



Focus on health—clean water for the people of Flores

Stop press: The East Timor Crisis   Eyes wide open in

the Pacific   Volunteering to make a difference

# focus

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# From the Minister

For a long time we have recognised that economic growth can lead to improved health. There is now strong evidence that this also works in the reverse—improving people's health can lead to economic growth. This should not surprise us—it seems logical to think that healthy populations will tend to be more productive. Healthy individuals are more likely and more able to use their own skills fruitfully. Healthy children are more alert and have an increased capacity to learn. Recognising this, health is one of the five priority sectors for Australia's aid program.

The past 50 years have seen dramatic improvements in health. In developing countries life expectancy has increased by 20 years, infant mortality levels have dropped by half and more than 80 per cent of children are immunised. These improvements have been the result of an increased focus on public health initiatives.

Nevertheless, there is still a disproportionate burden of ill health in the developing countries. The poor, women and children and indigenous people are the most vulnerable. Many do not have access to even basic health services and struggle to remain healthy enough to hold down jobs and provide financial support for their families. New and re-emerging diseases such as HIV/AIDS and tuberculosis coupled with lifestyle diseases such as lung cancer are having a major impact on the health of people in our region.

In December 1998 I released a new health policy for Australia's aid program. The central aim of that policy is to see Australia working in partnership with developing countries to improve the health of the poor. We will do that by focusing on measures to improve women's and children's health, seeking to prevent or control the spread of disease, assisting

developing countries address lifestyle diseases, and working to improve the capacity of the health sector to deliver effective health care.

We will commit around \$140 million or 9 per cent of the total aid budget in this financial year to health sector activities. Investing in health is critical to development and Australian aid is making a real difference.

A handwritten signature in black ink, appearing to read 'Alexander Downer', with a stylized flourish at the end.

Alexander Downer  
Minister for Foreign Affairs

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Health is a major priority in the national development of all of our development partners. Health projects form a fundamental component of the Australian Government's overseas aid program. This issue of *Focus* gives an insight into the size and shape of Australia's program of health activities in developing countries, and tells the stories of just a few of the many Australians who work to improve health conditions in needy countries in our region and further abroad.

# Health in focus

Improving health standards and promoting effective health service delivery in developing countries are crucial elements of poverty alleviation and sustainable development.

In 1997 Mr Downer's key aid policy document, *Better Aid for a Better Future*, emphasised that health would continue to be a major priority for the aid program. The Government decided that Australia's aid program should focus on simple, cost-effective methods of prevention and treatment, and target those most in need—particularly women and children. The Government also clearly indicated that the program should have a strong focus on primary health care and disease prevention in developing countries.

The help provided through overseas aid programs is only a small fraction of total private and public sector health expenditure in developing countries. However, aid activities can help to direct assistance and resources towards the most vulnerable and disadvantaged groups.

Direct health benefits to these people are at the heart of why the Australian Government places such a priority on its health activities through the aid program. Aid projects can also provide specialist equipment and skills that cannot otherwise be found within the private and public health frameworks of some developing countries.



In 1999–2000, the Government has significantly bolstered its funding for the aid program's portfolio of health activities. This year direct expenditure on the health sector has increased to \$140 million, an increase of almost \$30 million over 1998–99 levels.

Within the health sector, aid priorities include:

- improving access to quality health care for vulnerable groups
- targeting women's and children's health
- preventing and controlling communicable and vector-borne diseases
- preventing non-communicable diseases and injuries
- strengthening national policy

development and health sector reform

The stories in this edition of *Focus* highlight how health projects administered under the Australian aid program put these priorities into action with our developing country partners. See, for example, the photo essay on a new hospital in Buka, Bougainville (page 11). And in countries such as China and Vietnam, iodine deficiency—resulting in tragic intellectual and physical disabilities—is being successfully eliminated by a program that includes education, iodisation technologies and regulatory arrangements (page 16).

Some of these stories also illustrate the way in which the aid program helps the international community in its efforts to



eradicate disease and other health problems at the global level. The Australian Government's contribution to international health programs helps to reduce the incidence of major global epidemics and disease, which impact most heavily on people in the developing world. A good example of this is our support for the World Health Organisation's efforts to eradicate polio worldwide by 2000—see 'Polio on the way out', page 18.

But development assistance in the health sector is much broader than building hospitals and running vaccination programs. The successful promotion of health in developing countries requires a broad approach. The Australian aid program includes a number of activities that run alongside specifically health-related

projects, such as providing access to sufficient clean water, nutrition, sanitation and basic education.

All these contribute both directly and indirectly to health achievements in developing countries. Such activities also promote broader sustainable development. For example, in Flores, one of the poorest islands of Indonesia, Australian and Indonesian water supply experts joined forces with village people to install a new, safe water supply system after a devastating earthquake and tsunami destroyed the old one (see page 7). Not only has this reduced disease caused by contaminated water, but having good water on hand has resulted in adults having more time to grow and sell vegetable crops, and their children having more time for school.

AusAID's country strategies draw the program's varied activities together and ensure that our approaches to the development needs of partner countries are coordinated and in line with priorities of the countries concerned.

Through our support of the health sector in developing countries, Australia is doing its part to ensure a better quality of life for those more needy than ourselves in this region.

Bruce Davis  
Acting Director General



# Australian aid for East Timor —surviving the crisis

While Australians have been appalled at the unfolding human rights tragedy in East Timor, the Australian Government has acted quickly to organise humanitarian aid to help the people of East Timor. Australian humanitarian aid for the East Timorese already exceeds \$14 million.

Using Darwin as a base of operations, the Australian Government organised food aid drops and air lifts of emergency shelter, blankets, tarpaulins, soap and medicines to tens of thousands of displaced people in East Timor.

The Northern Territory Government's care of the 1,500 East Timorese evacuees who were flown to Darwin in early September has been outstanding. The Territory's government constructed a tent city for the evacuees and connected water and electricity in just over one day to house the traumatised evacuees from Dili.

Australians played a major role in improving the situation. Under Australian leadership, INTERFET, the UN-sponsored multinational force in East Timor, provided security. Australians working for non-government aid agencies transported food and supplies to the people who most needed it, and evacuated displaced East Timorese to safer areas.

Australian government workers helped to mobilise the humanitarian aid effort. And the Australian community has been extremely generous in offers of assistance.

Australia's provision of 25 trucks helped to deliver 100 tonnes of rice in the second week of October, giving people in Dili enough rice to eat for a month. Dili hospital was also stocked with medical supplies, and people were able to construct their own emergency shelters with tarpaulins and plastic sheeting.

Much of the emergency and humanitarian effort will need to continue for at least another six months as



A shipment of plastic sheeting and tarpaulins for emergency shelter, maize and trucks leaves by barge from Darwin Harbour to East Timor. Barges like the Fourcroy (pictured) can deliver more than 300 tonnes of aid within 48 hours. Photos: Mathias Heng

livelihoods have been destroyed.

Work has already started on longer term development aid to help people to rebuild their lives, so they can feed, clothe and house their families and rebuild their farms, schools and hospitals. The Australian Government is already looking to the future to assess where Australians can be most effective in giving longer term assistance.

Australia has provided \$1 million in seeds and tools for East Timor. These were urgently distributed so maize could be planted before the onset of the wet season in November.

A further \$1 million was earmarked to pay for 3,600 family kits for 18,000 people

consisting of plastic sheeting, timber, tools, soap and safe water containers. Other urgent needs will be housing, water, communications and, of course, agriculture over the coming months.

Australia will stand ready to assist the people of East Timor to make a full recovery from this terrible humanitarian crisis.

Some of the intensity and scope of the Australian Government's initial aid effort that took place in October are conveyed in these photographs, taken by Mathias Heng in Darwin. ■



**ABOVE** The UN High Commissioner for Refugees sent blankets to East Timor on the Australian funded Fourcroy. When East Timorese return to the capital, they receive a ration of rice, kitchenware, blankets and emergency shelter to begin to rebuild their lives.

**RIGHT** Ingebricht Mollan from the World Food Programme coordinates all the emergency supplies of food, medicine and shelter from two warehouses in Darwin for distribution in East Timor. The Australian Government funds the warehouses, air and sea transport to East Timor.



**BELOW** Proudly displaying the Australian kangaroo logo on its twice-daily trips to Bacau and Dili, the AN 12 Antonov has a 15 tonne capacity, taking cars, motorcycles, vegetable oil, soap and humanitarian ration packs to East Timor.







**ABOVE** Maize, blankets, tarpaulins and high protein biscuits for malnourished children are stored in two warehouses, funded by the Australian Government, in the centre of Darwin. These supplies are being stored in warehouse no. 2 before being airlifted by aircraft, helicopter or barge to Dili and Bacau.

**LEFT** Antonio (25) narrowly escaped East Timor by fleeing to the UN Compound in Dili where he hid for three days. As a driver for UNAMET during the August referendum, he was one of the lucky ones. 'Some families were able to get into the UN compound, but not my family. I don't even know where my family is, or even if they are alive,' Antonio said.

**BELOW** Greg Meakins (43) from Perth is a helicopter pilot with Lloyds, responsible for transporting election observers, ballot boxes and evacuees during the August ballot process when East Timor voted for independence. Since the violence erupted, he has been funded by the Australian government to drop supplies and evacuate displaced people.





# Water for life

Clean, safe water has improved the health and lives of 400,000 people in Flores, one of the poorest islands in Indonesia. A joint project supported by the Australian and Indonesian Governments is helping to ensure that people are less likely to suffer from debilitating illnesses such as diarrhoea, dysentery, hepatitis A and giardia.



In 1992, an earthquake and resulting tidal wave devastated Flores, destroying water and sewerage systems. The disaster worsened an already serious water supply and sanitation problem. Total reconstruction of the water systems was essential.

The Australian and Indonesian Governments joined forces to set up the Flores Water Supply and Sanitation Reconstruction and Development Project. Over five years, Australian and Indonesian water supply experts showed people in 13 towns and 135 remote villages how to rebuild and install new water supply systems.

People in isolated villages and towns were involved with the project from the start, identifying problems and finding solutions together. They are taking responsibility for their future to ensure they will always have good water. The following images show how people's lives were dramatically improved from the first day the water started to flow. ■

## RIGHT

Water for life: fresh, safe water slakes the thirst of a Flores child. Photos: PT HarvestIndo







**FACING PAGE**

**TOP**

Important health messages were spread using local artwork. 'My people are slow to change but using artwork that clearly showed the benefits really helped,' said Reo, a community worker.

**BOTTOM LEFT**

Safe water means better health and lives for 400,000 people in Flores.

**BOTTOM RIGHT**

Now there is enough water for flushing toilets to be built, further reducing the risk of disease. Yusuf and thousands of others installed their own toilets after being trained by sanitation experts.

**THIS PAGE**

**TOP**

Women and children do not have to walk so far to wash clothes or collect water. There's now more time for school, the garden or taking vegetables to the market.

