



## **Health Facility Construction**

Sainthamaruthu & Karaithivu, Ampara District, Sri Lanka

### **I. EXECUTIVE SUMMARY**

The December 2004 tsunami devastated the health care system of Sri Lanka's Eastern Province. In particular, it severely impacted the communities located in Ampara district, where the tsunami killed or injured thousands of residents, and destroyed the few hospital and health centers that existed in the area. Consequently, both coastal and inland Ampara district residents were left without access to adequate health care services.

With funding from the Jewish Coalition for Asia Tsunami Relief, IMC initiated a program to construct one Gramodaya Health Center<sup>1</sup> (GHC) in Karaithivu and one GHC in Sainthamaruthu, Ampara district, Eastern Province, Sri Lanka. IMC's goal in constructing these GHCs has been to reduce excess morbidity and mortality for the displaced and underserved populations of Karaithivu and Sainthamaruthu.

IMC is pleased to report that the construction of both GHCs is complete, and they are now equipped, staffed and fully operational. Each GHC is currently providing health care services for a monthly average of:

- 200 pregnant women;
- 200 children;
- 250 mental health patients; and
- 180 health education program participants.

### **II. BACKGROUND**

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<sup>1</sup> A Gramodaya Health Center is a rural facility that provides outpatient health care services and includes on-site staff living quarters.

Even before the December 2004 tsunami decimated the health care facilities in Sri Lanka's Eastern Province, the region's health infrastructure suffered from neglect due to years of civil unrest and violence in the area. Most of the region's population lacked access to quality primary, secondary or tertiary health care. Its health centers had little or no basic equipment and medicines, and inadequately trained health staff. Particularly in the rural inland areas of Eastern Province, the lack of health care infrastructure forced many of the area's inhabitants to travel long distances to coastal hospitals and health centers. These facilities, even if people did reach them, were routinely filled to capacity and suffered chronic shortages of staff and supplies.

To make matters worse, the tsunami destroyed the few hospital and health centers that existed in the coastal areas of Ampara, leaving both coastal and inland residents without access to adequate health facilities.

Although the restoration of health care services in Ampara district was identified as a strategic priority for Eastern Province's Deputy Provisional Director of Health Services (DPDHS), the Health Services Department sought assistance in rebuilding the local health care infrastructure and asked IMC to administer construction of one GHC in Karaithivu and one GHC in Sainthamaruthu. After conducting an assessment, IMC determined that reconstructing GHCs for the communities of Karaithivu and Sainthamaruthu would indeed improve the community members' access to quality health care services, and agreed to construct the facilities.

### **III. PROFILE OF PROGRAM PARTICIPANTS**

Eastern Province has a population of 1.4 million, and is made up of three districts: Trincomalee, Batticaloa and Ampara. The province's human development indicators are far below Sri Lankan national averages: its vaccination program reaches only 65 percent of the province's children; its malnutrition rate is 15 percent higher than Sri Lanka's national average; and its infant mortality rate is nearly ten percent higher than Sri Lanka's national average.<sup>2</sup>

**Eastern Province's Ampara district sustained more deaths, injuries and structural damage from the tsunami than any other district in Sri Lanka.** Ampara is located in the southeast portion of the country, occupies 2,200 square miles, and has a population of 605,553. About 42 percent of the district's residents are Muslim, 40 percent are Sinhalese and 18 percent are Tamil. The tsunami killed 10,436 of Ampara's residents and displaced another 130,563.

Ampara district is also one of the least developed regions in Sri Lanka. Its residents rely heavily on fishing and agriculture for their livelihoods—two industries seriously damaged by the tsunami. The majority of the district's population lives within 25 miles of the coast, and most of its towns and villages are built near the water line. Because of the nearly two decades of civil war involving both rebel groups and the Sri Lankan army in

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<sup>2</sup> World Health Organization, 2006, <http://www.whosrilanka.org/EN/Index.htm>.

this region, residents have grown increasingly wary of local government officials, police and military.

Located on the coastal edge of Ampara District, the town of Karaithivu has a population of 18,000 and the town of Sainthamaruthu has a population of 22,000.

#### **IV. GOALS AND OBJECTIVES**

**Program Goal:** To reduce excess morbidity and mortality for the displaced and under-served populations of Karaithivu and Sainthamaruthu in Ampara district, Sri Lanka.

