

AMDA-Canada Kalmunai, Sri Lanka post tsunami relief projects. Report May 2005.

Background

The Rose Rehab – AMDA Canada tsunami relief team departed Vancouver on the 6th January 2005. with object to assist with child care and relief in Kalmunai on the east coast of Sri Lanka. Since arrival on site, until the present the following have been achieved.

- (re) Establishment of the children's ward facilities, and the provision of ongoing teaching and direct care within Kalmunai base hospital with augmentation of the drug and medical material supply
 - Establishment of a daily children's drop-in clinic, with provision of drug and appropriate materials supply
 - Clearing and reorganizing of hospital grounds. The planning and building of an incinerator for the hospital and upgrade of rubbish and waste disposal facilities for both hospital and surrounding area*
 - Establishment of displaced persons camp children's (predominantly) triage, basic treatment and referral (to the children's clinic and./ or hospital services.
 - Planning and making of a Children's clinic memorial garden in the grounds of the clinic. A massive stone ('The Antony Stone') has been brought up from where it was deposited by the tsunami down the coast as a focus for the memorial..
 - Implementation of a major post tsunami therapy system extending province wide both in schools and camps
 - Considerable material support to the displaced persons within the camps (in conjunction with the B.C. NGO 'Poco a Poco), as well as the identification, permission gaining, planning and initiation (with other groups) of transitional housing for displaced persons.
 - The planning and implementation of a special care neonatal unit * for Kalmunai Hospital
 - The upgrade and reestablishment of the Kalmunai Hospital water system *
- *In cooperation with World Vision*



Financial and general

The tsunami appeal raised around \$Can 50,000 (fifty thousand). To date around three quarters of this has been utilized. There has been considerable augmentation by donation of professional time, in many case, airfares and travel costs. Cathay Pacific Airlines generously donated two whole airfares initially.

The funds have sponsored both the emergency relief team to Aceh, and the project outlined in this document.

To date there have been five physicians and 5 RN's from B.C. Two RN's from Australia, two professional psychologists and a para-medic who have or are working on the project. At HQ in Vancouver, a core of 10 persons from all professions donate their time voluntarily and utilize office facilities belonging to the members.

The RoseAMDA organizers believe strongly in coordinated efforts with other willing groups and individuals. This has generated considerable goodwill and generosity both in spirit and time and material from many. It is hard to mention all who have helped and continue to do so. In particular however the Canada-Sri Lanka Friendship Association. Mr. Antony Richard, B.C. Children's Hospital and Global TV.

A formal cooperative partnership has been entered into with NorthWestMedical International who are sharing the sending of medical personnel and some of the running costs.

World Vision has very generously, substantially contributed to three aspects of the program (see list above) .

The way forward.

RoseAMDA will continue the project as long as funds permit, the need is present and the Sri Lanka Government permits. We hope and anticipate that utilizing the maximum economy possible this will be for at least one year. Hopefully, with further fundraising it will be longer.

The RoseAMDA aim will from now on be based on the concept of obtaining the best possible rehabilitative process for the child for optimum quality of life. . The PPS (Physical, Psychological, Social) concept of Dr Yaya de Andrade (professional child psychologist) will be a forefront consideration.

Physical, Psychological, and Social

Physical.. will be catered for in the continuation of assistance to the medical services; hospital, clinic and peripheral. These services are now well established, though some upgrading and additional services

Psychological.. is now being assisted in the post tsunami therapy clinics. These have now been expanded to include regular counseling in 18 schools.

Social... This is also embraced by the psychological. In addition support is being sought for a family community center, which, although being implemented by another group will serve as a focus for continued tsunami therapy services.

Specific projects..

Specific projects relate to the focus above. They consist of areas which are current weaknesses in the system or simply need further development.

Traumatic stress therapy.

Although the program is now well established both in the camps as well as in at least 18 schools. each clinic does have an ongoing cost There are stipends for the local staff, equipment (crayons, toys, mats, chairs etc), and some costs for food and drink. In addition there are costs of training the trainers as well as transport to potential peripheral locations A typical ‘workshop’ of around 20 children for 2 hours will attract a cost of around CAD 30. These costs now represent a significant proportion of ongoing running costs. Some assistance is generously being given by Shaughnessy Heights United Church



Training counselors

Funding level required. Any and all levels, single or ongoing.

Establishment of a special care nursery

The Kalmunai base hospital currently has no special care neonatal facilities. Currently there is a high likelihood that babies born at around the 2kg level will die. With the financial assistance of World Vision such a unit is now in the process of being established. Rose-AMDA medical staff (many of whom are from B.C. Children’s Hospital) have expertise in this area both in the operation and training of local staff .

