நலவாழ்வு அபிவிருத்தி நிறுவனம்

CENTRE FOR HEALTH CARE

"Working together for a healthier community"

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Introduction

Centre for Health Care is a locally registered Non-Governmental Organization (NGO) (KILI/NGO/05) and is in the process of registering nationally. It was formerly functioning as Emergency First Aid Association when it commenced in 1995.

It has been set up by a group of Medical Doctors working in the North & East who during their work have assessed that there is a need to co-ordinate health projects for areas that do not receive any form of health care.

The Committee consists of:

President	Dr K. Sujanthan
Vice President	Dr S. Vigneswarren
Secretary	Dr T. Sathiyamoorthy
Vice Secretary	Dr G. Dharmendra
Treasurer/ Executive Director	Mr N. Karanakularatnam
Co-ordinator:	Mr Kunaratnam
Project Co-ordinator:	Mr K. Thilahan
Administrative Officer:	Mr T. Nadarajah
Accounts Clerk:	Miss T. Krishnathepa
IT Officer:	Mr S. Rameis

Background to the current health situation:

The 20 year conflict in the North and East of Sri Lanka has resulted in the fragmentation of health care services. Hospitals, Dispensaries, Maternity homes and other health institution buildings have been physically damaged. Staff accommodation has been destroyed. Medical personnel are in severely reduced numbers as due to their qualifications and financial standing are able to leave conflict areas to work in the South or abroad. Equipment in hospitals have also been destroyed and an economic embargo of medicines and food items imposed previously has resulted in the health of the population of the North and East to be at a low level today.

Nedunkerni Hospital, Vavuniya District

Current Health Situation:

More than one year of peace in the North & East has resulted in a slow progress in the improvement of the lives of the Tamil people residing in non army controlled areas. Electricity (a generator only functions between 6-10pm in Kilinochchi Town, nil elsewhere), transport (only the A9 is being repaired at present), communication (only 60 telephone lines have been approved, mobile telephones are also not available, rebuilding of the infrastructure, hospitals and health facilities is occurring at a very slow pace. This is further compounded by the lack of labourers to carry out the building and infrastructure work and also the lack of trained health personnel willing to work in the affected areas where basic living facilities are lacking.

Remote villages have no facilities. Internally displaced people are returning to their villages having been multiply-displaced and are trying earnestly to rebuild their lives again with very little assistance. Poverty is widespread as many have not been able to work for the past 20 years, and families have been multiply displaced losing their possessions and homes. Families have also been fragmented and dispersed to various areas.

Unemployment is high as those who are farmers are waiting for their lands to be de-mined or do not have the funds to buy seeds, tools or rebuild irrigation systems. Equipment and supplies of building items are in short supply. Many who once had brick homes are living in mud huts with poor sanitation facilities. Families of up to five or more are living in cramped small mud dwellings where they cook and sleep in the same room. The poor socioeconomic situation is resulting in the maintenance of the decline in health to a critical level and much is needed to be done immediately to improve the situation.

There is a severe lack of trained staff to service a health service, from dentists, porters, laboratory technicians, nurses, physiotherapists, radiographers as well as doctors. This is due to the young generation having had a disrupted education. Schools have been damaged, there is a lack of teachers and teaching material which has further worsened the education of the students. Many students who commence A-Levels, University degree courses have in the past abandoned their studies as a result of being multiply displaced. Also many who have obtained their A-Level grades are unable to get places at University as a result of the discriminatory quota system. This quota system does not take students on merit but gives students from certain areas of Sri Lanka an advantage. There is a lost generation of young Tamils both within the North and East and abroad. A generation that if there had been peace, development and equal opportunity for University or further studies today may be servicing the Health Service in the North and East.

The health sector in the North & East will take at least 5-10years to reach normalcy, with an adequate level of trained staff, equipment and buildings. In the mean time small, locally based, effective primary health care initiatives and improvements in secondary care are need to be commenced to meet the current health needs.

The World Health Organization – Sri Lanka Office have undertaken a comprehensive assessment of the health problems and health needs of the North and East. Compared to the other parts of the island there is a clear and alarming difference in the health status[1]:

- **Increase in the virulent form of malaria** i.e. Plasmodium Falciparum infection due to interruption of vector control program.