**Objective:** To construct one GHC in Karaithivu and one GHC in Sainthamaruthu.

##### *Activities:*

- Submit bills of quantity and building plans to the local authorities for approval;
- Procure contractor bids, select an appropriate contractor and sign construction contracts;
- Construct the GHC in Karaithivu;
- Construct the GHC in Sainthamaruthu;
- Equip and furnish the Karaithivu GHC according to DPDHS specifications; and
- Equip and furnish the Sainthamaruthu GHC according to DPDHS specifications.

##### *Indicators:*

- Construction of the Karaithivu GHC completed;
- Construction of the Sainthamaruthu GHC completed;
- Both GHCs supplied with basic medical equipment; and
- Both GHCs supplied with basic and specialized furnishings.

After comparing the bids and reputations of local construction companies, IMC awarded the construction contract for both GHCs to Ruwaiza Building Construction. This contractor is from the Kalmunai area, and is one of the construction contractors endorsed by the Ministry of Housing, the Eastern Province Education and Irrigation Department, and the Institute for Construction Training and Development. Ruwaiza Building Construction is experienced at building GHCs, having previously constructed GHCs for UNICEF.

IMC hired twenty tsunami-affected laborers from the local communities to assist at each GHC construction site. Additionally, the Ruwaiza Building Company's work force is comprised of people from the local community.

#### **VI. PROGRAM ACCOMPLISHMENTS**

IMC completed construction of the Karaithivu and Sainthamaruthu GHCs in August. IMC subsequently provided furnishings and medical equipment for the GHCs, and con-

ducted opening day ceremonies to celebrate the official handover of the GHCs' operation to the Kalmunia DPDHS.

Each GHC now provides services for a monthly average of:

- 200 pregnant women;
- 200 children;
- 250 mental health patients; and
- 180 health education program participants.

The completed GHCs are similar in their basic layout and appearance. Each includes an examination room, a vaccination room, a pharmacy, a reception area and two restrooms. Each GHC also includes living accommodations for a public health midwife. These accommodations include two bedrooms, a living and dining area, a kitchen and a bathroom. By residing directly on-site, the public health midwife can offer 24-hour emergency health care seven days a week.

Both GHCs were designed and built to resist potential water damage. Each was constructed with cement brick walls and ceramic tile floors. Their aluminum roofs allow for easy drainage. The window and door frames are also made of aluminum instead of the traditional wood (unlike wood, aluminum is immune to moisture rot). All construction materials, equipment and furnishings were procured in Colombo and checked for regulatory compliance by the DPDHS and the Ministry of Health (MOH). Upon completion of construction, both GHC structures were also inspected for regulatory compliance by the DPDHS and the MOH.

The Kalmunia DPDHS has provided the staff for both of the GHCs. Because IMC sees a need for building the capacity of the GHC's staff, it will seek to initiate a training program for this purpose.

## **VII. CHALLENGES**

Challenges to program implementation included a significant and protracted issue relating to official acquisition of the two GHC sites, and accompanying permission from local authorities to proceed with construction. After the tsunami, ownership of some Crown Lands reverted to the government, who temporarily designated areas (including the locations of IMC's GHC building sites) as *no-build* zones. The precise boundaries of these no-build zones fluctuated repeatedly over a period of many months while three distinct governmental departments argued over their "claims" to the land. IMC persisted in conducting negotiations with the various governmental departments throughout this period, and was ultimately able to initiate construction. The key to overcoming this challenge was persistence and patience.

Security issues also created an ongoing challenge. The dramatic increase in ethnic-based violence in Sri Lanka throughout 2006 hindered travel of staff and transport of materials.

To deal with the security-related challenges, IMC took additional precautions regarding staff travel, and worked around the periodic outbursts of violence.

Recent strikes and the many holidays in Sri Lanka also slowed the pace of construction. Many of the Ruwaiza Building Company's workers are Tamils, who are predominantly Hindus and as such observe numerous religious holidays. To overcome this challenge, IMC introduced the contractor to the concept of shift work, who subsequently hired workers for both day and night shifts.

## **VIII. CONCLUSION**

Through the generosity of the Jewish Coalition for Asia Tsunami Relief, IMC has been able to increase the availability of health care services for more than 40,000 tsunami-affected people in Ampara district, Sri Lanka. The construction activities implemented under this grant have provided tremendous benefit to the target communities, and will have a lasting impact. Because more such GHCs are needed for other tsunami-affected communities in Eastern Province that also lack access to health care, the DPDHS has asked IMC to build three more GHCs in the region.

On behalf of our program participants, volunteers and staff, IMC thanks the Jewish Coalition for Asia Tsunami Relief for your support. We look forward to continuing our partnership in the years to come.