



International Medical Health Organization I.M.H.O.

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IMHO HEALTH PROJECTS IN SRI LANKA REPORT: APRIL 2010

The following report on IMHO's health projects in Sri Lanka is meant to achieve two main objectives. First, we hope to offer an update from the ground of the various efforts and accomplishments of each hospital or partner organization with which IMHO has partnered over the last several years. And secondly, we hope to highlight the various of each of these hospitals and partner organizations at present in order to help each to deliver better health & medical services to patients and to help develop the local infrastructure for doing so. By *no means* is this report comprehensive of all partners and all efforts undertaken; it is merely designed to offer a glimpse of what some of the major gaps are in the health & medical services currently available in NE Sri Lanka, so that we may be better enabled to respond.

BATTICALOA TEACHING HOSPITAL

Renal Dialysis Unit (IMHO Involved)

Currently this unit has two functioning machines that are both 8 years old. A third machine has been requested and approved by IMHO, which is in discussions with a Braun representative in Sri Lanka about the details of purchasing and transferring the equipment.



Cardiology

The Cardiology Unit has an enthusiastic cardiologist and is currently providing CCU services for critically ill patients, 2D Echo, Exercise Tolerance Tests (ETT), and 4 outpatient clinics/week.

Oncology

They have a keen and very motivated oncologist and a new building is under construction, however progress in oncology has been limited by the lack of a radiation machine. A building was constructed to house a Cobalt machine, but the funding for this fell through and a linear accelerator/cobalt machine is still needed. For now, patients need to be transferred to Colombo for radiation, a treatment often beyond most of the patients' financial means. A lack of a histopathologist also limits their ability to diagnose and stage cancer.



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Psychiatry (IMHO Involved)

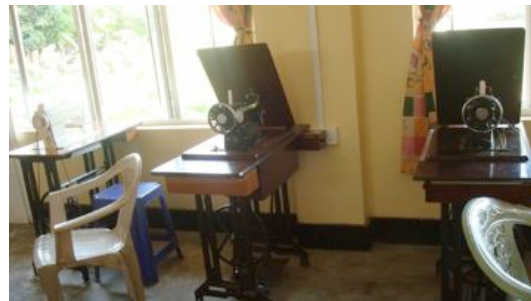
The psychiatry unit is functioning well, but some of the projects funded by IMHO in the past, including travel allowance for patients and rapid response services, have been temporarily halted for logistical reasons.



KALMUNAI BASE HOSPITAL

Psychiatry (IMHO Involved)

This unit is functioning extremely well with a highly enthusiastic and motivated staff. The grounds are open, and the patients appear well cared for. There is significant consideration given to vocational training, which prepares the patients for their eventual discharge. Altogether, they are providing excellent programs and comprehensive care.



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OB/GYN

The OB/GYN Unit is run by a single obstetrician. They have a well-organized triage, labor room, and antenatal & postnatal wards with ultrasound capabilities. The OB/GYN's three main requests to IMHO were as follows:

1. Labor beds: Need for beds that are capable of putting the patients in the lithotomy position to help facilitate operative vaginal delivery and easier repair of vaginal lacerations.
2. A new operating room: The current one is cluttered and not properly sterile with a bathroom and dirty utility room opening directly into the OR. The windows also have openings allowing flies to come into the room. The recovery room is in a cramped hallway beside the operating room.
3. Laparoscopic equipment



JAFFNA TEACHING HOSPITAL

Cardiology/Heart Treatment Complex (IMHO Involved)

IMHO has invested much in development this Cardiology Unit and promoting the establishment of a cath lab, which is now underway. There are two enthusiastic cardiologists who run this centre. Currently they have echo capabilities and are able to do stress tests and install pacemakers. There is also a CCU with several cardiac monitored beds. They hope to have the cath lab opened by August 2010. Current needs include 8 cardiac monitors, 4 defibrillators, 8 pulse oximeters, and 8 ECG machines.



Diabetic Centre (IMHO Involved)

One medical officer and three pre-interns are doing an initial assessment and full diabetic screening (including for retinopathy and peripheral neuropathy). There is a focus on education, with each patient receiving an hour of individualized diabetic education. Follow-up care is

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arranged through the patient's primary care physician. This center was opened on the 07/05/09, with 1,425 patients being seen in 2009 and 582 seen so far in 2010. Due to the lack of staff, they are unable to provide this care for the patients who are referred from the peripheral units. The diabetic awareness program was extremely successful, and about 14,000 people have benefitted to-date.