- **Increase in the incidence of Acute Respiratory Infections** (ARI) and **Diarrhoeal diseases** due to inadequate shelter, damage/ disruption to water and sanitation systems and in-sanitary conditions of the welfare centres where the displaced are crowded in

- **The worsening of the maternal and child health status** especially nutritional status of the children and mothers due to food shortages, deterioration of Public Health Services and the effect of the prevailing conflict war situation on the mental state.

- **The psychological trauma associated with war**, conflict and violence and associated displacement, disintegration of families and communities together with the loss of property, kith and kin's.

- **Disability** due to war injuries.

One of the sensitive indicators of the health status of a population and the health care systems are infant and maternal mortality rates[1].

Indicator	**Sri Lanka**	**North – East Province**
Infant Mortality 2000	15.4 (1998)	30/1000
Infant Mortality 1985	24.2	11/1000
Maternal Mortality Rate 1980	51/100,000	51,100,000
Maternal Mortality Rate 1996	23/100,000	80/100,000
Children's Diarrhoeal Disease rate ***	4.0%	9%
Under-weight (0-5years)	37.6%*	50%**
Wasting	15.6%*	26%**
Stunting	23.8%*	27%**
Maternal Malnutrition		48% (24% severe)**
Low Birth Weight (LBW) ***	16.7%	20%
Home Deliveries ***	4.0%	45% (in Batticaloa)

(Source: *1998 DHS Survey, **GTZ IFSP 1999, *** Annual Health Bulletin 2000, *** per 100,000 population)

Recent (2002) data from the Deputy Provincial Director for Health Services (DPDHS) of Kilinochchi and Mullaitivu two of the most affected areas in the North and East:

Birth & Death Details.	**Kilinochchi District.**	**Mullaitivu District.**
No. of live births.	2395	3058
Crude birth rate.	16.14	16.36
No. of deaths.	364	697
Crude death rate.	2.45	3.79
No. of infant deaths.	69	53
Infant mortality rate.	28.81	17.33
No. of deaths of children. (1-5y)	07	28
Child mortality rate.	0.47	1.50
No. of maternal death.	06	03
No. of maternal mortality rate.	25.05	9.81

MSF In 1999 & 2000 undertook a mental health needs assessment in the Vavuniya District on those living in "welfare centres", the following was noted:

- High numbers of attempted suicides, alcohol abuse, domestic violence, grief, suspicion and a sense of "learnt helplessness",
- A breakdown in normal social support networks,
- Appalling living conditions and lack of services,
- Total absence of psychological support services,
- 97% had lost their homes and properties,
- 87% had constant feelings of insecurity,
- 63% had suicidal thoughts,
- 66% had bad memories of displacement, death of family members, witnessing people being burnt alive in their homes etc.

The health problems facing the people living in the North and East are many and the continued lack of services, health professionals and the continued underdevelopment of the infrastructure of the North and East continues to keep the people in theses areas in poor health.

Objectives of CHC:

To meet some of the health needs of the population and training of health care professionals CHC has the following objectives:

- Provide Primary Health Care facilities to the economically affected people in the North and East districts.
- Public Health programmes and prevention of disease.
- Implementing nutrition programs to malnourished/ undernourished people.
- Health education to the population & training of health care professionals.
- Providing medical, nutritional assistance and rehabilitation facilities at times of emergency to affected people.
- Co-ordinating visits by overseas Tamil doctors, dentists and paramedical professionals and providing some medical service through them.

Projects Initiated by Centre for Health Care:

- **Primary Care:**
  - Development & support of the Thileepan Primary Care Centres
  - Development & support of the Thileepan Mobile Primary Care Unit
- **Education and Training of Health Professionals**
  - Training and support of Assistant Medical Practitioners
  - Training and support of Rural Medical Practitioners
  - Training and support of Public Health Inspectors
- **Overseas Doctors Lodge & co-ordinating visits & work by overseas doctors.**

Primary Care:

It is well recognised that Primary Care provision which is local, simple, cost effective health care is what is needed to meet the needs of the majority (90%) of health problems is required to improve the health of communities. Tamil Eelam Health Services have taken the initiative to provide Primary Care Services by setting up 10 Thileepan Primary Care Medical Centres and a Mobile Primary Care Unit since 2002. Centre for Health Care through its donors has been able to support the development of these centres by providing equipment, donations for purchasing drugs and the training of volunteers.