**BELOW**

Project staff helped the Department of Health set up a water quality monitoring system to ensure safe supplies into the future.







#### ABOVE

The Flores project has dramatically improved hygiene in isolated villages. The area around the taps is easy to keep clean and drains well. This means fewer pools of stagnant, muddy water spreading disease.

#### TOP RIGHT

'Now I have enough water to grow vegetables to sell in the market,' said Yuliana. She uses the extra money for her children's health care and education.

#### RIGHT

The people of Flores have made an important investment in their future water supply by being closely involved in the construction of new water systems. They have also been trained to operate and maintain the systems. Consortium partners contracted to manage the project by the Australian Government included GRM International, a Brisbane firm, Woodward Clyde International, CARE and the Northern Territory Power and Water Authority.





# Buka District Hospital

## —a cornerstone to improved health

Long trips to the PNG mainland for medical services are largely a thing of the past now that the Buka District Hospital in Bougainville is up and running.



Serving 170,000 people, the 84-bed Buka District Hospital includes two operating theatres, two labour wards, an X-ray room, pathology, central sterilising department, surgical, medical and dental departments. Australian aid for the hospital totalled \$6.7 million, including construction costs, equipment supply and installation, construction supervision and overall project management.

The skills of local tradespeople of Bougainville were used during the 14-month construction period. Work on the project provided incomes for many people for the first time in nine years.

The Buka District Hospital was one of the largest construction projects in Bougainville since the start of the conflict a decade ago.

The hospital has become a valuable cornerstone to improved health services throughout the province. ■



Pathology services and neo-natal health care are provided at Buka District Hospital.

Photos: Peter Niesi



Australia's Minister for Foreign Affairs, Mr Alexander Downer, talks with staff at the Buka hospital project during construction.



# Eyes wide open

Australia's aid program is not only restoring people's sight in Tuvalu, Kiribati, Solomon Islands, Tonga and Vanuatu, but improving people's overall health and quality of life.



Fatima Telaaka and Dr Anis Yusef, the team's anaesthetist, celebrate Fatima's restored sight.  
Photo: Dr Peter Benecke

Dr Richard Rawson has led volunteer teams to Tuvalu since a project to restore people's sight through cataract surgery began in 1995. He hopes to continue to return each year.

'Our friends often say how good we are to help these people, but we get so much out of it,' said Dr Rawson. 'It's just so wonderful to see the joy on people's faces when they realise they can see again.'

Fatima Telaaka, 46, shared her joy at regaining her sight with people waiting patiently to have their eyes tested.

'I can see so clearly now! I won't need to hold my sister's hand any more to get around,' she said.

The visiting Australian surgeons were doubtful that Laumua Manuao would be able to lie down on the operation table, so severe was the curvature of her spine. But Mrs Manuao had not travelled overnight by fishing boat to be turned away at the last minute and cataract surgery was successfully performed on her eyes.

'I'll never forget Mrs Manuao,' said Dr Peter Benecke who went to Tuvalu in August this year.

'She came to us completely blind and after the operation, clapped her hands in delight. She was overjoyed that she would be able to see her grandchildren again.'

After radio announcements spread the news of the team's visit, hundreds of people made the journey from outlying islands for treatment. This year, 36 operations were performed and more than 300 patients were assessed.

A water shortage meant local nursing staff had to bring in a bucket of water each day so that the surgeons could wash their hands. The team also gives lectures and runs workshops on preventative eye care.

Dr Rawson attributes the high number of eye problems to local people's limited diet.

'There is simply not enough land to grow vegetables so people do not eat enough greens. Fruit is also not readily available and when it is, it is limited to the occasional banana, mango or paw-paw.'

Throughout the Pacific, Australian medical volunteers, including ear, nose and throat specialists, plastic and orthopaedic surgeons, are busy improving people's health and quality of life. Since 1995, the Royal Australasian College of Surgeons has performed 3,000 operations and conducted 13,000 patient consultations. The cost of the operations are kept relatively low as team members are all volunteers.

The Australian Government provided \$3 million over three years up to 1998 to the Royal Australasian College of Surgeons to manage the health project—titled the Provision of a Range of Tertiary Health Services to Pacific Island Countries. The second, current phase of this project, also over three years, will cost about \$3.5 million. ■



# Mercury and miners —reducing the risks

Papua New Guinea's thousands of small-scale goldminers are boosting the country's economy—but for many, the industry that provides them with a living is also damaging their health.



Miner panning for gold in Koranga Creek near Wau, Morobe Province.

Mercury, a metallic element used in the goldmining process, is a cumulative poison which can affect the health of miners and also damage the environment. Its effects are similar to lead poisoning and its misuse has resulted in large scale environmental pollution in many countries including Brazil and the Philippines.

In Papua New Guinea, the Australian Government is working with the PNG Department of Mineral Resources to make local miners more aware of the danger of mercury poisoning. The Advisory Support Facility project, sponsored by Australia, is teaching departmental staff how to make educational videos and produce pamphlets in both Pidgin and English, to take the

message to 25 gold fields throughout PNG.

The miners, who usually work along remote rivers and streams, earn about 300-500 Kina a month—the equivalent of \$150-\$250. It's estimated that there are as many as 30,000 people actively mining in PNG, contributing about \$22 million to the PNG economy.

Traditional landowners have the right to mine on their own land without having a mining lease. This means many village people can supplement their incomes by mining for gold. In some areas like the Wau Bulolo area in the highlands of Morobe Province, mining has replaced agriculture as the major cash producing activity. Mining does not depend on the seasons and gold can be instantly exchanged for cash. ■



Project adviser Geoff Crispin (left) and Vele Gavu (back) talking to local miners.

# Planning for healthy children

Better skills and knowledge will help PNG women and men make informed choices about the size and spacing of their families.



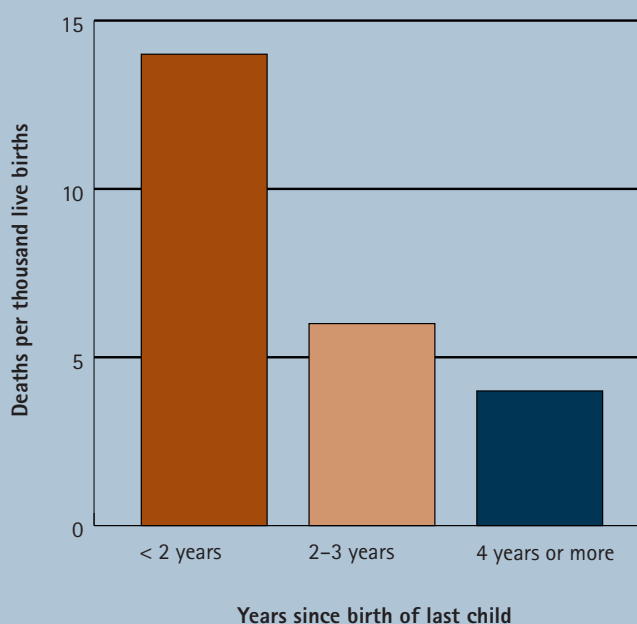
Health workers in the Southern Highlands being trained by the provincial Family Planning Coordinator Dulcie Pinau.

Almost one in 12 Papua New Guinea babies dies before his or her first birthday, according to a major survey conducted as part of a health project supported by Australia.

The 1996 Demographic and Health Survey was conducted in 25,000 households, including some in the most remote areas, and was the most comprehensive survey of demographic and health issues ever conducted in PNG.

The survey was an important part of the Population and Family Planning Project (1993–98) jointly funded by the PNG Government, Australia, the World Bank and the Asian Development Bank. It gave vital information in a number of new areas. Some of the most important findings related to infant mortality.

**INFANT MORTALITY BY SPACING — PNG 1991**





A major cause of PNG babies dying is close birth spacing—when mothers get pregnant again very soon after having their last child. Of the children born less than two years after their previous brother or sister, one in seven—almost double the average—died before their first birthday. The survey showed that wider birth spacing is one of the best ways to save children's lives.

Three quarters of all married women in PNG were not using family planning, the survey showed, but almost half of these women said they did not want more children.

According to the survey, about 80 per cent of girls aged 15 to 19 had some school-based education, double the rate of female education 25 years ago. Better female education has been linked to couples deciding to have smaller families, and to improved health of all family members.

With this in mind, Australian aid is supporting training for health workers. The goal was to develop a system for providing family planning services across PNG.

To help the six participating provinces provide quality services, the project trained more than 4,000 health workers in hospitals, health centres and remote aid posts. Australian advisers trained staff in the National Health Department and provinces, and these staff, in turn, trained clinical staff.

The project was designed to support the PNG Government's population policy. With more than 4 million people, PNG's population is set to double to 8 million by 2025.

The PNG Government has responded to the economic and social challenges of population growth by adopting a population policy based on informed choice that aims to bring the rate of population growth into balance with the country's ability to provide people with schooling, health care and jobs. ■

# World population reaches six billion

The United Nations officially declared 12 October 1999 as the day the world population reached six billion.



The United Nations Population Fund marked this occasion with the release of the report *The State of the World Population 1999*. The report notes that:

- Global population has quadrupled this century, growing faster than at any other time.
- Nearly half of all people on earth are under 25.
- People are living longer and healthier lives. Since 1950, average life expectancy has risen from 46 to 66 years.
- Women are having fewer children than ever before, and population growth has slowed—from 2.4 to 1.3 per cent in 30 years.
- World population is expected to grow to between 7.3 and 10.7 billion by 2050, with 8.9 billion considered the most likely.

However, today over a billion people are still deprived of basic needs. If a community of 100 people represented the world's six billion population:

- 6 out of the 100 would own 59% of the wealth;
- 80 would live in sub-standard housing;
- 70 would be unable to read;
- 50 would be malnourished; and
- Only one would own a computer. ■

# Just a teaspoon of iodine

Iodine deficiency is responsible for severe growth disorders among people all over the world, but it's a condition that can be prevented with quite simple measures. A global partnership involving AusAID, the World Health Organisation, UNICEF, the World Bank, other international agencies and the International Council for Control of Iodine Deficiency Disorders is achieving significant results.



'In countries like China and Vietnam, naturally occurring iodine has been leached from the soil by heavy rains, flooding and erosion. The easiest way to increase iodine intake is to add it to salt. It only costs about eight cents per person per year and yet it can save people from a lifetime of disability. Another effective way of boosting iodine intake is through iodised oil supplements.'

Stories like Wei's are common throughout China and around the world where a global partnership involving the Australian Government's overseas aid program, the World Health Organisation,

UNICEF, the World Bank, other international agencies and the International Council for Control of Iodine Deficiency Disorders is achieving significant results.

The Council has received support from the Australian Government since 1985. The Council is an international network of 400 professionals from 80 countries, working to eradicate iodine deficiency.