Renal Unit (IMHO Involved)

They have 4 functioning dialysis machines. About 15 patients are on dialysis now and another 15 are on the waiting list. About 20 patients need Erythropoitin, which will cost Rs. 1,000 (US \$9) per patient/month. They requested IMHO's help to support this need.

Laboratory (IMHO Involved)

A hematology analyser, provided earlier by IMHO, played a major role during the recent dengue outbreak (i.e some days they did 250 to 280 CBCs per day. About 20 MLTs are working at present. A lack of blood specimen tubes is one of the limiting factors. The chief MLT will send us a proposal for the purchase of reusable glass tubes at a price of Rs. 5 (US \$0.04) per bottle. Pictures of the hematology analyzer and coagulation analyzer provided by IMHO are below. The lab is expecting a haematologist and histopathologist to join their team shortly.



Oncology (IMHO Involved)

Previously IMHO provided an ambulatory chemotherapy center. A new oncology unit has been built and will be opened very soon. The old building will be eliminated under the JICA hospital redevelopment plan.

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Neurology

The JTH Neurology Unit has a CT scanner and an old EEG machine, but no EMG or MRI facilities. Local staff stressed the need for a clinic and inpatient space before requesting any equipment.

JICA Plan

Under this plan by JICA—the Japanese International Cooperation Agency, a central functioning unit will be constructed at a cost of Rs. 270 million (approximately US \$2.7 million). This includes a fully equipped pathology lab, 8 OR, MICU, SICU, sterilization unit, and accident and emergency room. They are providing equipment except for 2 ORs. The new developments are scheduled to be completed by 2013.

Premature Baby Unit

This unit has 22 beds. The infant mortality rate (7.5/10,000 births) is lower than the national average (10.3/10,000 births). Last year, Jaffna Hospital had 5,400 births and only 65 neonatal deaths, mainly secondary to prematurity. Even though there are 8 ventilators, only one is in use due to a lack of oxygen tanks and neonatal staff. They need 14 oxygen cylinders per week, which is much more than the 2-3 cylinders per week they are currently receiving.



POINT PEDRO BASE HOSPITAL

Mental Health Unit

There is an acute inpatient and day rehab unit. The acute inpatient unit has about 5 patients who have been there over 15 years. There is a great need for a good long-term care program for chronically ill psychiatric patients that remains to be met.

Kudil Rehab Units (IMHO Involved)

We visited a 6-bed male unit in Point Pedro and its corresponding female unit in Tellipalai. These units provide a home-like environment with a beautiful garden where patients live together and share housework. They are trained in self-care, various vocational activities, and educated about their illness and the importance of medication compliance. This appears to be a very successful program with extremely low readmission rates. The patients and their families report being very satisfied with the care received, so much so that they have requested funding to be provided to

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be able to extend the stay of some of the patients, again highlighting the demand for long-term psychiatric care.

TELLIPALLAI BASE HOSPITAL

Alcohol Rehab Program (IMHO Involved)

This program is run by a concerned and dedicated inter-disciplinary team. Patients are voluntarily housed in a home-like setting with extensive counselling offered to both them and their families. Medical agents such as Disulfiram are used to augment the rehabilitation process. It is noteworthy that we visited this program on a public holiday and several past patients and their family members went out of their way to come to the centre on a day off to let us know what a great difference this program had made in their lives.



MANNAR GENERAL HOSPITAL

Rehab Unit (IMHO Involved)

This rehab unit is being managed very efficiently and enthusiastically despite shortage of staff, and is providing crucial services to the amputees of the area. A photo of the rehab traction bed donated by IMHO is below.



MOOLAI HOSPITAL (IMHO Involved)

This large hospital was a very busy clinical site at one point, but now mainly provides very limited surgical and outpatient care. Surgeries include small general surgical cases and eye surgery. They are seeing patients in the OPD and diabetic clinic (numbers unclear). Cardiology, Obstetrics, and Surgical consulting services also available once/week. There are a small number of in-patients and long-term care patients. There is a small labor ward run by midwives with a peripheral OB/GYN back-up. There is no blood bank, however, as blood is only available from a peripheral hospital. Blood is kept on-hold if it is anticipated it will be required intra- or post-op.

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The hospital provides a one-year training course to nurses that they then hire to work at Moolai. If these nurses were to pursue employment outside of Moolai Hospital, they would have to do further training. They have a lab with limited capability but the MLT is available only for couple of hours in the morning and afternoon. They have an x-ray plant available once/week.