Thileepan Primary Care Medical Centres

20 years of war, economic embargo and loss of trained medical staff from the North and East of Sri Lanka has resulted in a haphazard and disjointed medical service. Centre for Health Care has recognized the need for community based medical centres that are open 24hrs a day and manned by trained medical practitioners who can undertake a wide variety of medical work such as the treatment of emergencies, minor injuries, general medical cases, maternity and paediatric cases. This is very much like Primary Care available in developed countries but with the addition of a mini in-patient ward for serious cases prior to transfer to hospital or for monitoring of patients who live far away from the centre. 10 such centres exist to date

	Dates opened	**District**
Iyankankulam	18/04/02	Mullaitivu
Puliyankulam	19/04/03	Vavuniya
Karukkaikulam	25/04/02	Mannar
Alaiyavallai	16/05/02	Jaffna
Allambil	24/06/02	Mullaitivu
Nedunthivu	02/08/02	Jaffna
Mankulam	20/09/02	Mullaitivu
Katchilanamaddu	11/03/02	Mullaitivu
Poonekary	14/03/02	Kilinochchi
Nainamaddu	20/03/02	Vavuniya

Karukkaikulam Thileepan Primary Care Medical Centre, Mannar District

The centres are manned by dedicated Rural Medical Practitioners who have had 6 years or so medical experience and have had additional training in general medicine, dental and maternity care. Their education is still on going when lecturers are available to teach. They have been trained by MB BS doctors working in the North and East who had the foresight to train a group of Medical Practitioners to meet the needs of the population. In each centre there are approximately 8 volunteers who help in the centre with dispensing medication, nursing care and administration. The local villagers also help in whatever way they can.

Thileepan Primary Care Centre volunteer staff

Equipment that they have is very basic. Only one suture needle that is steamed for half an hour is reused. Very little supply of drugs and materials exist. Only a stethoscope and sphygmanometer are the other instruments they have. Recently (May 2003) a donation of 10 nebulizers was made by Dr Shun Sundaram a cardiologist from USA. A motorbike was donated by Thileepan Medical Foundation – Malaysia, for the Poonekary Thileepan Primary Care Medical Centre. The buildings they use are rented houses and are temporary. Electricity is not available and there is no telephone system. Despite the minimal equipment an excellent service is provided by the dedicated caring staff. They will even use their own money to pay for petrol or to transport an ill person to hospital.

The Medical Practitioners are proficient at managing chronic diseases such as hypertension and diabetes, they also do antenatal care and in emergencies can do deliveries.

Deliveries at the Thileepam Primary Care Medical Centres -2002

Institution.	**No of delivery.**
Adampan	09
Poonagary	03
Aliyavalai	07
Katchilaimadu.	03
Mankulam.	05
TOTAL.	**27**

Baby born at a Thileepan Primary Care Medical Centre

They also undertake home visits to sick patients who are unable to come to the centre. Once or twice a week they undertake mobile clinics to villages that are on the outskirts of their boundaries. They cycle to these villages. Also health education at schools and villages is undertaken to educate the public and children in preventative measures. Often they will help villagers to clear rubbish and educate on latrine use and other public health measures. Their work has saved many lives and the spread of infectious diseases.