The World Health Assembly has set the year 2000 as the target date for the elimination of iodine deficiency disorders and in the past 10 years a great deal has been achieved towards meeting this goal. In 1998-1999, the Australian Government

In China, Wei is one of millions of mothers who wakes every day to the tragedy of iodine deficiency—an entirely preventable disorder which causes deformity and brain damage and which in Wei's case has disabled three of her four children.

Wei's first three children were born with irreversible physical and mental disabilities because iodine was lacking in their mother's diet. After adding iodised salt to her diet, her fourth son was born completely healthy.

The tragedy is that these incurable, serious disabilities which occur all over the world can so easily be prevented.

Dr Basil Hetzel of Adelaide first met Wei when he visited China in 1982. He is chairman of the International Council for Control of Iodine Deficiency Disorders in Australia. Wei's story continues to inspire him today.



Wei and her children. Her oldest three children suffer from iodine deficiency disorders but thanks to supplementary iodine added to her diet, Wei's fourth son, standing beside her, is developing normally.

Photo: Dr Basil Hetzel



provided \$300,000 to the Council and it has also supported projects in Vietnam and China.

According to Dr Hetzel, education is the key to ridding the world of this affliction.

'The main message the children learn is: "I need iodine so my mind and body can grow as they should". They learn which salts have iodine added and that iodised salt must be consumed within six months of purchase. Most importantly, the children teach the parents.'

Education is just part of the effort to reduce iodine deficiency disorders.

Australia's aid program has had major successes in setting up iodisation technology and regulatory mechanisms to keep iodisation processes going.

Dr Hetzel agrees that Australia is playing an important and continuing role in reducing the incidence of iodine deficiency disorders. And while he admits the battle is not yet over, he's confident the problem will be overcome. ■

#### ABOUT IODINE

Around the world, more than 1.6 billion people are at risk of iodine deficiency disorders and 50 million children suffer from the deficiency in varying degrees.

Once thought to be only a minor problem causing goitre, it's now known that iodine deficiency is a major cause of preventable brain damage and mental retardation.

A teaspoon of iodine is all a person requires in a lifetime but because it cannot be stored in the body, small amounts are needed regularly.

In most parts of the world iodine occurs naturally in the soil, but in countries such as China and Vietnam, heavy rains, flooding and soil erosion have leached most of the natural iodine from the soil. It is in these countries that the International Council for Control of Iodine Deficiency Disorders concentrates its efforts, recognising that crops and livestock can no longer provide enough dietary iodine. ■

## Promoting the aid message

The Minister for Foreign Affairs, Mr Alexander Downer, took time out recently to visit the AusAID stall at the Royal Adelaide Show.



The Minister for Foreign Affairs, Mr Alexander Downer, shares an item in *Focus* at the Royal Adelaide Show, while AusAID's South Australian Director, Anne Granville-Edge (left), looks on.

Information about the work of the Australian Government's aid program is disseminated throughout Australia in many ways, but one of the most visible is at agricultural shows in the capital cities. This year at the Royal Adelaide Show, the Minister for Foreign Affairs, the Hon Alexander Downer MP took two of his children to the show and spent some time at the Australian Government's overseas aid program stall.

Set up to inform the Australian public about the aid program and how taxpayers'

money is spent on overseas aid, the stall received a record number of visitors.

Parents and children visiting the stall were able to take away a showbag aimed at school children containing information on overseas aid, stickers and a ruler.

Business people received information on how to tender for aid projects and Australians interested in volunteering overseas were encouraged to register with organisations sending people to East Timor and other countries in the Asia-Pacific region and Africa. ■

# Polio on the way out

With the advent of the polio vaccine, it seemed at last the world would be rid of the crippling disease of polio. But there is still a great deal of work to be done before the planet can be declared polio-free.



In rural Indonesia, polio immunisation programs are reaching thousands of children.

For millions of people in the poorest and most densely populated developing countries, polio continues to inflict suffering and disability.

It's estimated that between 10 and 20 million people suffer from polio paralysis—a

condition which is almost always irreversible. Thousands of new cases are reported every year.

In 1988, the World Health Assembly set itself an ambitious target—the eradication of polio from the world by the year 2000. At

the current rate of progress, this goal appears achievable. Already more than 150 nations are polio-free and the disease has been eradicated in 90 per cent of the world.

Australia is contributing to the World Health Organisation's Expanded Program of Immunisation (EPI). Its goal is to reduce sickness and death caused by vaccine-preventable diseases like polio.

Because of the nature of the disease—it only affects humans, immunity is life-long and there are no long-lasting environmental sources of polio virus—medical experts are convinced its eradication is possible.

Eradication depends on four key strategies:

- High routine immunisation coverage
- National immunisation days
- 'Mopping up' campaigns
- Effective surveillance for acute flaccid paralysis and polio virus.

## THREE YEARS WITH NO NEW CASES

In another positive development, the Western Pacific Region will be certified as polio-free from next year—after recording three consecutive years with no new cases. Since 1988, Australia has contributed more than \$15 million to EPI operations in the region. Ongoing support will help with effective surveillance and virus containment.

Along with the governments of Japan, the United States, the United Kingdom, Germany, Canada and Denmark as well as Rotary International and UNICEF, Australia is making an important contribution to ridding the world of this crippling disease. ■



# Australia and Thailand join forces against the AIDS epidemic

Australian HIV/AIDS experts from Sydney's Albion Street Centre are working with health authorities in Thailand to introduce a new approach in the management of the epidemic in Thailand.

More than one million people are infected with HIV in Thailand and of these more than 60,000 develop AIDS each year. This has put enormous pressure on the public health system, already struggling to provide basic services.

As a consequence of Australia's internationally acknowledged expertise in HIV/AIDS care, the Ministry of Public Health in Thailand turned to Australia and the Albion Street Centre in Sydney for assistance.

Now, more than two years later, the Albion Street Centre has been extensively involved in a collaborative project with the Royal Thai Government in developing an AIDS Ambulatory Care Project in Thailand.

Ambulatory care is about improving services to AIDS patients through means other than hospital admission, which can be both expensive and unnecessary in many cases.

Patients can often be referred to their local hospital for outpatients' services or taught self-help techniques to manage their own care, with the support of family and carers.

The AIDS Ambulatory Care Project is working on a number of levels. It is bringing multi-disciplinary care of patients to the Bamrasnaradura Hospital through staff training, the strengthening of laboratory and pharmaceutical practices, and improved medical equipment and organisational support.

The project is also developing the Bamrasnaradura Hospital staff as leaders in AIDS treatment by helping them establish



A child with AIDS receives treatment in the outpatients unit at Bamrasnaradura Hospital.

the hospital as a clinical reference and national training centre.

In the last two years, several hundred staff at Bamrasnaradura Hospital including doctors, nurses, counsellors and nutritionists have received extensive training from experts from the Albion Street Centre.

Already there are signs that services for AIDS patients are becoming more effective. For example, the hospital is now offering an outpatients service five days per week, compared with one day a week before the project started.

The project is not just helping the people of Thailand afflicted with AIDS. It has the potential to help other countries in the region.

A regional workshop in November, demonstrating the achievements of the project was attended by public health officials from Thailand, Cambodia, Myanmar, Vietnam and Laos. It's expected that opportunities for future collaboration between Thailand and its neighbours for the care and treatment of AIDS patients will also be explored. ■

# Africa—preventing the spread of HIV/AIDS

Last year, 5,500 Africans died every day from HIV/AIDS. And of the estimated 33 million people infected with the virus worldwide, 22 million live in sub-Saharan Africa.



In Mozambique, educational theatre takes the AIDS prevention message to the people.

Health authorities warn that despite international efforts to stem the spread of HIV/AIDS in Africa, the death toll is expected to rise dramatically over the next three years. By the year 2002, it's estimated that the rate of death from HIV/AIDS will have reduced sub-Saharan people's average life expectancy from 68 to 48 years.

Australian aid is being used to prevent the spread of HIV/AIDS in a number of African countries with support for projects including the Soweto project for Women

with AIDS, the Mother to Children Transmissions project in South Africa and the Mozambique project for the prevention of HIV/AIDS in youth.

The Soweto project is based at the Chris Hani Baragwanath Hospital giving care, support and counselling to women and children with HIV/AIDS.

The Australian Government's aid program funds the Mother to Children Transmissions project through a contribution of \$800,000 to the United

Nations' World Health Organisation. The project is currently researching the application of different drug treatments on unborn babies and new-borns, to reduce transmission of AIDS from mother to child.

Results of the study so far look hopeful. Mother-to-child transmission rates have dropped by 50 per cent.

## PREVENTION STRATEGIES ESSENTIAL

Medical authorities agree that prevention strategies for HIV/AIDS are essential, especially in vulnerable communities, if infection rates are to be reduced.

A project in Mozambique aims to do just this. So far, Mozambique appears to have one of the lowest rates of the disease in sub-Saharan Africa—14 per cent of all adults—a result of relative isolation during the civil turmoil following independence. Therefore it's more likely that prevention will be effective in Mozambique in slowing transmission of the disease.

Australian aid in Mozambique is contributing \$1 million to the UNICEF HIV/AIDS Prevention for Youth Project. This three-year project provides a mobile team to travel around the border towns of Mozambique with a message for young people about HIV/AIDS, communicated through theatre. It will also establish five youth-friendly clinics to provide health services for 10,000 children who have been identified as at risk of HIV infection.

In total, the Australian Government has committed itself to providing about \$10 million over four years for HIV/AIDS activities in Africa. ■



# Australians healing the many wounds of war

The victims of war are not just the combatants. In Sudan and Northern Kenya, Australian medical staff are working to heal military and civilian casualties.



The Parliamentary Secretary for Foreign Affairs, Mrs Kathy Sullivan, shares in the pride of this Kenyan grandmother celebrating the birth of her twin grandchildren at the ICRC Hospital at Lokichokio.

Photo: Victor Gichuru

Since 1978, the International Commission of the Red Cross has been caring for the wounded from both sides of the war in Sudan with a dedicated commitment to neutrality.

At the ICRC's Lokichokio Hospital in Northern Kenya, Australian medical staff are working in difficult conditions to save the lives not only of combatants, but those of civilians, especially children, caught up

in the violence and social breakdown.

Earlier this year, the Parliamentary Secretary for Foreign Affairs, Mrs Kathy Sullivan, visited Lokichokio Hospital and paid tribute to the work being done there.

'The Australian surgeons and medical staff at the ICRC hospital are very impressive and are working in very difficult conditions trying to save children who would not normally die if they were in Australia.

'I was so impressed by the incredible resourcefulness of the Australian staff who have to treat people without adequate medical supplies and equipment. I was saddened by the babies who were dying of preventable diseases like bowel obstructions, but heartened at the number of children making a full recovery from their injuries—particularly those with bullet wounds.'

Mrs Sullivan said the ICRC had an important relationship with the Australian Red Cross, which provides Australian health workers to the Lokichokio hospital, and the Juba Teaching Hospital in southern Sudan.

'The Australian Government has funded an Australian Red Cross team at the Lokichokio and Juba Hospitals for the last 10 years with over \$2.5 million for activities since 1993.'