The hospital is currently providing one month's worth of free medication to all of their mobile clinic patients. These medications include many non-life-saving drugs such as antacids and various vitamins. The hospital also has advanced ophthalmology equipment and two new dental chairs, but there are not enough technicians, dentists and nurses.



VAVUNIYA MENTAL HEALTH UNIT (IMHO Involved)

This is likely one of the most productive and successful of all IMHO's efforts. This unit played a huge role during the post-war period – the 6 bed unit accommodated 50 patients at one time. This unit continues to serve the IDPs, although manpower continues to be a major issue here, as they do not have any trained counselors or occupational therapists. Mental health issues continue to be an area of greatest concern for IMHO.



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JAFFNA JAIPUR CENTRE FOR DISABILITY REHABILITATION (IMHO Involved)

This center has an excellent team and is playing a vital role in helping the disabled IDPs/resettled people from the Vanni. They hire local people to custom make limbs and wheelchairs for amputees. Excellent physiotherapy services post-limb fitting and orthopaedic surgeon's consultations are also provided.



METHA FOUNDATION (IMHO Involved)

This group is providing an exceptional service for the amputees in the IDP camps. The staff is able to give a clear and thorough description of their programs, including how they are painstakingly creating a database of amputees in the IDP camps. There are 240 people from Nellikulam and Pampaimadu alone who need artificial limbs. Two British prosthetists are helping the local workers make limbs that are then fitted to the people who need them in the camps.



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RDHS JAFFNA

Midwives Program

The secret to the success of peripartum care in Sri Lanka, which boasts the lowest maternal and infant mortality in South East Asia, seems to lie in the extensive network of dedicated midwives who personally visit all the expectant and postpartum mothers. They fulfill their traditional roles of monitoring pregnancies and attending deliveries, but have also extended their responsibilities to include registering newlyweds to educate them on the importance of proper nutrition, birth control, and folic acid supplementation prior to conception. The trust that develops between these women and their patients allows interventions to be introduced and maintained more effectively. Personalized education sessions are also well known to elicit more compliance than large classroom-style talks. The home visits also help the midwives to identify the stressors and obstacles facing their patients in a way that clinic visits would not. Midwives are also able to help postpartum women with breastfeeding counseling, pediatric health advice, and immunizations, as well as identifying other family members in need of medical attention.

Nutritional Supplementation (IMHO Involved)

Many mothers with low BMI (body mass index) have benefitted from a milk supplement program sponsored by IMHO. It is remarkable to see how a very simple intervention can have such dramatic effects, drastically improving both maternal weight gain and infant birth weight. The mothers benefitting from this program have all reported being very satisfied with the program and have commented that they felt significantly better after receiving the supplement.

The milk supplement was provided to the mothers at a cost of Rs. 800 (US \$7), which made it too expensive to continue to provide to the mothers during the lactation period. However, the midwives had devised a recipe for a cheap and nutritious meal supplement made from local ingredients that could be packaged for the patients. Given that it is affordable and locally available, it is more likely to be a sustainable form of dietary supplementation. We have seen from our earlier project that simple nutritional supplementation has an impressive effect on infant weight and the RDHS would like to widen this program to include adolescent girls. Up to 25% of teenage girls have a BMI less than 17. A combination of education and nutritional supplementation prior to conception will likely produce better results than trying to catch up in weight during the antepartum period alone. Subsidizing a project to provide nutritional supplementation to disadvantaged women in the adolescent, antenatal and lactation period will be extremely cost-effective and well worthy of support.

Anemia

Another problem is the high rate of anemia in Sri Lankan women and children, particularly in the North. There is a shortage of medical lab technicians and currently hemoglobin levels are being checked with a rudimentary color-based system. The RDHS has machines to more quantitatively measure hemoglobin, however, they are unable to afford the stripes required to test the blood. If the stripes were available, a system could be devised to use the color test as a screening tool and those who have moderate to severe anemia on that test, could be retested using the more

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accurate hemoglobin machine. Ferrous sulphate is provided for iron supplementation, however, due to the side effects, many patients are non-compliant. IMHO was asked to fund the more palatable ferrous gluconate to improve compliance. Folic acid drops for children were also requested. All of these minor interventions are high yield projects that will also positively impact not only quality of life but also maternal and infant outcomes.