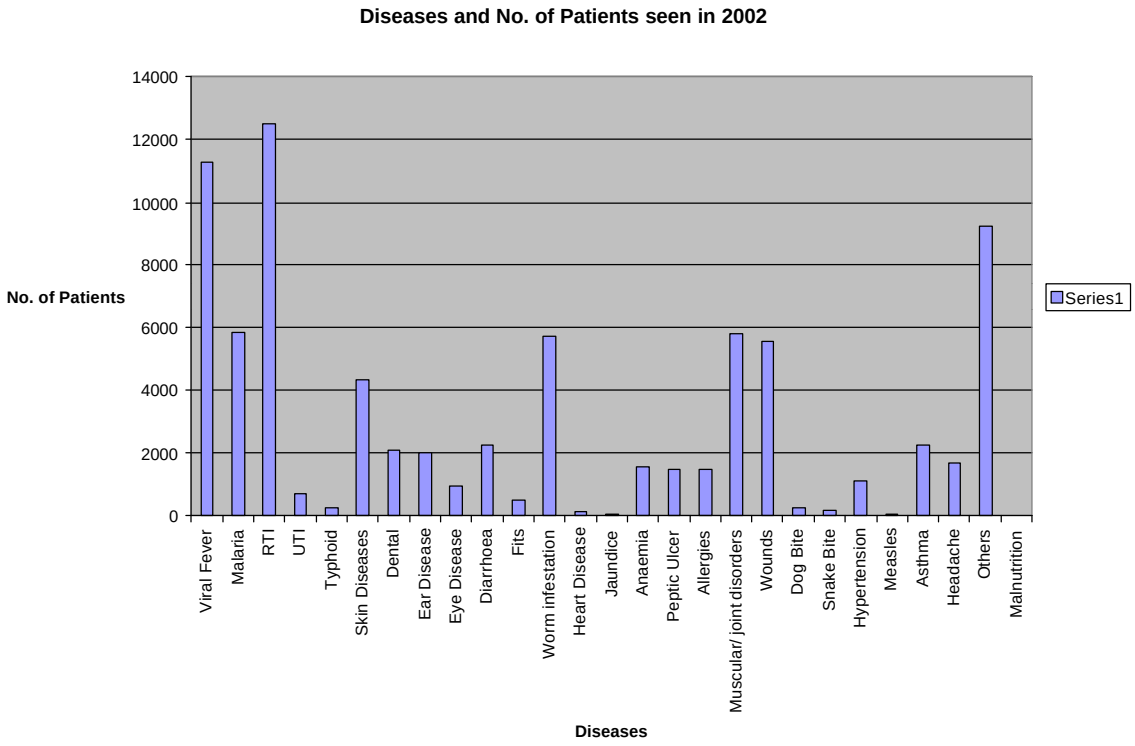
This is truly a community based health initiative which is trying its best to serve the health needs of the local population. The 10 centres that exist need equipment and regular funding for drugs. Other centres in areas that lack any health service will be required in the future and when there is sufficient funds and trained medical personnel there is the plan to develop these Primary Care Centres to meet more of the health needs of the local population and reduce the burden on overstrained district hospitals.

Giving sight and a new lease of life

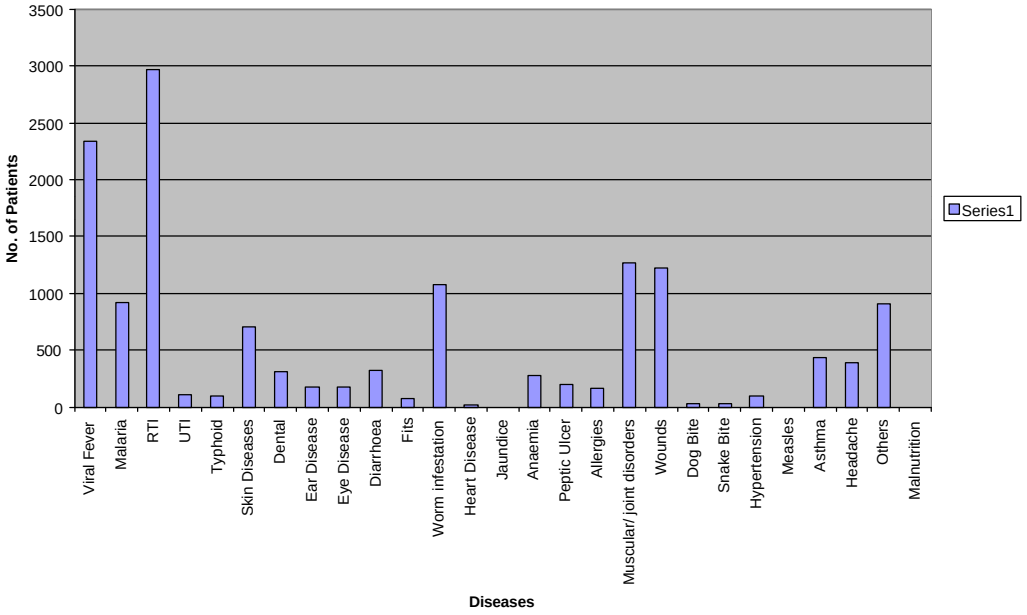
Statistics of Patients seen at the Thileepan Primary Care Centres

Data is collected monthly by Tamil Eelam Health Service on the number of patients seen and diseases. As can be seen below in 2002 a total of 79,386 patients were seen with a wide variety of problems from the common respiratory tract infections and viral fever to snake bites and dog bites. During 2002 the Thileepan centres were just opening. In the first quarter of 2003 a total of 56,093 patients have been seen. The increase in patient numbers is a result of a combination of factors from:

