



Photo: © Ian Jones

Kattankudy District Hospital, which was completely destroyed by the tsunami .

Rebuilding healthy lives after the tsunami

Merlin's teams have been working tirelessly in Sri Lanka and Indonesia to provide medical relief and vital health care to those affected by the devastating Indian Ocean tsunami, which struck on 26 December, 2004. In Sri Lanka, we began health assessments 48 hours after the disaster, and are now focusing our efforts on Batticaloa and Ampara - two of the worst affected districts on the east coast. Merlin has been working on disease prevention in both districts, through the distribution of personal hygiene kits, emergency delivery kits for midwives, essential items for new mothers, insecticide-treated bed nets and spraying equipment to prevent malaria and dengue fever.

The emergency phase is now over, but there are still many gaps in health services. Merlin always aims to strengthen existing health systems, so we are working closely with the Ministry of Health and local partners. One of Merlin's priorities is to quickly restore essential health services by rehabilitating or constructing temporary health facilities, including a maternity ward near the destroyed Kattankudy District Hospital (pictured) in Batticaloa district. We are also improving hygiene conditions in camps for displaced people, by running workshops to train volunteers in health education, and providing equipment for general and latrine cleaning. Refresher training for health officials in Kalmunai, Ampara district, is also under way to improve disease surveillance. In the longer term, Merlin will be rebuilding and equipping seven clinics or hospitals which were destroyed by the waves.

Indonesia was hardest hit by the disaster, with more than 160,000 people killed and hundreds of thousands left homeless. Following initial health assessments, Merlin is now working on the rehabilitation and support of seven clinics in Banda Aceh Municipality and Aceh Besar District. In Aceh Jaya district on the west coast, Merlin has set up clinics in Tuwi Kayee and Pante Kuyon - two isolated villages inland which are now hosting hundreds of displaced families from the coast. Accessibility to these villages is very poor because many roads are impassable, so Merlin currently has no option but to send medical teams to these clinics by helicopter on a rotation basis.

We are also helping families who were evacuated from the Pulo Aceh islands off the west coast in the immediate aftermath of the tsunami, but are now starting to return. Merlin has already supplied tents, tarpaulin and other equipment to assist these communities as they start to rebuild their homes. We also plan to work with local health staff to help re-establish health services, and to organise mobile health teams for these islands. In Bireuen on the north coast, Merlin is working with local partners to provide training for nurses who will be working in relocation camps. We are also supplying essential medical and non-medical equipment to health facilities across Bireuen district. Other activities across Aceh include supporting vaccination campaigns, disease surveillance, bed net distribution, clean ups of camps and provision of safe drinking water.

A day in the life of a Merlin nurse in Sri Lanka

Nurse Kimberly Crunkleton (pictured), joined Merlin's team in Sri Lanka two weeks after the tsunami disaster. Here, she describes her activities of one day:

6.00am: It's time to start the long day ahead. The Merlin team in Ampara heads to our nearby warehouse to load a large lorry with 2,400 hygiene kits – soap, towels, toothbrushes, underwear etc. – to distribute to families who have lost their homes in the tsunami. Tens of thousands of displaced people along the eastern coast of Sri Lanka now live in makeshift camps at schools, mosques and Hindu temples.

7.00am: We slowly lumber our way along a narrow rutted road towards the coast, about 45 minutes away. The road is already densely packed with cows, bicycles, motorbikes, school children, and lorries filled with relief supplies. When we finally reach the first camp at a local school, there are nine eager volunteers waiting for us. The school is one of the smaller camps in the area, housing just 81 families. Despite that, conditions are cramped, chaotic and muddy after last night's heavy rain. A small crowd begins to gather, and children cling to the side of the lorry, giggling. Some volunteers begin handing out our hygiene kits. Others encourage the residents to use the clean water supplied to large plastic tanks in the camps, and not the water from the nearby polluted stream.

9.30am: We've finished at the school and we head to a Hindu temple, housing over 200 families living in tents made from simple wooden frames and tarpaulins. At the camp, two women invite me inside their tent. It's about 11 feet by 5 feet, with a sand floor, and shared by six people. "We want to go back home," says one. "But we are too scared," says the other.

"Two of the midwives have been killed in the tsunami, so the team is short staffed and feeling both a bit depressed and overwhelmed."

2.00pm: I am visiting a group of public health midwives in a rural area of the coast. They are neatly dressed in crisp white uniforms and seem, at first, too shy to talk with me. "Are there women giving birth at home? Have you had to assist with any emergency deliveries?" I ask. "Yes, four deliveries in the past week," one woman finally answers. I have brought a stock of Merlin's emergency delivery kits that I am able to share with them, and we review the contents together. Two of the midwives have been killed in the tsunami, so the team is short staffed and feeling both a bit depressed and overwhelmed.

