



Supporting communities in crisis

A snapshot of UNFPA's humanitarian efforts in Sri Lanka 2008-2012





UNFPA, the United Nations Population Fund
Delivering a world where every pregnancy is wanted,
every child birth is safe and every young person's
potential is fulfilled

UNFPA - because everyone counts

When crisis strikes, in the rush to provide assistance, critical needs may often be forgotten. UNFPA, the United Nations Population Fund, steps in to meet the urgent reproductive health needs of women and girls.



UNFPA's emergency response in Sri Lanka from 2008-2012 has aimed to improve access to reproductive health services for displaced and resettled populations and host communities through the provision of mobile and stationary reproductive health clinics, distribution of hygiene packs and maternity kits, strengthening of health facilities, meeting human resource shortages and building national capacities to integrate reproductive health care and gender into disaster and emergency responses.

This photobook provides highlights of our efforts during the period 2008 to 2012 in helping Sri Lankan communities – particularly women and girls – address, recover from and resettle after the humanitarian crisis.



For more than 25 years, Sri Lanka was embroiled in an internal armed conflict that heightened in 2007 and 2008 when the epicenter of the conflict moved increasingly north and culminated in May 2009 with the military defeat of the rebel movement, the Tamil Tigers.

During this time, the lives of thousands of civilians were put at risk and over 300,000 persons became displaced in the northern districts of Killinochchi, Mullaitivu and Mannar and placed in IDP camps in the northern district of Vavuniya. Among them were an estimated 81,000 women and girls of reproductive age including an estimated 5,000 who were pregnant.

A large camp structure, known as Menik Farm, operated from early 2009 and until the end of 2012, while resettlement of the IDPs gradually took place from the latter part of 2009.





In 2008, UNFPA began the provision of reproductive health services through mobile clinics in rural areas of Vavuniya district for women and girls who had been displaced by the conflict over a longer period of time. The mobile clinics provided a range of reproductive health services, including prenatal and postnatal care, voluntary family planning, and prevention of sexually transmitted diseases and HIV.

The mobile clinics enabled displaced women and girls to access quality reproductive health services in the most hard to reach areas, and were instrumental in ensuring that the reproductive health needs of women and girls were met.





“UNFPA takes reproductive health services to the doorstep during times of emergencies through mobile reproductive health clinics”

In early 2009, at the height of the armed conflict, large numbers of civilians fleeing the conflict zone were provided temporary shelter in schools and public spaces in Vavuniya town.

At this critical hour, already operating a humanitarian programme in Vavuniya, UNFPA expanded its operations to offer life-saving reproductive health services for these shelters.

Among them were wounded pregnant women, victims of the armed conflict.



“UNFPA provides support to ensure that women receive the care they need during all phases of pregnancy and childbirth”



From early 2009, the large IDP population was concentrated into the Menik Farm IDP camps. UNFPA took its mobile clinics to address the reproductive health needs of the thousands of women and girl in these camps. Later, the mobile clinics were complemented by five stationary family health clinics operated in five of the camps. The clinics were manned by doctors, nurses and public health midwives and provided the same services as the mobile clinics. In addition, they were geared to perform emergency deliveries. The clinics received over 25,000 IDPs between August 2009 and May 2012.



To coordinate reproductive health services within the camps supervising public health nursing sisters were deployed by UNFPA. This helped to ensure the quality of care for the displaced women.



With the provision of antenatal and postnatal exams, voluntary family planning, emergency deliveries by skilled birth attendants and psychosocial counseling, the family health clinics played a critical role in safeguarding the health of displaced women in the Menik Farm IDP camps.

“UNFPA provides support to ensure that proper health care for mothers and children are given to help families stay strong and healthy”



Through the family health clinics, mothers with newborns obtained information about infant care and family planning.





From 2008 to 2012, UNFPA supported a series of training programmes for health personnel on integrating sexual and reproductive health into disaster preparedness and response based on the Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations.

These training programmes equipped health personnel with the knowledge and skills to address the immediate reproductive health needs during the crisis, whether they were at the forefront of the crisis or providing guidance and technical support.

Many of the trainees were able to immediately apply their new knowledge when deployed to work in the Menik Farm camps.





Community health volunteers were mobilized by UNFPA to assist in the running of the mobile reproductive health clinics and the stationary clinics in Menik Farm.

“UNFPA provides support to ensure that the unique needs of women and girls are addressed during times of crisis”



UNFPA distributed over 5,000 maternity kits to pregnant women displaced by the conflict to safeguard the hygiene of the woman and the newborn after delivery. The kits were provided at 37 weeks of pregnancy, which was the standard time for admission of pregnant women from the camps to a health facility for delivery.



UNFPA provided over 80,000 hygiene packs to displaced women and girls during the conflict and early resettlement period allowing them to maintain their basic personal hygiene. The sanitary supplies in particular were important for women and girls to be able to move about and carry out their daily tasks with dignity rather than experience the discomfort, isolation and even shame that would result from not having these necessary supplies during the menstrual period. In turn, this helped cope with the psychological stresses often associated with emergency and displacement.



Once the conflict was over, and people started returning home from the IDP camps, UNFPA took its services to resettled areas where health facilities were limited and access meant walking long distances.



UNFPA continued to meet the reproductive health needs of women and girls in resettled communities through the mobile reproductive health clinics. 2,400 mobile clinics serving over 40,000 displaced and resettled women and girls were conducted in Killinochchi, Mullaitivu and Vavuniya districts between September 2008 and December 2012, including 650 mobile clinics in the Menik Farm IDP camp.



Sixty-four health facilities in the districts of Killinochchi, Mannar and Jaffna, serving resettled populations, were strengthened through the provision of life-saving medical equipment for emergency obstetric and newborn care.

Life-saving medical equipment given to the Northern Province ranged from obstetric beds to infant resuscitators, used to resuscitate newborns with respiratory complications at birth.





Medical equipment provided by UNFPA to the District General Hospital Mannar and other peripheral health institutions in Mannar district to strengthen emergency obstetric and newborn care.

New ultra sound scanner provided by UNFPA to Base Hospital Padaviya in Anuradhapura district. The hospital received many wounded civilians evacuated by sea during the conflict.



“UNFPA works in partnership with governments and civil society organizations to accelerate its response in crisis situations”

A strong partnership between UNFPA, the Ministry of Health, local health authorities in the Northern Province and the Family Planning Association of Sri Lanka has been key to successfully addressing the reproductive health needs of women and girls during the humanitarian crisis and its aftermath.



UNFPA Representative in Sri Lanka, Ms. Lene K. Christiansen, receives the “Health Services Excellence Award” from the Ministry of Health in 2009, in appreciation of UNFPA’s support to meeting the health needs of displaced populations during the conflict in Sri Lanka.



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