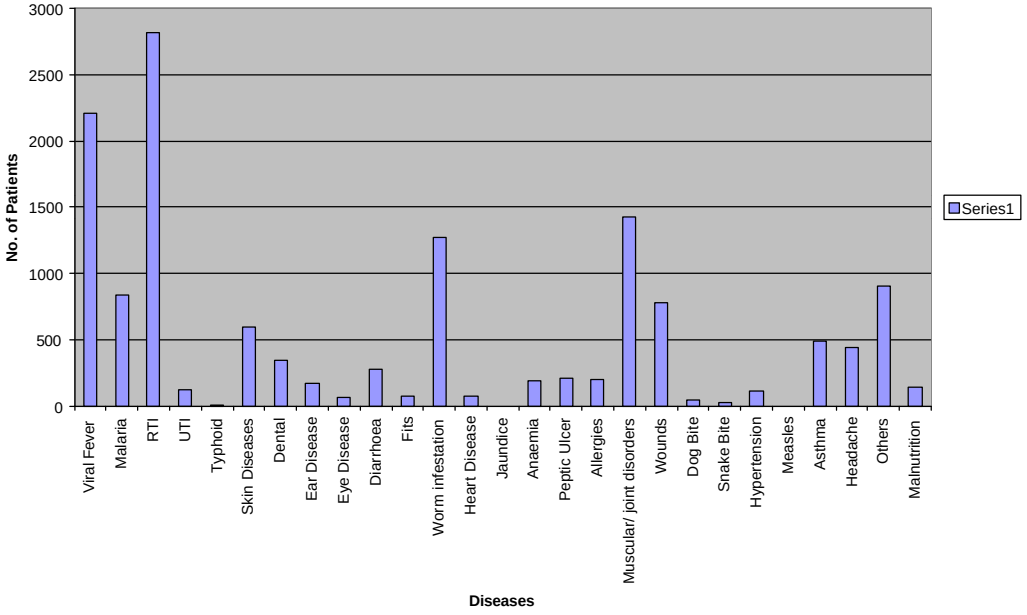
- Internally displaced people (IDP's) returning to their homes.
- Knowing a health centre is available local people are more likely to attend with their problems.
- Minor illness behaviour increases.
- Patients treated for chronic diseases in hospital clinics attend local centres.



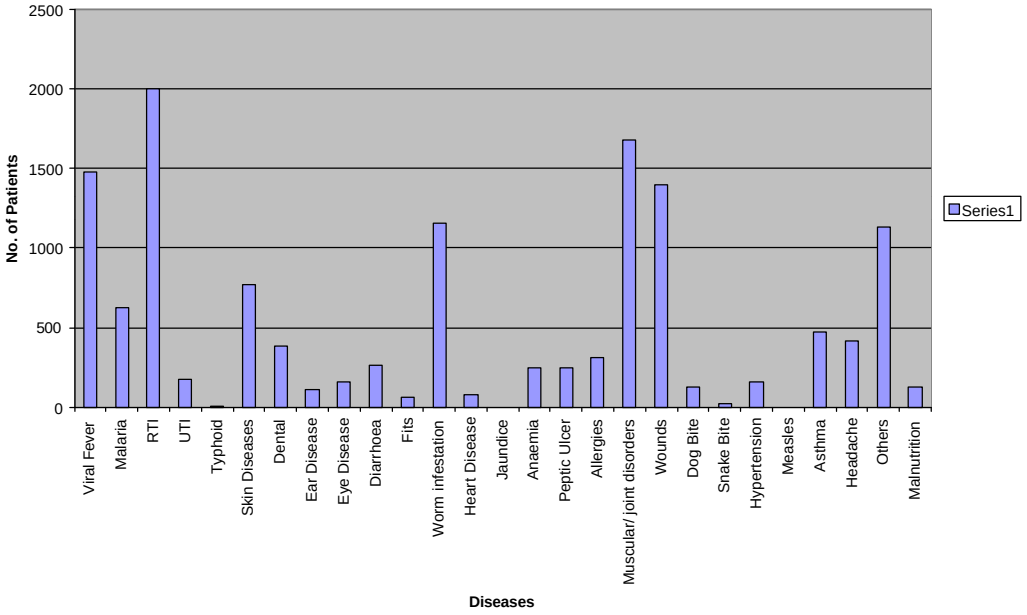
Thileepan Primary Care Centres - Patients seen Jan 2003



