 2004) withdrew in 2009, along with many donors. Nonetheless, the population's health is still precarious and needs remain. In addition, the 20 years internal conflict strongly affected the psychological and psychosocial wellbeing of the population, who still need support. In 2006, CAM began a psychosocial program in the Ampara district with psychosocial, educational and social activities. In 2008, CAM also started a medical program in the Batticaloa district and in 2009 a second psychosocial program.

In the northern part of the country, the conflict has finally come to an end in May 2009, resulting in massive population movements to camps and then starting from the 2nd half of 2009 from internal displaced people (IDPs) camps to their villages of origin in the Vanni region (Vavuniya, Mannar, Kilinochi, Mullaitivu and Jaffna districts). The humanitarian situation in the villages of return is nevertheless critical given the fact that the return operations are going faster than the rehabilitation of basic services and facilities. Key material and human resources are not sufficiently available in health facilities and health needs of the populations are not entirely met yet.



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ACTIVITIES IN SRI LANKA

Primary Health Care

► Until March 2010, CAM was running medical mobile clinics in the District of Batticaloa, Eastern Province funded by the CDC (French Ministry of Foreign Affairs). To prepare its withdrawal, CAM has worked in close collaboration with the RDHS (Regional Director of Health Services). RDHS community health workers were trained to be in charge of the preventive component of the action. During the entire program, workshops were organized between CAM and the Mental Health Unit (RDHS department in charge of the mental health). The medical data were also shared once a month with the RDHS team.

► After the signature of the Memorandum of Understanding with the Sri Lankan Ministry of Health, CAM has received the authorization to deliver primary health care and preventive health activities to the internal displaced people (IDPs) in their respective resettlement areas in the districts of Vavuniya and Mannar located in the North of the country. This project will be implemented closely with the Ministry of Health at the District and National level and will be handed over to the RDHS (Regional Director of Health Services) once it has regained its full capacity to address the health needs of the IDPs in the Northern Province.

The program aims at :

- Improving the access by the resettled population to primary health care services through mobile clinics and access to secondary health care services through referrals to hospitals
- Working in close collaboration with the RDHS and strengthen its capacities to provide outreach services to the resettlement areas
- Improving community health and hygiene practices through the training of community workers and awareness campaigns on hygiene and sanitation

Psychosocial Health

► Before its departure from the District Batticaloa in June 2010, CAM succeeded in reinforcing the capacities of the communities living in isolated villages and re-linking social network. Educative, social and cultural activities for children, women and youth were organized in collaboration with the teachers, the Women Society Development Group and the Youth Groups. Awareness sessions on health, nutrition, hygiene, basic sanitation and child development were conducted with the RDHS and the Zonal Educational Department (ZED). An individual psychosocial support was also provided. Today, the community centers rehabilitated with CAM's support are run by the women groups and the Youth groups are able to organize their own sport competition. This program has helped the communities to be more confident and feel safer.

► CAM's psychosocial support program in Thirukkivil, located in the Ampara District, aims at supporting communities affected by the 2004 tsunami as well as decades of internal conflict. Social workers identified alcoholism, school drop-outs, suicide, and domestic violence as the main problems in the community. The main components of this program include educational and recreational activities as well as psychological support, which take place in the community center. The management of the center and the activities has just been transferred to CHA (a Sri Lankan NGO) under the supervision of CAM until November 2010.

Our donors :



AECID - Spanish Cooperation



Centre de Crise - French Ministry of Foreign and European Affairs



Department of Seine-Maritime France



World Health Organization

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