Currently, six Australian Red Cross volunteers work at the ICRC hospital, providing technical expertise to perform complex surgery and training local staff. ■

# New vision for Kenya's oldest hospital

Australia's long association with Kenya's oldest hospital has been given another boost with new funding for staff development and training.



The Kikuyu Hospital near Nairobi treats more than 100,000 outpatients each year and its doctors perform more than 7,000 surgical operations. Over the years, Australia has developed a strong bond with the hospital and its staff. Young Australian medical students have chosen to work there as part of their elective term.

As well, a doctor from the Church Mission Society in Australia has worked in the hospital and the Kikuyu Hospital's Eye Unit works in association with the Fred Hollows Foundation providing training in ophthalmology for medical students.

In addition to training, Australia has funded a new telephone system for the hospital to improve communications.

In April this year the Parliamentary

Secretary for Foreign Affairs, Mrs Kathy Sullivan, visited the hospital and presented staff with a cheque for \$15,000 for staff development and training. More than a third of the hospital's staff will benefit, improving their capacity to deliver high quality medical services to patients.

According to Mrs Sullivan this new funding recognises the hospital's role in providing specialist medical services through the commitment of its staff and the input of international medical experts.

'With this additional grant for staff development, we hope that the overall standards of service will significantly improve and contribute to increased hospital revenue providing a more sustainable operation in the future.



'In the past, equipment donated to the hospital has greatly improved eye care services and communication links,' Mrs Sullivan said. ■



# Healthy foods for hungry children

In Indonesia, tens of thousands of children are still hungry following the economic crisis that forced their parents into unemployment and the price of good food out of reach.

Children between six months and two years of age who don't eat the right food have a higher risk of impairment to their brain functions, wasting diseases and early death.

Breastfeeding helps but only if mothers are able to eat good food containing the whole range of micronutrients that come from milk, meat and eggs.

These are foods that most Indonesians can't afford and even if they can, such foods are often simply not available.

Alert to the impact on Indonesia's future posed by damage to a generation's physical and intellectual development, UNICEF has begun an emergency program to tackle malnutrition in infants in eastern Indonesia. With the support of the Indonesian Government and a commitment from Australia of nearly \$4 million, the successful program is now in its second phase.

The UNICEF Complementary Food Initiative has already reached 80,000 babies in Indonesia and will reach another 110,000 in its current phase. 'Vitadele', a micro-nutrient fortified complementary food, like a kind of 'super Farax', is being distributed through the *posyandus*, or mother and child health clinics, where babies' weight gain and health are charted by local health workers offering care and advice to mothers.

While the program is primarily an emergency response, the hope is that with the revitalisation of the *posyandus*, which have run down for lack of resources, nutrition in Indonesian women and children will also be improved over the longer term. ■



Mrs Fredricka Cornellijs waits at a *posyandu*, or mother and child clinic, with her grandchild Junixon, who is suffering from malnutrition and malaria. Photo: Deborah Nesbitt

# Youth ambassadors try their healing skills

Operating on patients in Solomon Islands, providing nutrition advice to the Nepalese, educating Indonesians on HIV/AIDS and assisting the Cambodian government to write tobacco control policy are just a few of the health projects Australian Youth Ambassadors for Development are currently working on in the Asia Pacific region.

More than 120 young Australians are now serving as Australian Youth Ambassadors (AYAs) in 18 countries throughout the region including Mongolia, Cambodia, Vietnam, Bangladesh, Kiribati and Tonga.

Sixteen of the youth ambassadors are working in the health sector, many of them with the support of their Australian employers. Australian organisations are embracing the AYAD program, recognising its potential as a professional development initiative for staff that also enables them to establish or enhance existing links with counterpart organisations in the region.

Here, we profile three youth ambassadors.

## **ALISTAIR BRISCOMBE**

A student in the Master of Public Health Program with the University of NSW, Alistair Briscoe is from Byron Bay. Now based in Hanoi, he is hoping to apply his skills and professional experience to the eradication of mosquito-borne diseases like dengue fever.

The 28-year-old is spending five months in Vietnam working on the Australian Foundation for the Peoples of Asia and Pacific Dengue Control and Surveillance Project.

'The project uses naturally occurring larvae predators to biologically control the mosquitoes which carry the dengue virus,' Alistair said. 'We've nearly finished the pilot program and now I will be involved in the documentation and evaluation of what we've done.'

Dengue mosquitoes thrive around still



Alistair Briscoe—helping eradicate dengue fever in Vietnam.

and stagnant water, especially in water tanks, buckets, cans or vases of old water.

The project involves introducing the recently discovered mosquito predator into community water tanks where they eat the dengue mosquito larvae. In some villages, malaria has been almost eradicated. An intensive community education campaign is also underway, improving the capacity of people to identify the mosquito and diagnose dengue fever. The project also encourages locals to clean up containers that might host the dengue mosquito.

Next month, seven Hanoi based AYAs will join Alistair to help clean up a local commune as their contribution to 'Clean Up Vietnam Day', part of the Clean Up the



Jenny Busch-Hallen—implementing nutrition policy in Cambodia.

World campaign—the brainchild of former Australian of the Year and round-the-world yachtsman, Ian Kiernan.

Alistair was nominated for the program by the University of NSW.

'I hope to share the skills that I've developed through my work and academic experiences, and to learn and develop new skills,' Alistair said.

'Equally as exciting is the opportunity the program provides to live as part of a community in an overseas country, and share in that country's lifestyle and culture.'

Alistair's previous work experience has been in the area of HIV/AIDS, working primarily with injecting drug users. After completing a social work degree at the



University of NSW, he worked with the NSW Users and AIDS Association, a community-based organisation formed to help drug users. More recently he coordinated a needle syringe program in Byron Bay.

## Defeating dengue in Vietnam

Last year in Vietnam, dengue fever killed more people than any other infectious disease including malaria and HIV/AIDS. Its eradication has now been identified as the country's number one health priority.

Australia is supporting the Vietnamese Government's fight against the disease which includes the use of biological controls as an alternative to chemical spraying.

In partnership with Vietnam's National Institute for Hygiene and Epidemiology, the Australian Foundation for the Peoples of Asia and the Pacific is working with local communities on a surveillance and control project.

Operating in six communes across three provinces, the project aims to:

- help local people detect and diagnose dengue
- eradicate the dengue mosquito—this includes the introduction of Mesocyclops, a small, shrimp-like creature which feeds on the mosquito
- introduce community education programs and encourage community participation in combating the disease.

So far the project has been extremely successful with an average reduction in mosquito larvae of 94 per cent. In one project commune, the project has scored a world first—completely eradicating the dengue mosquito through the use of biological controls.



Carole Harris at work in Ho Chi Minh City researching side effects of tuberculosis treatment.

### JENNY BUSCH-HALLEN

Jenny Busch-Hallen is committed to raising the standards of health care and spent part of her career working on improving Aboriginal health in Australia.

Now, the 28-year-old nutrition adviser from Dubbo is serving as an Australian Youth Ambassador for Development in Cambodia, where she is working with the World Health Organisation on implementing government nutrition policy.

She points out that the health status of Cambodia's children rates among the worst in the world. Child malnutrition affects over half of all children under five.

'The major deficiencies are vitamin A, iodine and iron and this has serious consequences for the health of most Cambodian people,' Jenny said.

'My role is to provide nutritional support and advice, working closely with the nutrition unit within the Ministry of Health. It's definitely a two way process. Sharing our knowledge and skills we can improve the capacity of the nutrition unit to provide essential services.'

Jenny, who has a Bachelor of Science and a Master of Nutrition and Dietetics from the University of Sydney, worked as a clinical, community and public health nutritionist concentrating on food supply and Aboriginal communities in western NSW.

Jenny's interest in developing countries prompted her to begin a Master of Public Health degree with the University of NSW

which is sponsoring her participation in the program.

### CAROLE HARRIS

Pharmacy graduate Carole Harris is serving her term as a youth ambassador researching the side effects of drugs used in tuberculosis treatment in Vietnam.

The 25-year-old, who is currently completing a postgraduate degree in medicine, has now spent six months in Vietnam.

'It uses a bit of both my pharmacy and medical skills,' Carole said 'I'm collecting data on the side effects that people complain about with the medication,' she said.

Carole has travelled widely in the United Kingdom and Europe but this is her first experience of Asia and of a developing country.

'I wake up most mornings and think this is the best thing I have ever done in my life. I love Vietnam and the Vietnamese people. If circumstances were different, I think I would stay another year,' she said. ■

Applications for the next round of youth ambassadors close on 10 December 1999 and application forms can be downloaded from the Website at [www.ausaid.gov.au](http://www.ausaid.gov.au)

Organisations interested in becoming Program Partners can contact coordinator Colleen Doyle at [colleen\\_doyle@ayad.org.au](mailto:colleen_doyle@ayad.org.au)

# A volunteer's story

For too long, volunteers have been the unknown heroes of the aid program. Now the Australian Government is recognising their contribution and their dedication. The stories that follow are just a few from the rich history of Australian volunteers' service in developing countries.

*Jenny Donnelly was one of 70 returned overseas volunteers living in the Wodonga area who recently received a Certificate of Appreciation from the Australian Government at a ceremony held in Wodonga in August.*

*As guest speaker at the ceremony, she spoke of the challenges, loneliness and frustration of volunteering, not to mention the lighter moments—like trying to fit 40 people into the back of an old truck to get them to church on time! Jenny's speech is reprinted below.*

My name is Jenny Donnelly and my family and I were volunteers with the then Overseas Service Bureau during 1995 and 1996. We spent more than two years in an isolated bush location in north west Papua New Guinea.

Volunteers serve in many different countries, in rural areas, towns and cities. Some go as single people, others in families and they perform a huge range of tasks.

Talking with a volunteer you will hear words like exciting, frustrating, rewarding, unexpected. Some speak of fear and disappointment, others of fun and contentment.

Some volunteers return and slip back into their former way of life, content to have had their big adventure. Others make career changes as a result of their time overseas, and others volunteer or work overseas again and again. No one is unaffected by the experience.

Recently I spoke, as I have on many occasions, to a woman who was considering



Jenny Donnelly receiving her Certificate of Appreciation in Wodonga from the Parliamentary Secretary for Foreign Affairs, Mrs Kathy Sullivan and her local MP, Mr Lou Lieberman, the member for Indi.

a volunteer position. I spoke about the fun, the learning—and the loneliness that jumped up and grabbed you when you least expected it. As I spoke to her, I thought about the bond which seems to exist between volunteers and what it is that creates that bond.

Part of it is the challenges we all faced—and knowing that they aren't the challenges about saving the world but the little ones.

For us there was a challenge on a weekly basis of fitting as many people as we could on the back of an old ute so that no-one would have to walk to church—the record was 40 including two babies. Another was having to walk for 12 hours to have a Christmas drink with a friend on the coast—then having to find the money to fly home because I was too tired to walk.