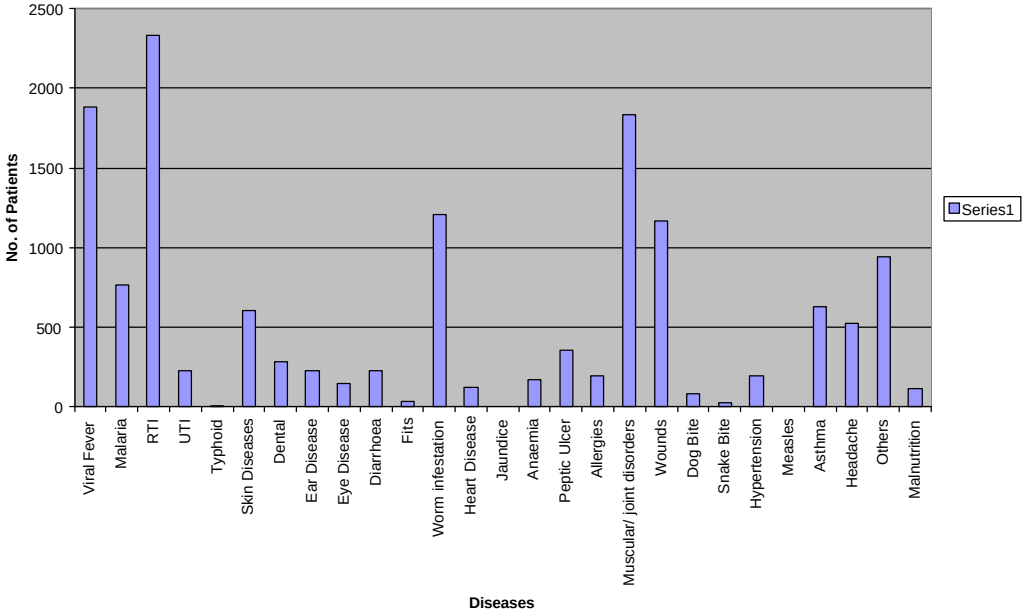
Thileepan Primary Care Centres - Patients seen in Feb 2003



Thileepan Primary Care Centres - Patients seen March 2003



Thileepan Primary Care Centres - Patients seen April 2003



Data on Diseases seen in 2002 & Jan – April 2003

Disease	03-Jan	03-Feb	03-Mar	03-Apr	2002
Viral Fever	2341	2207	1478	1880	11282
Malaria	921	835	628	764	5874
RTI	2974	2817	2000	2335	12500
UTI	110	126	171	231	720
Typhoid	100	2	7	5	264
Skin Diseases	702	596	772	604	4355
Dental	312	342	385	287	2097
Ear Disease	183	176	107	227	2020
Eye Disease	174	62	163	145	958
Diarrhoea	324	276	260	231	2241
Fits	73	73	63	38	496
Worm infestation	1083	1276	1154	1207	5735
Heart Disease	17	76	79	128	125
Jaundice	-	-	-	-	43
Anaemia	278	193	245	171	1565
Peptic Ulcer	203	209	246	359	1465
Allergies	165	200	308	191	1501
Muscular/ joint disorders	1266	1427	1679	1836	5808
Wounds	1221	779	1401	1168	5552
Dog Bite	31	49	129	82	276
Snake Bite	30	23	23	29	174
Hypertension	96	114	155	196	1125
Measles	-	-	-	-	51
Asthma	431	491	471	628	2245
Headache	391	445	417	525	1684
Others	903	905	1130	940	9230
Malnutrition		144	125	118	-
Total	**14329**	**13843**	**13596**	**14325**	**79386**

Summary of the functions of the Thileepan Primary Care Medical Centres:

- General medical, maternity, paediatric out patient care.
- Emergency treatment of accidents, snake bites, dog bites etc.
- Chronic disease management.
- Minor Surgery.
- Home visits.
- Local mobile clinics.
- Transfer of serious patients to District or General Hospital.
- Health Education in schools and village centres.
- Public Health Initiatives.

Mobile Primary Care Unit:

A Mobile Primary Care Unit (MPCU) has been set up to serve remote communities that have no nearby health care facilities and none or limited access to transport and communication.

