

SRI LANKA: January 2002 to January 2006

Sri Lankan country director Dr V Kunanandam. Honorary UK Country Directors: Professor David Southall and Dr Kathy Pearl.

Project 1 Jaffna medical School and University Hospital January 2002 to December 2002

A needs assessment visit to the North and East of Sri Lanka by Professor Southall with support from The Medical Institute of Tamil Doctors in the UK revealed major problems with the teaching of medical students and the provision of care for children in the hospital. There was no senior paediatrician available to guide very junior and inexperienced doctors and nurses.

Dr Shafique Ahmad, a senior paediatrician from the UK, then worked in Jaffna Hospital alongside existing doctors from Medecins SansFrontiere (MSF) where he took the lead on paediatric hospital care. He was "on-call" for most of the time. He prepared a long term plan for paediatric services in the region which was submitted to the Minister of Health in Colombo. MCAI's textbook of hospital care for children was distributed widely in the region.

Project 2 September 2003 Needs assessment for hospitals in the Vanni

Again supported by MIOT and the Human Development Centre, Professor Southall visited Kilinochchi, Mullaitivu and Puthkkudyiruppu (PDK) district hospitals in the North and East of Sri Lanka. Serious problems regarding lack of equipment and medical supplies, scarcity of trained staff and a need for renovation were identified in all 3 hospitals and a report provided to MIOT.



Newborn baby at Vaddakachichi maternity hospital in Kilinochchi

The main hospitals providing specialist maternal and child healthcare in the Vanni had been almost completely destroyed by recent armed conflict.

Almost all medical education had remained at the primary care level and specialist paediatrics and maternity care had not been addressed, largely because there were no specialist doctors working in the Vanni to provide the training. As a consequence of this, seriously ill mothers, newborn babies and children had to be transferred to Jaffna or to Vavuniya Hospitals for emergency treatment. However this could take between 2-4 hours and, in that time, many of the patients either died or received permanently handicapping consequences. Transfers were also traumatic as the roads were in bad condition, and the vehicles were poorly adapted to transfers of critically ill patients although UNICEF and others had donated ambulances.

However, there were highly dedicated generalist doctors, trained nurses, midwives, Associate Medical Practitioners (AMPs), Rural Medical Practitioners (RMPs) and voluntary helpers in the hospitals.

Only a small proportion of the equipment required to provide specialist maternal and child healthcare was available in the two main hospitals in Kilinochchi and Mullitaivu and even medical supplies were a problem (needles and syringes were being washed and then sterilised before being used again).



Re-use of gloves, needles and syringes

Living conditions in the Vanni were very poor compared with the South of Sri Lanka or abroad. An important issue was that if the specialist and / or his/her family members developed a serious illness requiring hospital care, it was not available other than through transfer (see above). This created fear which prevented specialist doctors from moving to live in the Vanni. In addition, other specialists were urgently required to develop the region (for example teachers or engineers). The only way of breaking this vicious circle was to provide effective specialist hospital care in the Vanni as soon as possible.



Pregnant women waiting to deliver their babies

The continuing security concerns also inhibited the Tamil specialists from the South of Sri Lanka and from abroad from returning for any length of time to live and work in the Vanni. Salaries for hospital staff in The Vanni were much lower than in the South of Sri Lanka. Education for children was much less well established than in the South or abroad (although the Tamil's Rehabilitation Organisation (TRO) and UN organisations were making improvements).

It was clear that Tamil healthcare specialist doctors from the South or from abroad were not going to come and live in the Vanni in the foreseeable future and certainly not before there were specialist hospital services and security was more certain.

Despite this report and major attempts to obtain funding for these developments, there was little evidence that the Sri Lankan government in Colombo or international donors were willing to help.