Without a doubt, the major challenge for many volunteers in rural PNG (if not much of the Pacific) is, and will probably be for a long time, the roads. Not just, will they be passable, but will they actually be there?

Volunteers also have in common the privilege of being a part of the joys and sadness of other people's lives. Weeping and laughing with people crosses all barriers, and sometimes weeping and laughing are very close together.

My husband John and I were responsible for developing and delivering a program to encourage local village people to farm small animals like poultry and goats and to establish permanent gardens.

In the isolated spot where we lived, getting the chickens and ducklings in, and alive, was a logistical nightmare. One local man, Fabian, had built a very solid, flash chook shed but unfortunately he died before the chickens arrived (not of old age I should add). John went off to the burial feeling quite sad, as we all were, because Fabian was a good bloke. John returned a few hours later with a funny grin on his face—one day a chook shed, next day a crypt! Yes—Fabian was buried in the chook shed.

I once read in a book that being an effective teacher meant, in the end, that you can only teach what you are. And so it is with us. We came to postings as ourselves. We shared a part of our lives with people and cultures with whom we would otherwise never meet and in turn they shared with us a part of theirs.

This, then, is what we did—simple and immeasurably valuable: we shared. ■



# Volunteering to make a difference

In 1965, a young Australian woman set off for India to attend what she thought would be an 18-month language and orientation program. For Margaret Parkinson, this was to be the beginning of 31 years of volunteering in developing countries.

Margaret Parkinson's reasons for volunteering have always been clear-cut and simple. 'I wanted to serve and help other people and to make a difference in the world,' she says.

Margaret Parkinson has indeed made a difference to the lives of the people she has worked with. After beginning her career as a volunteer with Interserve, an international interdenominational aid organisation, she worked in children's homes and helped develop community-based projects in Slapur, India until 1975.

'After some research and a course I took in Melbourne I realised what a stigma it is to be an orphan in South Asia. So I decided to try to establish a project to help improve the children's self esteem, to give them a sense of worth and to help them accept responsibility for their behaviour.'

In a small Indian mill town in South Maharashtra, Margaret was also involved in helping doctors establish a clinic for mothers and their children.

'Dehydration resulting from diarrheal diseases such as dysentery was a serious health problem in the area, leading to the deaths of many young children. I was faced with the task of teaching mothers the importance of rehydrating their children.

'Gradually with a lot of education, the mothers began to accept the need to rehydrate children,' she said. 'We used traditional methods of *kirtans* which are local stories set to music. This was a useful tool. We also found puppets and drama were very useful tools for education.'

Once mothers understood the dangers



After 31 years of volunteering, Mrs Margaret Parkinson, receives an Australian Government certificate of appreciation at a ceremony attended by Mr Gary Hardgrave (left), federal member for Moreton.

of dehydration and were taught methods to rehydrate their young children, many lives were saved.

In 1983, after three years back in Australia, Margaret returned to Delhi as the Regional Representative of Interserve and travelled around the country to support people working on local projects. Then, from 1992 to 1996 she was based in Cyprus as an Area Director of Interserve responsible for projects in India, Pakistan and Central Asia.

Margaret Parkinson has obviously had an impact on the lives of many people in the developing world. She holds the view, common to most volunteers, that she has learned and gained as much as she gave.

And the most important lesson? 'To know that I can't change the world, but accept that whatever I do will make a difference.

'I have gained a tremendous appreciation of people who live and survive despite incredible odds and I have realised how privileged I am to be Australian.'

Although no longer volunteering overseas, Margaret continues to help those in the developing world through her work as State Coordinator of Interserve in Queensland.

In March this year, she was awarded a Certificate of Appreciation by the Australian Government and is one of the longest serving volunteers in Australia. ■

# Spectacular aid for Indian villagers

When a Perth optician decided to go to India in 1997 to distribute spectacles, little did he know that this was the birth of an organisation and the first trip of many.



Paul Clarke (front right) and some of the Equal Health volunteers who are providing optical, dental and general health care for people in remote parts of India and Asia.

Two years ago, optician Paul Clarke went to India to help villagers who needed glasses. Now he is chairman of an organisation called Equal Health which manages Australian volunteer health workers who run health camps in developing countries such as India and Indonesia.

'On that trip to India, I saw thousands of people who not only needed spectacles, but needed a range of medical services,' Mr Clarke said. 'It wasn't long before volunteers were accompanying me on trips, from opticians

to doctors, dentists and nurses.

'The health teams arrive in Indian villages unannounced, all piled into a rickety old bus. We've had to make the decision to arrive unexpectedly in villages, because we learnt from past experience that if people had prior notice, there could be riots as people swarm the camps, desperate for medical care,' Mr Clarke said.

Since 1997 Equal Health has held four camps in India and one in Bali. In India the camp is based in an orphanage about

two hours way from Madras. Each day the team of health workers visits different villages covering an area within a 60-kilometre radius.

Australian volunteers conduct eye tests, give away brand new spectacles, provide dental care and offer general medical help. They also diagnose people who are blind because of cataracts and transport them to a hospital for free cataract surgery.

'On the last camp, 13 Australian aid workers visited 40 villages and 12 of these



13 Australians will be going on camps again next year, a sign that these volunteers get something special from their time spent at the camps,' Mr Clarke said.

'The experience is guaranteed to remain ingrained in the minds of its participants for life.'

Equal Health volunteers are obviously very committed to making a difference in developing countries. They pay their own airfares and cover their expenses while they are there. Most give up their annual leave to attend the camps.

While in the camps, workers treat a phenomenal number of people in a short space of time. 'Optical workers see up to 100 pairs of eyes in a day and a dentist will do up to 30–40 extractions in a day,' Mr Clarke said.

At a ceremony in Perth in July this year more than 150 Certificates of Appreciation from the Australian Government were presented to returned overseas volunteers. Ten Equal Health volunteers received certificates at this ceremony in recognition of their contribution to Australia's aid program.

Equal Health taps into a number of sources for its funding and supplies. The frames are donated by wholesalers and retailers. A South Australian company, Sola Optical, has agreed to provide 5,000 pairs of lenses per year to the program. Similarly, dental and medical supplies are donated by aligned wholesale companies.

The task of putting the spectacles together has been taken on by life-serving inmates of Casuarina Prison in Perth who are receiving free training in optics by members of the Opticians Association.

Community organisations also play a role. The Belconnen Rotary Club in Canberra raises the funds necessary for the cataract surgery that is carried out in local hospitals during the camps.

Paul Clarke says that Equal Health aims to expand its aid work into more developing countries. Mr Clarke is departing on a fact-finding mission to Afghanistan in February next year with the hope of holding some camps there in the future. ■

## Tackling the stigma of leprosy

**Historically, victims of leprosy have been shunned and ostracised. According to Australian volunteer Reverend Valerie Bock, who has worked in the field for more than two decades, educating the general public about the management of the disease is vital.**



Australian volunteer Reverend Valerie Bock displays her Certificate of Appreciation recognising her contribution to Australia's aid program.

After 22 years working with leprosy sufferers, Australian aid volunteer Reverend Valerie Bock says that the fear and ignorance associated with the disfiguring disease are gradually being broken down.

'A great deal of my work has involved dispelling the fear associated with leprosy,' Reverend Bock said.

'In Papua New Guinea and Thailand I worked with medical staff and surgeons, operating at various leprosy hospitals,' she said.

Leprosy is primarily a disease of the skin and surrounding nerves. It is caused by bacteria that can remain dormant in

infected people for a long time. If it's not treated, leprosy can cause limb deformities. Although contagious, it is seldom fatal.

Reverend Bock first travelled to PNG with the Methodist Mission after obtaining a triple certificate in nursing in Melbourne. Later she left the Methodist Mission to become a volunteer with the Leprosy Mission.

After seeing the pain and suffering caused by leprosy, Reverend Bock decided to dedicate her working life to helping victims—working as a volunteer with the Leprosy Mission for 22 years in PNG and Thailand. ■

# After the wave

It's over a year since a tsunami devastated communities along the northern coast of PNG. Journalist and photographer Peter Davis visited the region to report on the recovery process.



Aerial view of the relocated and rebuilt Rainbrum village. Photos: Peter Davis

*Bikpela Solwara* the locals called it. That means big wave. It's also known as a tsunami. And at 6.45pm on Friday 17 July last year, the big wave roared like a jumbo jet along the northern PNG coast.

At a speed of 110 km per hour it smashed inland for about 400 metres, reaching a height of 15 metres at its western extremity. Within seconds, trees were uprooted, entire villages disappeared and lives were changed forever. In a small community of 10,000 people, about 2,200 were killed and many hundreds more were injured.

As soon as the extent of the devastation became known, the PNG government established an emergency trust fund. The Port Moresby-based National Disaster and Emergency Service coordinated the initial response.

## AUSTRALIA RESPONDS

The Australian Government provided \$2 million to support the Australian Defence Force for the immediate emergency response. Within 48 hours, the defence force had established a field hospital at Vanimo and was providing transport for

the injured. Additional support was given for equipment.

Australia provided a further \$1 million for the longer-term recovery phase. Many other governments around the world gave generously and so did non-government organisations (NGOs) which together raised around \$8 million.

Fifteen months later, the region is returning to a semblance of normality. People are fishing again in the Sissano lagoon (fishing was banned after the tsunami because of the pollution threat from dead bodies).





A year after the disaster, the markets at Aitape are slowly returning to strength.

Entire villages including schools, medical centres and churches have been rebuilt away from the coast and commercial activities such as coconut drying and sago production have resumed.

#### **A LONG WAY IN A SHORT TIME**

'We have come a long way in a short time,' says Paul Nasnas, a police officer from the coastal village of Arop. 'But many people are still hurting. I think it will take a very long time before our people fully recover.'

Paul's story of survival is echoed by thousands of other coastal dwellers.

'I was thrown into the lagoon and ended up against a tree,' Paul said. 'I clung for dear life and I lost consciousness. When I recovered my village was gone. So was my family.'

It was several days before Paul recovered the bodies of his wife and his three-month old daughter. Another daughter was seriously injured.

'We worked hard to bury the dead but many bodies were never recovered. It was like living a nightmare. A year later I can still hear and smell the destruction.'

#### **THE FIRST ANNIVERSARY**

To commemorate the first anniversary of the disaster, some of the bodies were exhumed from the makeshift graves at the edge of the lagoon and re-buried closer to the relocated villages. 'We feel more secure if we can be near our loved ones,' said Paul, whose new village has been built about 1.5 kilometres inland.

Like many of the victims, Paul knows only too well the frightening speed of destruction. Perhaps because he is a policeman he also understands the complexities of the recovery process. 'There are so many needs that people have,' he said. 'It's impossible to satisfy everyone in the short term.'

#### **RECOVERY**

Somebody else who understands such complexities is Peter Carter, an emergency management adviser contracted by AusAID as a facilitator and mediator.