The MPCU consists of the following staff:

- 5 Doctors
- 8 Nurses
- 1 Dentist
- Driver
- Medical Laboratory Technician (MLT)
- MLT Assistant
- 1 Dispenser

The aim of the Unit is to:

1. Visit villages, schools, public centres and provide primary care
2. Provision of dental care
3. Health Education
4. Public Health initiatives
5. Screening for coronary heart disease, diabetes and hypertension.
6. Provide home visits to patients who are not well enough to leave their homes.
7. Identification and notification of communicable diseases to the Public Health body to take action.
8. Identifying the undernourished and implementing a nutrition programme.
9. Visual acuity screening and providing spectacles.

The Mobile Unit visits and stays in villages over a 3 day period:

Day 1: Announcement

On reaching the Village an announcement to the people will is made that they are present and anyone wishing to be seen, to attend the next day.

Day 2 & 3: Clinic & Health Education

During these days health education on the following areas is imparted to the villagers as well as the out patient clinic occurring in parallel:

Hygiene
Water & Sanitation
Nutrition
Child & Maternal Health
Infectious diseases/ communicable diseases – AIDS/ SARS etc.

The Mobile Primary Care Unit visits villages twice a month, as many of the staff have to be recruited from the low level of existing health staff who are currently working in existing health facilities, hospitals and dispensaries. If and when the medical staffing level is sufficient the mobile unit will increase its capacity to provide Primary care to many other villages.

Patients patiently queuing to be seen at a Thileepan Health Camp.

Health education to the younger generation.

Providing dental care at a health camp.

Education and Training

Centre for Health Care is supporting the education of Assistant Medical Practitioners, Rural Medical Practitioners, Public Health Inspectors and Primary Health Workers. There is a severe shortage of trained health professionals to provide health care to remote villages. Primary care based initiatives need trained staff.

Assistant Medical Practitioners (AMP)

It is well recognised that there is a severe shortage of trained medical practitioners and paramedical staff who are willing to work in the most difficult areas of the North and East.

This "drain" of qualified medical personnel was recognised by local Tamil doctors and Tamil Eelam Health Services and therefore to meet the future health needs of the local population a training programme for Assistant Medical Practitioners (AMP) was initiated in 2000. 7 students who had previously wanted to enter medicine but had not been selected due not to the lack of A-Level grades but because of the discriminatory quota system selected and commenced their education and training. Other local doctors and some from Jaffna University give their time when they can to teach these students. Overseas visiting doctors also give lectures. Their course is very much like the MB BS course but is over a 3 year period.

AMP students with Dr & Mrs Somasundarajah (UK), Dr Kuna Iyngaran (Malaysia), Dr S. Shiamala (UK), Mr Arun, Director Tamil Eelam Health Service.

Course Content:

1st Year	2nd Year	3rd Year
Anatomy	Pathology	Medicine
Physiology	Pharmacology	Surgery
Biochemistry	Microbiology	Paediatrics
	Community Medicine	Obstetrics & Gynaecology
	Forensic Medicine	
	Parasitology	

During their course they attend out patient clinics at local hospitals. A small library has been initiated (May 2003) with a donation of a book shelf by the Medical Institute of Tamils – UK (MIOT). Books have been donated by individual doctors and medical students.

Centre for Health Care's future plans are to build a learning centre and lecture room when funds allow. Also our students are from low income families and a bursary for these students and the development of further educational material and the running of this small medical educational & training centre is being supported by overseas donors.

An **Institute of Medicine, Dentistry & Health Care Studies** will be developed to educate and train the future generation of doctors, nurses and other paramedical professionals. A board of internal and external examiners could certify the course and examination. This will give a generation of students the opportunity they did not have in the past and provide the future health service with trained professionals.

Rural Medical Practitioners

A batch of RMP students are undergoing training and on completion will undertake the running and seeing of patients in Primary Care Centres. The students already have some medical/ nursing experience. They will on completion of the course be competent to deal with the majority of health problems as well as encourage health education and public health initiatives.

Public Health Inspector Training

Small groups of PHI students are undergoing their training both with lectures and field work. They will be able to identify public health problems and take action to improve the situation. They will undertake work visiting hotels, restaurants, hospitals, schools, pharmacies and villages identifying problems and initiate improvements.

Primary Care Health Workers

10 students who have completed A-Levels have been selected to be trained in basic health care and will be undertaking a 6 month lecture based course followed by 6 months field work to gain hands on experience in maternal child health, deliveries, public health and health education. They will be able to then provide basic primary care to remote villages. The current batch of students will be assigned to villages in the Trincomalee and Batticaloa districts as health provision is non existent in these areas.