4.30pm: I am standing inside a large community hall with drab green walls and a pockmarked concrete floor. The hall has been converted into a makeshift hospital. Today is the first day that the hospital is accepting in-patients. On the day of the tsunami, the staff saved the lives of 39 patients, evacuating them when the first wave brought six inches of water into the hospital. Two rescue workers were swept away when the third wave swept over and through the hospital, flattening the building. The hospital's director asks if Merlin can help him construct a small maternity ward behind his temporary hospital. We readily agree to help and begin to sketch a design for the new ward.

7.00pm: We begin the long drive back to the Merlin base. I am exhausted and feel grubby. At 9.30pm our team meets over plates of fried noodles to plan the next day's work. At midnight, I turn in and am asleep by the time my head hits the pillow.



Kimberly Crunkleton with children at a makeshift camp (top), and hygiene kit distribution in Ampara district.

Photo: © Merlin/Penny Tweedie

Treating Malaria In Myanmar

A new malaria treatment project has been established by Merlin in Myanmar (Burma) in the mountainous region of Chin State, where the majority of the population live in extreme rural isolation and poverty, with almost non-existent health services.

Funded by ECHO, the humanitarian aid department of the European Commission, our project aims to reduce death and disability caused by malaria among the

marginalised populations of five townships - Falam, Hakha, Tedim, Tonzang and Thantlang. Working in collaboration with state and national health authorities, our work aims to reach 26,000 of the most vulnerable members of these communities - mainly children under five and pregnant women.

Malaria is a major public health problem in Chin State and accounts for an estimated 60% of consultations

in health centres. Through the provision of medicines and laboratory materials, and through training and supervision, Merlin aims to increase community awareness of malaria, and to ensure the delivery of quality diagnostics and treatment for the disease. Specific activities include supplying and equipping five mobile malaria teams, providing health education, undertaking a malaria prevalence survey and establishing a central malaria information database.

Accelerated vaccination programme for children and pregnant women

A major accelerated vaccination programme has been launched by Merlin in two isolated areas of the Democratic Republic of Congo (DR Congo) where some communities have received no immunisation for 10 years.

Working with the DR Congo Ministry of Health and funded by UNICEF, Merlin is aiming to vaccinate approximately 22,000 children and 6,000 pregnant women across Punia and Ferekeni health zones in Maniema Province, eastern DR Congo.

Vaccination coverage is as low as 20% in some of these targeted areas, leaving communities vulnerable to measles, polio, tuberculosis and other preventable diseases. This lack of health protection is one of the major factors contributing to DR Congo's poor health indicators, which are among the worst in the world. According to a recent UNICEF report, infant and under-five mortality rates in 2003 were at 129 and 205 per 1,000 live births respectively.

For children under five years of age, Merlin is providing vaccinations for polio, measles, diphtheria, whooping cough, tetanus, tuberculosis and yellow fever. Women of childbearing age (14 to 45) will be immunised against tetanus. Our aim is to raise vaccination coverage in Punia and Ferekeni to around 80%. Prior to 2003, both these health zones were virtually inaccessible due to the ongoing war which has left an estimated 3.3 million dead, mostly due to hunger and disease.

"The only way to reduce the vulnerability of those children who have missed immunisations due to years of war is to run accelerated programmes," says Dr Dick Hooper, Merlin's Medical Co-ordinator in DR Congo. "Routine programmes are already stretched to capacity, and unless they are backed-up by accelerated programmes, they just cannot prevent epidemics sweeping through communities."



Natalie Hogg, Merlin's Country Manager in DR Congo, administering a polio vaccine.

Assisting avalanche victims in Tajikistan

A series of avalanches caused by heavy snowstorms hit central, southern and eastern Tajikistan in February 2005, killing at least 12 people and damaging or destroying hundreds of homes. Merlin was already working on an emergency preparedness programme in Garm, in the Rasht Valley, and was able to respond swiftly to

assist the affected populations in remote villages in Nurobod district. Our team loaded two vehicles with medical supplies, blankets, jackets, hats, shovels and soap, and set off for the village of Degdonak, around 105km west of Garm.

Due to heavy snow, the road was impassable beyond Chorsada, so Merlin spent two days using a tractor to clear 28km of the track before arriving in Voidara. After delivering medical supplies to the day clinic in Voidara, the team had no option but to walk the remaining 2km to Degdonak with relief items strapped on to donkeys. Degdonak had been badly affected, with nine people killed and 17 houses destroyed. The threat of further avalanches had forced more than 70 families to be evacuated from their homes. Merlin distributed shovels, hats, jackets and blankets to those affected, and returned two weeks later with more supplies.

"The situation was especially alarming because difficult access and poor communication systems delayed the discovery of needs," says Tarik Kadir, Merlin's country manager in Tajikistan. "But simple measures like having chains for vehicles and pre-positioned emergency stocks enabled Merlin to respond rapidly and effectively." The Rasht Valley is highly prone to natural disasters, such as landslides, mudslides, avalanches and floods. Funded by the European Commission's humanitarian aid department, Merlin has been working there to increase the region's capacity to cope with such disasters, and to manage disease outbreaks and health emergencies.



Using donkeys to transport relief items to Degdonak.

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