Based in the tiny town of Aitape at the eastern end of the tsunami-affected coastline, Peter's job was to monitor the recovery process.

'AusAID helped develop a recovery plan that has been adopted by the Aitape District Disaster Committee,' he explains. 'This plan is essential to the effectiveness of the rehabilitation phase. Victims get to hear about the funds that have poured in and they all want a piece of the action. It takes time to sort out priorities, to assess needs and to work out who will do what.'

'You can't simply barge into a devastated community and say we'll rebuild that school or put a water tank over there. The decision-making process has to be consultative.'

#### **DETERMINING THE PRIORITIES**

Like all communities throughout PNG, the communities in the tsunami-affected region are diverse and complex.

'Priorities are not necessarily shared by all community members,' says Nigel Asplin, a field officer with the NGO Community Aid Abroad. 'I estimate that 60 per cent of my time is taken up with community meetings. It's really important to ensure that all groups, especially women, are involved in the recovery and rehabilitation process.'

One of the worst affected villages was Rainbrum at the western end of the Sissano Lagoon. As camp manager at Rainbrum, Anselm Rayau has been instrumental in helping rebuild his village.

'A year ago we had nothing except the

clothes we were wearing,' he said. 'Now we have new houses and a care centre. The school is nearly finished and so is the church. We have all been working hard but now we are looking forward to living normal lives and remembering our loved ones who died in the wave.'

Rainbrum is relatively remote and getting materials to where they are needed presents some strategic challenges. In June, two 9,000 litre heavy-duty rainwater tanks (a donation from Community Aid Abroad) were airlifted to the village by helicopter. Helicopter hire is very expensive but there are no roads into Rainbrum and the tanks are too big to fit on the boats that ply the narrow waterways.

'Lack of infrastructure, especially road transport, is a major problem when it comes to disaster recovery,' says Tas Maketu, chairman of the Aitape Rehabilitation Committee set up through the local Catholic diocese.

Mr Maketu was in Brisbane when the wave struck. He returned to find that his mother had been killed.

'Everybody around here has lost someone. This disaster has had an impact in a spiritual as well as a physical and financial way and the faith of the people has been tested.

'But the recovery is happening. There has been much building and the fact that there was no major outbreak of any disease is, I believe, indicative of the health awareness of these communities and the success with the coordination of relief efforts.'

#### **APPROPRIATE AID**

The question of appropriate aid is always raised during times of disaster. Despite efforts by AusAID and NGOs to tell the public that money is the best contribution people can make, mountains of second hand clothing (including high heel shoes), thousands of garden tools and even power tools (for communities with no electricity) remain in warehouses in Aitape.

'Of course we are grateful to the donor countries,' says Tas Maketu. 'But unless specific items are requested, money is

really best. With that we can purchase the goods we need.'

#### **LIVING WITH THE FEAR OF ANOTHER WAVE**

As life for the tsunami survivors slowly returns to normal, new tensions begin to surface. Some villagers wish to remain in their new locations but others want to return to the coast. For the people who had to relocate on land belonging to others, the difficulties of compensation have yet to be sorted out.

And then there is the fear of another wave. 'We have seen what the ocean can do,' says Ben Amaal, manager of the care centre at Yakoi village. 'It can provide our livelihood. But it can also sweep our lives away. There is fear that another wave will come.'

Despite the fear, Ben, like many of the survivors, tries to be positive. Strolling through the Friday market in Aitape, he points to the women selling fish and sago. 'This market is still only half the size it was a year ago. But it is slowly getting back to normal. Come back in a year's time and you might see a full market.' ■



Life for Sissano's fishermen is returning to normal. Fishing was banned after tsunami because of the pollution threat from dead bodies.



# Rebuilding peace in Solomon Islands

People often move to new locations to find new opportunities. But the arrival of newcomers can spark resentment and hostility, resulting in social problems and violence. The Solomon Islands recently witnessed ethnic tensions which Australia is helping to ease.



The Hon Kathy Sullivan MP, Parliamentary Secretary for Foreign Affairs, is welcomed by a group of Solomon Is children during her visit to Malaita. Photo: Kristen Pratt

In the first half of this year, ethnic tensions disturbed the archipelago of Solomon Islands.

Unrest flared on the island of Guadalcanal between Solomon Islanders native to the island, and settlers from the neighbouring island of Malaita. Many Malaitans fled to escape the violence and have since returned to difficult conditions in Malaita.

The situation had been brewing since the island nation became independent two decades ago. Since independence, economic activity in Solomon Islands has been concentrated around Honiara, the national capital, on Guadalcanal.

This attracted large numbers of people from other islands, especially Malaita. Local people have felt left out of development and there has been growing resentment

over the loss of land and identity.

In July this year, the Parliamentary Secretary for Foreign Affairs, Mrs Kathy Sullivan, visited Solomon Islands to offer Australian support for the restoration of peace on Guadalcanal and the resettlement of people on Malaita.

'I affirmed Australia's strong friendship and support for our neighbours in Solomon Islands and I restated our commitment to assisting the Solomon Islands Government in its efforts to resolve the problems on Guadalcanal,' Mrs Sullivan said.

'When we saw that as many as 20,000 people had been displaced by the violence, Australia made a contribution of \$140,000 to the Solomon Islands Red Cross for emergency relief including temporary shelter and helping people return to Malaita by boat,' she said.

## ADDITIONAL SUPPORT

Since then, there's been additional support for displaced people on both Malaita and Guadalcanal through the International Committee of the Red Cross. This brings Australia's total emergency assistance to Solomon Islands to \$560,000.

'Included in this package was Australian-grown rice and canned fish for displaced families. For each family there are six bags of rice and 48 tins of fish—a two-month supply of food.'

Mrs Sullivan also met the Prime Minister of Solomon Islands, Mr Bartholomew Ulufa'alu, to discuss other ways that Australia could help.

Because of the increased numbers of people now living on Malaita, Australia will also be providing extra help to improve water supply and sanitation services and to buy medical and school supplies.

## PEACE AGREEMENTS

Solomon Islanders are dedicated to resolving their problems. All affected parties have now accepted peace agreements and the Royal Solomon Islands Police are working to re-establish law and order in the rural areas of Guadalcanal. Australia is providing advisers to help strengthen the law enforcement capacity of the police.

'The Australian Government has already given substantial assistance in the areas of humanitarian relief and law and order. However, Australia stands ready to consider further requests for assistance,' Mrs Sullivan said. ■



Cegrane Refugee Camp, Macedonia, July 1999. Photos: Anne Rigby

# The Kosovo refugees who don't want to go home

The approach of the European winter threatens new hardship for thousands of refugees in Macedonia—victims of the war in the former Yugoslavia—who fled Kosovo and other parts of Southern Serbia some months ago. While the great majority of the refugees have moved back across the border into Kosovo, there are still around 4,500 refugees sheltering in two Macedonian camps operated by CARE Australia. Many of these refugees are refusing or delaying the return home, claiming they have no future in Kosovo or Southern Serbia.

Jo Hutton, a CARE Australia manager and AusAID officer on secondment, was responsible for the management of the Stenkovec and Cegrane camps in Macedonia. In this interview, she speaks of the need to relocate the refugees as winter approaches.

## **WHAT IS THE CURRENT PREDICAMENT OF REFUGEES WHO REMAIN IN MACEDONIAN CAMPS?**

At the moment the two camps, Stenkovec II and Cegrane are home for about 4,500 refugees of varying ethnic background. At the height of the crisis there were about

260,000 refugees in Macedonia with over 100,000 of these in eight camps. Now most have returned and resettled in Kosovo. But in Stenkovec II, the refugees are predominantly gypsies from Kosovo who are reluctant to return. They believe they have no future back in Kosovo.



There are also Kosovo Albanians and a group from the Presovo border zone of Southern Serbia. What they have in common is a reluctance to return home, even though they are being offered assistance by humanitarian organisations including CARE once they get there. This includes shelter, food, other essential items and help with rebuilding destroyed homes. But most of the remaining population don't want to go back and are hoping to be resettled in a third country. Of course, this is very difficult because there are very limited offers from other countries to take them in permanently.

**WHAT ARE CONDITIONS LIKE IN THE CAMPS?**

With the return of so many refugees to their homes in Kosovo, conditions for those who remain have improved. Although they

are still living in tents they have adequate access to clean water, washing and sanitation facilities and medical services. We have also built communal kitchens so everyone can do their own cooking, which is a great improvement.

However with the onset of winter we will have new problems—the camps simply aren't designed to shelter people from metres of snow and sub-zero temperatures. A decision will have to be made during the next month to transfer the refugees to more suitable accommodation or to start the 'winterisation' of the camps. I think it's most likely that the refugees will be moved to collective centres or to host families in the community in line with the decision which UNHCR has taken.

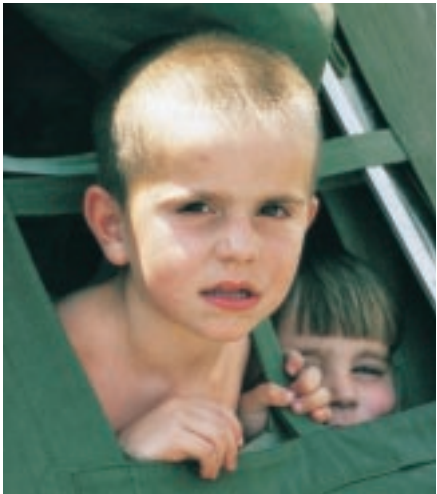
**WHAT IS THE ATMOSPHERE IN THE CAMPS?**

For the most part the people have accepted

their plight, but there were recent aggressive demonstrations when it was suggested that they might have to move to host families. This is by far our greatest challenge—trying to find a home for this remnant refugee population. Many of the Kosovo Albanians are slowly coming to terms with the prospect of returning; they understand that being poor alone is not a reason for being a refugee.

**WHAT'S BEEN THE RESPONSE OF THE PEOPLE OF MACEDONIA?**

Macedonia is a small country with significant challenges of its own. It's struggling to overcome a depressed economy, high unemployment, insufficient community and health services and poverty in rural areas. To its credit, Macedonia accepted the influx of refugees, 260,000 at the height of the crisis, and has continued



Faces of the children of Kosovo. These photographs were taken at Stenkovec II Refugee Camp, Macedonia, in July and August 1999.



to support them. The refugee population represented 12 per cent of Macedonia's population—that's the equivalent of Australia taking in about 2 million refugees from a country like East Timor. It was an enormous number for a small and economically disadvantaged country like Macedonia.

Aid agencies and international donors acknowledge that they must now help with the rehabilitation of Macedonia and this includes health programs, infrastructure development and capacity building.