Visiting doctors and local doctors are all participating in teaching these students through Centre for Health Care.

Overseas Doctors and Medical Professionals Visits

An overseas doctors' lodge was opened in May 2003 to cater to the needs of visiting doctors and paramedical professionals. Many expatriate Tamils have been visiting the North and East and giving their services from teaching, clinical, surgical work and others have come to see projects that they wish to support. A donation enabled CHC to renovate a building which has 4 bedrooms and a shared bathroom. A caretaker and cleaner have been employed.

Tamils Health Organization – UK have kindly sent further funds for furnishing the accommodation and we have appealed for a monthly donation for the monthly upkeep of the lodge for the comfort of our overseas guests.

We hope to purchase a second hand van for transporting guests to see projects and health institutions in the North and East.

Dr S. Limalanathan from Norway seeing patients during a health camp. Sept 2003

Bicycles donated by THO-UK for use by Public Health Inspectors. August 2003

Dr R. Thavarajah from UK seeing patients at a health camp. Sept 2003

Dr Satha a recent graduate from Jaffna Faculty of Medicine taking part in the health camp. Sept 2003

Nebulisers donated by Dr Shun Sunder USA for use in Thileepan Primary Care Centres.

Dr S. Limanathan (Norway) & Dr S. Shiamala (UK) visiting a centre for disabled girls.

The Future of Centre for Health Care

We hope to further develop the health care system and the education and training of health care professionals. Our long term plans are as follows:

- **Support the development of an Institute of Medicine, Dentistry & Health Care Studies**
  - This institute will be set up with Vanni Institute of Technology and course curriculum's, selection of students etc are being proposed in a plan.
  - Overseas medical professionals are being encouraged to participate in organising this medical training institute.
- **Support and Development of Primary Care**
  - The existing 10 Thileepan Primary Care Centres.
    - Permanent purpose built centres are in the planning stage and appeals will be made to overseas donors for funds to build, furnish and equip these centres.
  - Increase the number of Thileepan Primary Care Centres to other villages.
    - Trincomalee and Batticaloa districts need primary care provision and as Primary Health Workers are being trained they will require equipment etc to undertake their work.
  - Further Thileepan Mobile Units.
- **Increasing preventative and public health initiatives through villages and schools**
  - Health education boards in towns and villages to educate the public
  - Health education seminars in schools and villages
- **Self Help Initiatives – home farms to improve families nutrition**
  - Families need to be educated and provided with tools and seeds to grow their own foods and keep small home farms.
- **Co-ordinate overseas doctors, dentists, health professionals to undertake medical education and undertake clinics.**

Let us work together to give them a brighter, healthier future.

Our Overseas Support:

Centre for Health Care relies on overseas organizations for support of the projects we undertake. The following organizations have generously supported our work by their expertise, teaching and training as well as funds and donations of equipment:

UK:	**Tamils Health Organization – UK** **Medical Institute of Tamils (MIOT)**
Australia:	**TamMedAid**
Malaysia:	**Tamils Health Organization – Malaysia Foundation**
Canada:	**Medical Institute for Tamils (MIFT)**
USA:	**Tamils Relief and Rehabilitation Organisation (TRRO)** **Tamils Health Organization - USA**
Norway:	**Nordisk Tamils Health Organization**

We have had donations and visitors from Norway, USA, UK, Australia, Canada and USA. We look forward to the continued support from the overseas Tamil Community and other donors.

References:

1. Health System Assessment in North and East of Sri Lanka, April 2002, World Health Organization, Sri Lanka.

Written by Dr Shiamala Suntharalingam BSc, MB BS, DFFP, DRCOG, MRCGP

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Directory: G:\Souvenir 2004
Template: C:\WINDOWS\Profiles\srijayan\Application Data\Microsoft\Templates\Normal.dot
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Subject:
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Comments:
Creation Date: 1/27/04 7:22 PM
Change Number: 6
Last Saved On: 4/7/04 9:15 AM
Last Saved By: Abirami
Total Editing Time: 56 Minutes
Last Printed On: 5/27/04 5:59 PM
As of Last Complete Printing
Number of Pages: 21
Number of Words: 4,071 (approx.)
Number of Characters: 23,206 (approx.)