RNSharon comforts a child

Estimated funding level required \$Can 20 ,000 to 50,000 to include training costs.



Upgrading of some of the laboratory facilities of Kalmunai base hospital

Although Kalmunai hospital is a ‘base) i.e. referral hospital, it has been found that many of the laboratory facilities there are very lacking. Even some of the most basic tests (sodium, potassium, microbiological analysis etc) are non existent. While it is acknowledged that expensive and excessive testing would not be a positive aspect from a sustainability point of view, the current situation is that clinical diagnosis is being compromised by the lack of some of the basics. For example, in a suspected case of meningitis, there would be no facility to test the spinal fluid after a lumbar puncture – the pivotal diagnostic test for the clinician.



Snake brought in by victims family identified by Dr Yong

With the financial assistance of World Vision, a major upgrade of the laboratory services is now being undertaken in space made available by the hospital..

Funding level required \$Can10000 to \$Can 50,000 depending on the level of upgrade and training.

Other projects / needs

Children’s memorial garden: This wonderful project initiated by Dr Mike Seear, may seem fairly trivial to the reader, but has attracted widespread acclamation by the local population. It is becoming seen more and more as a symbol of mutual love, care and assistance of mankind for those in time of need. A huge stone, brought up from the coast some 40km away (where the village of Antony Richard was utterly decimated and now is mounted as a permanent memorial to the tiny souls who were taken away that day (and/or their parents and families) . Children have helped plant up some of the garden to date. More funds are needed for the gardens further expansion and maintenance.

Funding level: \$Can 1cent to \$Can 3000. The higher levels will include maintenance, salary for a ground-keeper (who will also attend to the incinerator being put in by RoseAMDA)



Memorial garden site and Antony Stone

Continuing drug and equipment supply Drugs, equipment, diapers, toys.. all are ongoing expenses.. A small play area in the childrens ward is also needed.

Funding level: \$Can 10 to \$Can 1000.



Local purchase of medications

Vehicle . The RoseAMDA team is fairly unique in NGO circles for not having a vehicle to operate. While this is acceptable for the team (who are prepared to use local transport), it is a serious disadvantage for the transport of patients or trips to the neighbouring (larger) town of Ampara to re-stock on drugs and supplies. While rental is possible, it is nevertheless expensive and not always available. It is proposed that should funding be available for a second hand vehicle, a small van would be purchased, which would be shared for use either with the community center (see below) or the hospital. At the end of the project the vehicle would be handed over to one or both (sharing) of these institutions.

Recently through generous collections from B.C. Childrens Hospital a three-wheeler ‘tuk tuk’ (USD 2,500 approx) has been purchased which considerably helps the transport need, is exceedingly economical. At least one person has commented how Rose-AMDA manages to make achieve with one three wheeler, what others seem to need multiple new air-con 4x4’s to do the equivalent.

Children’s memorial community center.. This project, initiated by Mr. Antony Richard envisages the building of a safe haven community center a small area easily accessible outside town. Land has been identified and the owners are prepared to sell. This land would be transferred into trust in perpetuity for the center to be built on it. While funding for this project is higher than the others outlined above, it would nevertheless create a permanent structure in which services could be implemented. Thus RoseAMDA would implement a continued post tsunami project there as well as a small health facility, or health visits. The center would be a focus point for families and children for many cultural and other activities. Above all, the community would feel it is a safe and secure place where they would always been welcome. It should be specifically noted that the land is well back from the sea, which is seen now as a place of danger and death.

Funding level Community center \$Can 50,000 to 60,000 Community center activities \$Can 100 to \$1000 per year. Funding level required. Any and all levels, single or ongoing.



View from Community Center land

Summary.

The RoseAMDA Kalmunai program has been outstandingly cost effective. Thanks to the considerable effort and generosity of many groups, organizations and individuals of B.C, Canada and elsewhere the program has achieved considerably more than many other programs of organizations with far far higher funding levels. Indeed, testimony is born to this fact by the number of visitors and visiting organizations that the RoseAMDA project has attracted

RoseAMDA' policy is absolute accountability and transparency. We are very proud of what we have achieved and enormously grateful for the chance we have been given by everyone, donors, professionals, organizations to be able to bring the assistance of our part of the world to an area where it was so suddenly and terribly needed.

We know we can face any of our donors any time, any place and say, with absolute sincerity 'just look what your buck has done.. really done. At the end of the day.. that's what counts..

William Grut MD. May 2005