**THE AUSTRALIAN GOVERNMENT HAS PROVIDED A TOTAL OF \$6.5M TO ASSIST THE VICTIMS OF THE KOSOVO CRISIS.**

**WHAT CONTRIBUTION HAS THE AUSTRALIAN GOVERNMENT'S ASSISTANCE MADE TO THE STENKOVEC AND CEGRANE CAMPS?**

Through AusAID, our government has provided \$500,000 for camp management and procurement programs, including the purchase of relief items like bedding and food. It's also supplied funding for hygiene kits for people in the camps.

**WHAT IS THE FUTURE OF THE CAMPS?**

We had hoped to be in a position to relocate the refugees and close the camps in September. This hasn't been possible but as I explained earlier, it is critical that once winter arrives, the refugees must already have been relocated to more suitable winter accommodation. ■

Jo Hutton plans to leave Macedonia soon. An AusAID program manager, Vyrene Smith, will take over the management of all programs in the mission. Jo Hutton describes her first experience working with an NGO as a 'baptism of fire'. Her first assignment was in Belgrade, Yugoslavia where she worked with CARE workers Steve Pratt and Peter Wallace who were later detained and held in custody by the Yugoslav Government authorities. At the time of their arrest she was in Egypt with Steve Pratt's wife, Samira. Jo Hutton was recently named ACT Young Australian of the year for her aid work.

# Rebuilding their lives: Australia responds to the Turkish earthquake tragedy

Australia watched with horror as the tragedy of a devastating earthquake unfolded in Turkey on 17 August. The earthquake, registering 7.4 on the Richter scale, had its epicentre just east of Istanbul.

The US National Earthquake Information Centre described the earthquake as 'one of the most powerful recorded in the 20th century'. Turkish President Suleyman Demirel estimated that over 20,000 people died, 25,000 people were injured and 100,000 people were left homeless as a result of the earthquake.

The Australian Government was quick to respond to the needs of those most affected, contributing a total of \$3.5 million to assist with relief efforts.

This assistance was provided after consultation with the Turkish authorities and international relief agencies to ensure it was the most effective form of help that Australia could offer.

Australia's contribution was directed to the United Nations Development Programme, the International Federation of Red Cross and Red Crescent Societies, the United Nations Office for Coordination of Humanitarian Affairs and the United Nations Children's Fund.

To date, Australian assistance has been used by these relief agencies to provide urgently needed items such as food, clothing, medical and hygiene supplies and community psychosocial support.

Australia's contribution has also been used by these organisations to purchase

more than 550 tents, 30 water tanks, 1,100 mobile toilets and 1,000 blankets.

This will particularly help the poor who have lost what little they had. One young woman at the tent city of Derince said tearfully: 'Conditions are pretty good here, but it's not like home. Home is just a pile of rubble now.'

Despite assistance from the international community, there is much to be done in terms of the reconstruction of Izmet and Istanbul. The UN estimates that 1,500 collapsed buildings have been removed. However, a further 7,500 buildings are heavily damaged. With the risk of collapse, these need to be demolished urgently.

It is clear that the situation will continue to be rough going for the survivors, particularly now that homeless people are facing a bitter winter in Turkey. However, through the provision of clothing, generators, hospitals, housing and tents, people from around the world, the UN, Australia and other countries have heeded the call to assist with emergency relief and reconstruction. ■



# Children to children —the gift of learning

Education can help create wealth and well being. It lays the foundations for democracy and promotes self-reliance. It gives people a chance to improve their own world and to control their own future. Through the gift of books, a link between primary school children in Australia and Papua New Guinea has been forged.



Australian children from Telopea Park Primary School in Canberra present the PNG High Commissioner HE Renagi Lohia with letters and books for the children of St John's Primary School in Port Moresby.

When a shipment of textbooks arrives later this year for the children at St John's Primary School in Port Moresby, there will be more than just books to read.

There will also be letters and decorated scrolls made by the children at Telopea Park Primary School in Canberra, especially for the pupils of St John's.

Letters from the 60 Australian children, along with a selection of story books and the textbooks will be sent to the PNG school—one of a group of 250 schools benefiting from the Australian Government's aid program.

At a ceremony at Telopea Park School, the letters were presented to the PNG High Commissioner, His Excellency Renagi Lohia, who spoke of the importance of 'people-to-people links as the basis for cultural understanding and positive foreign relations.'

The ceremony also marked the launch of a new AusAID publication called *Gift of Knowledge*, which highlights some of the achievements of the Australian Government's aid program in raising literacy and basic education levels among children in developing countries.

The publication was launched on International Literacy Day by the Parliamentary Secretary for Foreign Affairs, Mrs Kathy Sullivan.

At the launch, Mrs Sullivan said one in five children in developing countries were unable to go to school, either because of a lack of schools or the cost of education.

'The situation for girls is worse—they comprise two out of three children excluded from school.

'Australian taxpayers, through the Australian Government's overseas aid program are helping poor children in developing countries learn to read and write. Last year, Australia contributed about \$54 million for basic education, literacy and numeracy.'

## TEXTBOOKS FOR PNG

Textbooks are a central part of Australia's aid program to Papua New Guinea in the area of basic education. The aid program is helping PNG introduce a reform program, training teachers, building schools and supplying essential textbooks and materials.

An important change is that children can now get their first three years of schooling in their village in their local language. The reforms are producing results—children are staying in school

longer and there are strong signs that they will make the transition to primary school better for having started learning in their local language.

The Australian Government's aid projects include providing teacher training and building schools in PNG, Fiji and in isolated parts of the Pacific Islands. In one project alone, across 12 Pacific islands from Fiji to Solomon Islands, Australian aid money is training 5,000 primary school teachers. Our aid is also bringing education to the home, with half a million parents taught how to help their children learn to read and write by making literacy materials available at home.

## BOOKS FOR 100,000 CHILDREN

Forty-five per cent of the world's school age children live in China and India. In one project in China, Australian taxpayers are funding UNICEF to give school books to 100,000 children who live in isolated communities.

In India, where the cost of books and school fees can be more than a month's wages, 20 million children leave school before learning to read and write. The Australian aid program is working with UNICEF and PLAN International to create classrooms and night schools for the poorest children in India, particularly those who work full time during the day.

For children who tend cattle or crops during the day and cannot go to regular primary schools, 150 night schools have been established in Rajasthan, the northernmost state of India. ■



# snapshots

## WEBSITE TO HELP RECOVERY IN EAST ASIA

A new website that will help coordinate and manage information about the Asia crisis has been launched.

The website, called the Asia Recovery Information Centre (ARIC), is a joint initiative between Australia and the Asian Development Bank. Its aim is to speed up and strengthen recovery in East Asia.

ARIC will help coordinate efforts by donors and regional governments to promote sustained recovery and improve the effectiveness of their operations. It will also be an important resource for policy-makers, aid workers, academics, business, media and the general public.

The need for a facility to improve management of information on the recovery process was proposed by Australia, and endorsed by the international community at the Meeting on Development Cooperation: Responding to the Asia Crisis convened in Sydney in March 1999 by the Minister for Foreign Affairs, Mr Alexander Downer.

Australia has contributed \$1.6 million to cover the centre's establishment and operational costs. An advisory committee with representatives from Australia, the ADB, World Bank, IMF, ASEAN and APEC will oversee the functions of the centre.

### FLOOD PREVENTION IN CHINA

With China experiencing its second year of severe flooding, displacing more than 5 million people and leaving 2 million homeless, the Australian Government is supporting two major flood management and control projects along the Yangtze River.

In 1998, floods devastated the country affecting more than 240 million people—one fifth of China's population. Since then,

Australia has provided China with significant emergency and flood rehabilitation assistance including food, water purification, sanitation and the reconstruction of local schools. Emergency funding totalling \$300,000 has been allocated for current flood relief operations.

At the direction of the Australian Government, a team of Australian flood experts is working in China preparing the groundwork for a major aid initiative known as the Yangtze Flood Control and Management project. It will help China develop a new flood warning system along the Yangtze. In October, another team of Australians will arrive in Qinghai province, the origin of the Yangtze and Yellow Rivers, to begin planning the Qinghai Forest Rehabilitation Project. This project will encourage reafforestation of river catchments and improved farming techniques to stop soil erosion. Soil erosion has led to a build-up of silt further downstream—a major cause of flooding.

### MINE AWARENESS TRAINING IN KOSOVO

Kosovar refugees, many returning to homes destroyed in the recent unrest, are facing a new threat—landmines.

Already landmines, cluster bombs and booby traps have claimed many victims as the refugees work on their farms, collect water or just walk through their villages. Almost one third of the victims are children under four.

Australia is supporting an education program which explains the dangers of landmines and unexploded ordnance. The program is operated by the United Nations Mine Action Service (UNMAS) and has

involved the establishment of a Mine Action Coordinating Centre in Pristina.

Kosovar refugees currently in Australia are receiving basic mine awareness training and more comprehensive training will be provided before they return home. Two or three people from each safe haven will be trained as trainers and will subsequently run training courses.

Australia is providing \$420,000 to UNMAS and \$80,000 to train Kosovar refugees in Australia. This is in addition to the \$6 million already provided for humanitarian assistance in Kosovo.

### TOWARD INDONESIA'S RECOVERY

Australia has committed a total of \$121 million in assistance to Indonesia for 1999–2000 to help the country recover from the devastating economic crisis of the past two years.

In announcing Australia's commitment at the meeting of the eighth Consultative Group on Indonesia (CGI) held in Paris at the end of July, Director General of AusAID Mr Bruce Davis said that the funds would support the establishment of social safety nets, the strengthening of civil and economic governance as well as long term involvement in health, water supply and sanitation, education and rural development.

The CGI is a donor consultative group that includes Australia, the World Bank, the International Monetary Fund, the US and several other OECD members. It meets annually with the Indonesian Government to review World Bank assessments of the Indonesian economy, and to provide an opportunity for talks with senior Indonesian Ministers and officials. It is also an occasion when donors pledge future assistance. ■



# business news

## NEW PUBLICATIONS

The 1998–99 edition of *Business Participation in Australia's Aid Program* is now available. This publication provides a comprehensive summary of all contracts current in 1998–99 and includes key information for each contract.

Contractors and businesses interested in being involved in Australia's development cooperation program will find it a useful information tool.

Copies can be obtained from AusAID's Canberra office by phoning (02) 6206 4046, regional offices, Bibliotech (contact details are on the back cover of *Focus*) or from AusAID's Internet site ([www.aisaid.gov.au](http://www.aisaid.gov.au)).

## SEMINARS FOR BUSINESS

As part of its business program, AusAID regularly holds seminars designed to increase business awareness of the aid program. A seminar on aid in the health sector was held in Adelaide on 29 October. For information about future seminars, contact the Business Liaison Unit in AusAID's Canberra office on (02) 6206 4945.

## NEW CONSULTANTS REGISTER APPLICATION FORM ON THE INTERNET

AusAID's Consultants Register is an internal database of individual consultants seeking short-term work on Australian Government development cooperation projects.