3. Response to the Asian Tsunami that happened on the 26th December 2004

MCAI sent emergency drugs, supplies and vital medical equipment to the North and East of Sri Lanka. This area, known as the Vanni, was already impoverished and disadvantaged by years of civil conflict but was then badly hit by the wave, making matters infinitely worse. MCAI also sent staff to the hard hit areas to allocate supplies and to up-date assessments of need that had been completed at the request of the UK Medical Institute of Tamil Doctors some 15 months prior to the Tsunami (see above). MCAI identified major needs for equipment and refurbishment of hospitals in Batticaloa, Killinochchi and Mullaitivu. But equipment alone was not the answer; there remained a need for the training of health professionals.

Meggie Szczesny, MCAI's Programme Director, witnessed the devastation of the tsunami first-hand whilst delivering supplies to affected areas in Sri Lanka. Meggie was accompanied by Dr Susan Mann, Consultant Paediatric Anaesthetist, who delivered training to local healthcare staff.

4. Training for local health workers in The Vanni

MCAI identified the urgent need for postgraduate paediatric nurse training, in partnership with local medical and nursing staff. Dr S Ganesan an experienced Consultant Paediatrician who had worked for some years in the difficult but very needy environment of Batticaloa General Hospital said *"What we need is some training for nurses..." "I feel that improving the knowledge and skills of staff will help to improve the outcome."*



Nurse Paula Blurton in Batticaloa Hospital

At this time, there was no specific paediatric postgraduate training available to nurses in Sri Lanka. Nurses underwent a basic general training which took 3 years, and were then eligible to register with the Health Department which would allocate them to a substantive nursing post as these become available. Prior to taking up a position in one of the areas providing healthcare to children the only experience the nurse may have had with children's nursing would be the allocation of approximately ten weeks during their basic training.

Understandably nurses placed in such a situation were lacking in confidence and reluctant to take decisions, such as initiating treatment or initiating discharge of a child. Children were kept in hospital for longer than was necessary, which affected both the child and his/her family and also lead to overcrowding on the wards and a poor child/nurse ratio.

MCAI sent Children's Nurse Paula Blurton to Batticaloa Hospital for two months in April 2005 to provide further training to the nursing staff. Paula had previous experience in working in Bosnia immediately after the end of the conflict there. Unfortunately, there were major problems in obtaining funds for this training programme and it was not completed.

MCAI subsequently sent a paediatrician Dr Rathi Guhadasan who worked in Batticaloa Hospital from June 2005 for 3 months to undertake basic clinical work.

Finally, from October to December 2005, a consultant paediatrician from Australia, Dr John Whitehall worked in Killinochichi Hospital. He worked as a paediatrician but also taught final year medical students who had missed the paediatric component of their course because of the armed conflict. After assessing the knowledge of the students in the first week he realised they would need more than a couple of weeks tuition and so wrote a full curriculum which would be delivered over the 8 weeks he was present and would finish with clinical and theoretical examinations and would include some research projects. Please see a published paper from Dr Whitehall about his work on this website.

A course as relevant as possible to their local needs and which, therefore, included local infectious diseases and emphasised the resuscitation and management of very sick infants and children was devised and undertaken.

As well as teaching Dr Whitehall worked as consultant paediatrician at Killinochichi hospital and undertook some rural clinics.

5. A project to help children orphaned by the tsunami

This project supported children orphaned by the tsunami and was administered in close collaboration with the College of Paediatricians of Sri Lanka. Orphans were placed with a foster carer/family within their own community. MCAI collected sponsors and forwarded funds to the College for them to establish foster homes. Each sponsor was asked to pledge £16 per month, until each child had reached 18 years.

An additional project established 'Drop in Centres' for children in the tsunami-affected regions. These centres delivered preventative and curative aspects of health, and offered assistance, counseling and social support.

The level of violence steadily increased over 2006 and in April 2006 a visit by the Country Director had to be cancelled at short notice because of increasingly unsafe conditions especially in the East and North of the country. Thereafter, MCAI was unable to obtain financial support for its work which sadly ended.



