



Essential Health Care for Displaced Persons in Northern Sri Lanka

The tenuous political and security situation in northern Sri Lanka has recently forced thousands of people to flee the combat zone for government-controlled areas. We are particularly concerned about the health and wellbeing of Internally Displaced Persons (IDPs) arriving in ever-increasing numbers to camps in Vavuniya and Mannar Districts. Already Vavuniya District hosts an estimated 32,000 IDPs, with another 25,000 expected to arrive before April. Our team will soon provide a complimentary program of essential health care and psychosocial support to those in Menik Farm IDP Camp in Vavuniya District.

Two mobile clinics and one psychosocial support unit will support IDPs immediately in Vavuniya and soon in Mannar District, another safe haven for IDPs. Each mobile clinic will be open daily for free primary health consultations and will be operated by a Sri Lankan doctor, nurse and community health worker, under the supervision of a medical coordinator. To ensure sustainability and continual health improvement, our team will follow up with each patient throughout the program. Our psychosocial unit, an essential aspect of care for IDPs, will be integrated with the mobile clinics, allowing MAC's counselors and psychosocial workers to provide psychological support, social activities and educational outlets to people of all ages.

While our health programs will be implemented in coordination with Sri Lanka's medical authorities and other medical NGOs in the region, we maintain our commitment to independence, neutrality, sustainability and cultural sensitivity

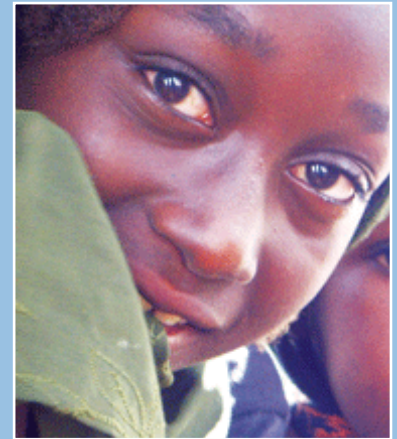
[Learn more about our work around the world](#)

ICC Arrest Warrant and NGO Expulsion in Darfur: The Impact on Our Humanitarian Work

On March 4, 2009, the International Criminal Court issued an arrest warrant for Sudanese President Omar Al Bashir. Since then, thirteen international NGOs have been expelled from Sudan, creating a massive gap in the provision of humanitarian aid to over a million Internally Displaced Persons (IDPs) in Darfur. Throughout the turbulence, we have maintained our presence and health care programs in West Darfur, however, access to remote areas has been limited since January. The March 11, 2009 kidnapping of four Doctors Without Borders staff members added to the already tense security situation. Our team has taken precautions by temporarily suspending most remote field visits. As a result, training of local health workers, mobile clinic visits to isolated communities, community health education activities, and safe drinking water well maintenance could only be carried out in a few areas in recent months. Nevertheless, our five independently structured primary health care clinics, including its maternal and child health clinic, continued to provide life-saving care across the region during this tense period. In addition, supplementary training sessions have been held for our staff, local communities and IDP camp residents at our regional base in El Geneina.

We are working with other remaining NGOs to meet the immense health needs in the region but the sudden gap in humanitarian aid could have grave consequences for the people of Darfur. International institutional donors and authorities are now assessing how to best cover these gaps; we are working with these donors and authorities to limit any negative humanitarian impact on Darfuris and expect to be approached during the next few weeks with requests to fill the gaps in health care and clean drinking water provision. However, the real consequences of the NGO expulsion and other political events on our work and on the residents, IDPs and refugees of Darfur are still unknown.

[Learn more about our program in Sudan.](#)



Who We Are

The Medical Aid Committee (MAC) is a non-profit humanitarian organization which provides medical support to communities affected by conflict, natural disasters and epidemics. Working hand in hand with our partner organization, the Comité d'Aide Médicale (CAM), we provide sustainable integrated health care to transitional communities. All of our programs are developed in partnership with local communities and prioritize the strengthening of local health capacities and resources. By providing primary health care services through fixed and mobile health clinics, ensuring access to safe, clean water, leading preventative health education activities and supporting traumatized individuals and communities, we strive to improve the health and wellbeing of communities emerging from crises.

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Urgent Need for Affordable, Accessible Basic Health Care in Haiti

Haitians are caught in the gap between crisis and development, dealing daily with the legacies of environmental disasters, political turbulence and poverty. With the highest rates of infant, under five and maternal mortality in the Western Hemisphere and 60% of its people lacking access to health care, Haiti is in urgent need of sustainable, accessible, locally-driven health programs. In February 2009, we launched an exploratory mission to Haiti, which returned with findings of pressing need for affordable, accessible health care and safe drinking water.

Having met with numerous local communities, NGOs, official representatives of the Ministry of Public Health and Population (MSPP), and international donors, our Medical Advisor and Head Logistician are enthusiastic about possible collaborations in Haiti. We are particularly thankful for the support and guidance of Partners in Health and Zanmi Lasante during the exploratory mission.

As with all of our health care programs, we intend for our Haiti program to be sustainable in the long term and hope to transfer our programs to trained local Haitian health authorities at the close of the program. An essential component of the program will be preparation for this transition, as we invest in Haitian health workers' skills sets, support networks and local infrastructure; by building local capacity in health care provision, management and infrastructure, we ensure that the benefits of accessible healthcare are integrated into and owned by the community, and extend beyond the end of our program.

[Learn more about our programs around the world.](#)

Rebuilding Community Cohesion in Sri Lanka

Mental health is one of the most pressing but silent issues in Sri Lanka, where suicide rates are among the highest in the world and where the repeated traumas of natural disaster and conflict have impacted thousands. Since its beginning in June 2006, our psychosocial health program has rebuilt community cohesion and provided support in Thirukkovil, a village of 30,000 in the eastern Ampara District of Sri Lanka. Building upon our strong connection with the community, we have recently built a new Community Center to better meet the needs of the village and to continue supporting this community that was particularly affected by the 2004 tsunami and decades of internal conflict. Located in the Vinyagapuram neighborhood, home to nearly 6,000 people, the Center provides a safe space for individual and communal trauma recovery and is used by 60 to 80 people every day. Completed in December 2008, the new Center is better adapted to the needs of the local community, which struggles with alcoholism, school drop-out rates, suicide, and domestic violence. The Center's services include support groups, health education workshops and psychological consultations, which are held in private areas of the Center or home visits by our team of local counselors. The Center also boasts a building specifically designed for educational, cultural and social activities, such as dance performances, vocational classes and exhibitions. Thirukkovil has welcomed the new Center and we plan to hold an official inauguration with community members, local officials and our staff soon.

[Learn more about our program in Sri Lanka.](#)

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Staff Profile Tamir

Hassab Al Rasool

A new addition to our team in Sudan, Tamir Hassab Al Rasool, 24, has just completed his studies in Finance and Accounting at the University of Khartoum. Tamir joined us on an internship and began training at our administrative office in Khartoum, before joining the field office in El Geneina, Darfur. Part of our mission and a key objective of each program is to build the capacity and skills sets of our local staff, which is ultimately an investment in local civil society development; One of our goals in Sudan is to work with and train a Sudanese administrative team in human resources and financial management over the next four years, which will improve support and monitoring of our humanitarian health programs in West Darfur. After assessing each staff member's skills and needs, we develop an individualized training plan tailored to each employee's needs. For Tamir, this means training in our accounting procedures, SAGA Software, monitoring petty cash funds, bank journal maintenance and the creation of a monthly payroll. We plan to provide him with a full and comprehensive training in logistics and administration, and to offer him a full time position in the coming months.