AusAID has recently updated the Consultants Register application form and you can now make an electronic submission via AusAID's Internet site at

[www.aisaid.gov.au/business/consultants/index.html](http://www.aisaid.gov.au/business/consultants/index.html) or you can receive a hard copy of the form from the Business Liaison Unit in AusAID's Canberra office on (02) 6206 4945.

Those consultants who have previously registered with AusAID will receive a letter in the mail asking them to resubmit their details via the Internet.

If you have any questions, please contact the Consultants Registration Officer via email at [pcps\\_aisaid@aisaid.gov.au](mailto:pcps_aisaid@aisaid.gov.au) or phone the Business Liaison Unit.

## A GUIDE TO DOING BUSINESS WITH AUSAID ON THE INTERNET

AusAID uses the Internet site as its primary medium of communication with the business community so it's worthwhile to check it regularly. Notification of changes to the site or contracting issues can be found in the Latest News box. The address for the Business Home Page of the AusAID Internet site is [www.aisaid.gov.au/business/index.html](http://www.aisaid.gov.au/business/index.html)

Below are some of the information headings available on the site.

### Current Tender Opportunities

This site allows downloading of full tender documentation for a project that is available from the Contract Officer. By registering your name and email address, amendments to the tender will be sent directly to you.

The 'Shortlisted Tenderers' feature provides information on shortlisted firms in a two-step tender process. This can be

particularly useful in identifying subcontractor opportunities.

The 'Lessons Learnt Database' can also be accessed from this page. It is a database maintained by AusAID officers of lessons learnt from past projects.

### Future Tender Opportunities

This site provides a list of projects in the pre-tender phase that allows contractors to prepare for possible tenders well in advance. If you'd like to ask specific questions then you can send a message to the Business Liaison email address at [pcps\\_aisaid@aisaid.gov.au](mailto:pcps_aisaid@aisaid.gov.au)

### Contracting Policy

Provides information on AusAID's approach to contracting out the aid program.

### Other Business Opportunities

Provides information on business opportunities with the multilateral institutions and other AusAID programs.

### Business Publications

Here you can find published business information such as the booklet *Business Participation in Australia's Aid Program*. ■



# global education

By Arthur Burch, manager, Global Education program

## WHAT CAN I DO WHEN DISASTER STRIKES?

Storms, floods, famine, tsunamis, earthquakes and civil strife: tragic loss of human life and the suffering of survivors after disasters, natural or man-made, hits our headlines constantly. Our reaction most often is to reach out a helping hand, but what is the best way to help?

A new addition to the Global Education website is a case study titled 'Responding to Overseas Disasters and Emergencies: How can you make a difference?' The case study offers advice on the best and most versatile forms of assistance to victims of humanitarian crises overseas.

The addition is particularly timely. The Turkish earthquake, PNG's tsunami and turmoil in East Timor have been only three of the more recent disasters affecting thousands of people around the world.

The case study can be located on the AusAID Global Education website at: <http://globaled.usaid.gov.au/primary/issues/disasters1.html> and <http://globaled.usaid.gov.au/secondary/issues/disasters1.html>

## THE IMPORTANCE OF PEOPLE IN DEVELOPMENT

Is economic development the same thing as human development? Does advancing the marketplace mean advancing the quality of human life? *Globalization with a Human Face*, the 1999 edition of the Human Development Report, discusses these issues.

Published annually by the United Nations Development Programme, the report is a reminder of the importance of human resources in development planning and activities.

The report calls for national and global governance—that is, the processes and structures by which society is organised and governed—to be reinvented. It offers a number of strategies for development centred on human development and equity that will benefit more people in the future.

By accessing the report from a number of sources (detailed below), teachers and senior students can investigate the issues raised in the report, form their own views and offer their own solutions to global challenges. Areas listed by the report as 'new' security challenges include:

- public health problems
- immigration and refugees
- environmental breakdown
- broader social and political breakdown.

The tables of statistical data are probably the publication's greatest asset. By drawing



on the tables, teachers and students can monitor the progress or decline of the human condition over time for different groups, for example, countries or regions, gender or age groups. They can make predictions about the future, and form their own hypotheses based solely on the data without referring to the text.

They can also use the data as the basis for a range of activities, such as formal and creative writing, artwork and posters, role plays or simulations of specific scenarios, and mathematical calculations, graphs, maps and pie charts.

Recent editions of the Human Development Report are available in

most tertiary library and larger library collections, through global education centres and libraries of overseas aid NGOs nationally. You can also find it by following links from the AusAID Internet site ([www.ausaid.gov.au](http://www.ausaid.gov.au)) or through the UNDP site at [www.undp.org/dpa/publications/index.html](http://www.undp.org/dpa/publications/index.html)

#### **COMING SOON—NEW VIDEO ON LANDMINES**

A new video about landmines will soon be available for teachers. The video has two versions, one for upper primary and one for secondary school. It is designed especially for society and environment studies.

The video is about global and local issues surrounding landmines. Cambodia, one of the worst affected countries with six million landmines and 100 people injured every month, is used as a specific case study.

The video also looks at the wider effects of landmines including victim rehabilitation and the locking up of valuable farmland, trapping people in a poverty cycle.

Australia's role in helping with demining and giving support for mine victims in Cambodia is also examined.

You can find a brief summary of the video on the AusAID website at <http://globaled.ausaid.gov.au>. ■



# Obituary

On Saturday 24 July, an Air Fiji twin engine aircraft crashed into a mountainside on the island of Fiji killing all 17 people on board. We remember them.

Six Australians, including four aid workers, were among those killed in the crash. Witnesses said the aircraft plunged into rugged, remote terrain and burst into flames about 35 kilometres west of Suva's Nasouri airport. The plane was carrying 15 passengers and two pilots on the half-hour flight, one of eight daily flights.

The aid workers who died were AusAID officers Ray Lloyd and Clare Bleakley, medical specialist Dr Christopher Kohlenberg who was in Fiji training local doctors, and Peter Yong who was working as an AusAID consultant for the Fiji Customs service. Both Ray Lloyd and Clare Bleakley had been in Fiji for a regional training program and were on their way back to Tonga when the accident occurred.

## RAY LLOYD

Ray Lloyd, 42, was in the early months of a three year posting as AusAID's First Secretary for Development Assistance in Tonga when the accident occurred.

A graduate of Queensland's Griffith University with an honours degree in Economics and Asian Studies, he later won a scholarship to study Mandarin in Taiwan where he met his wife Kim. Ray had worked for AusAID for 13 years. During that time, he made a very strong contribution to both policy and program areas. Tonga was Ray's third posting with the agency, his previous postings being Beijing and Jakarta.

At AusAID's Canberra headquarters, Ray worked in several areas including policy, research, personnel development and North Asia section. He will be remembered by many staff as a talented linguist and a very capable officer with excellent analytical ability and a dry wit. He was a committed family man who played an active role in his children's local primary school.



Ray Lloyd (top left), Clare Bleakley (top right), Christopher Kohlenberg (bottom left), Peter Yong (bottom right). Photos courtesy News Limited.

Ray is survived by his wife Kim and children Emily, ten, Joshua, seven, and Jacqueline aged four.

## CLARE BLEAKLEY

Clare Bleakley, 44, worked with CARITAS for some time before joining AusAID in Tonga. She put considerable energy into women's development activities in Tonga, through work with AusAID, the Catholic Church and other NGOs. The women's centre in Ha'apai would not be there today without her efforts. She was a teacher in various Catholic schools in Sydney for 10 years before becoming an aid worker for the International Catholic Agency of CARITAS and AusAID.

At her funeral on 3 August, the Tongan choir from St Brigid's Marrickville sang to honour Clare Bleakley's aid work and the organist was the Consul for the Solomon Islands—a further recognition of her special place in the Pacific community.

Clare is survived by her husband John Cauchi, the Crown Counsel of Tonga.

## DR CHRISTOPHER KOHLENBERG

Dr Christopher Kohlenberg, 42, was an obstetrician at Sydney's Nepean Hospital with a strong interest in bringing new medical skills to isolated communities. He had just completed a workshop teaching advanced ultrasound skills to Pacific Island health professionals in Suva.

Dr Kohlenberg was director of ultrasound at the Nepean Hospital's department of obstetrics and gynaecology. He was responsible for an ultrasound skills transfer project in remote Aboriginal and Torres Strait Islander communities. He was also the coordinator of ultrasound teaching for the Asia Oceania Federation of Obstetrics and Gynaecology.

He is survived by his wife Cathy and two young daughters, Hannah, eight, and Ruth, six.

## PETER YONG

Former university lecturer Peter Yong, 52, of Magill, South Australia, was born in Malaysia. He had been working as a consultant to Fiji Customs and was on his way home to Adelaide when he was killed in the Air Fiji crash.

After bringing his family to South Australia in 1991, he started work as the general manager for strategic planning for the Economic Development Authority. He had worked and studied in Melbourne for 10 years previously and went to work in Fiji in August 1997 as an AusAID consultant, helping with the restructuring of the island's customs department.

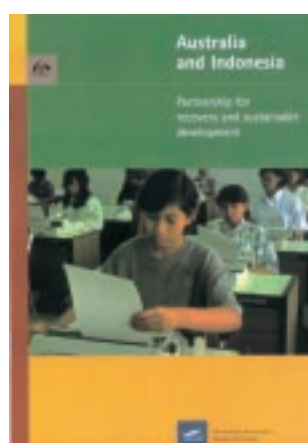
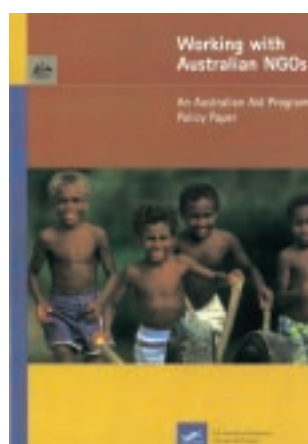
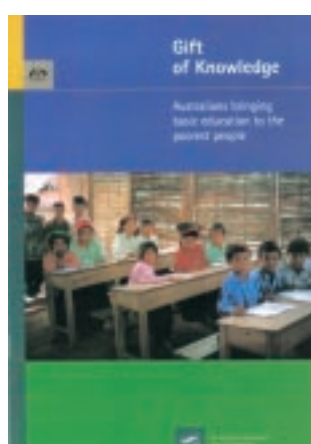
Mr Yong is survived by his wife Esther and sons Jonathon, 20 and Samuel, 11.

A memorial service was held for Mr Yong by Fiji Customs following his death. ■





# New on AusAID's bookshelves



These publications were recently published by AusAID. They can be obtained from Bibliotech, GPO Box 4, Canberra ACT 2601. Tel 02 6249 2479, Fax 02 6249 5677 or Email [books@bibliotech.com.au](mailto:books@bibliotech.com.au).

Most of AusAID's corporate publications from November 1997 onward are available in full on the AusAID Internet site at [www.ausaid.gov.au](http://www.ausaid.gov.au)

# AusAID

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A child of Flores, Indonesia,  
enjoys fresh, safe water.  
Photo: PT HarvestIndo.

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