

IMHO Presents

Responding to Crisis

6th National Convention- San Jose, California.
4th of April, 2009



www.theimho.org



. " The best way to find yourself is to lose yourself in the service of others. "

- "Mahatma" Gandhi

Sincerely thanking IMHO for taking up our project of
Building PRIMARY CARE CENTER in Indian Village as IMHO's
first project in INDIA



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OFFICE OF THE MAYOR
ANTONIO R. VILLARAIGOSA



April 4th, 2009

International Medical Health Organization
4080 View Park Dr.
Yorba Linda, CA 92886

Dear Friends,

As Mayor of Los Angeles, the largest city in California with over 4 million people, it is my pleasure to welcome you to our great state for the 6th Annual Convention of the International Medical Health Organization.

I respect the important work you are doing to bring much needed health and medical care to those in need abroad, especially in Sri Lanka where there is an ongoing humanitarian crisis. Your service work has undoubtedly touched the lives of many across the globe, and I hope you find many more years of success ahead.

I hope you make the most of this great opportunity to learn, to share, and to socialize with your colleagues from throughout the nation and from abroad. During your visit, I encourage you to enjoy the many wonderful sights and attractions that California has to offer. If you get the chance to visit our great city, I would encourage you to do so. Los Angeles is unquestionably a global city of the 21st century with unprecedented wealth, talent and resources. We would be pleased to have you.

Again, congratulations on your accomplishments thus far and best of luck with all your future endeavors. Wishing you all the best for a pleasant and productive convention. Welcome to California!

Very truly yours,

ANTONIO R. VILLARAIGOSA
Mayor

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Providing meals to the displaced Community at presently located at Tamil Madya Maha Vidyalayam (Transit Camp) Vavuniya





INTERNATIONAL MEDICAL HEALTH ORGANIZATION

I.M.H.O.

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Dear Friends,

It is a great honor and privilege to welcome you to the 6th Annual Convention of the International Medical Health Organization (IMHO) at the Doubletree Hotel in San Jose, California.

While we are excited to note the continued growth of our organization and the expansion of our programs in Sri Lanka and elsewhere, we are deeply concerned and affected by the humanitarian crisis currently gripping Northeast Sri Lanka. At this moment there are tens of thousands of internally displaced persons (IDPs) taking refuge in camps across the Northeast and hundreds of thousands more still caught behind the front lines of the conflict. As such, IMHO has committed itself this year to do all that is possible to help address the short-term, emergency relief needs and long-term rehabilitation needs of these IDPs.

This year's convention will focus on the current crisis and what we can all do to respond. We are excited to have as our guest Mr. Jeevan Thiagarajah of the Consortium of Humanitarian Agencies (CHA), a Colombo-based nonprofit committed to coordinating NGO efforts within Sri Lanka. CHA has been instrumental in responding to the current crisis and serving as IMHO's partner on the ground during this critical time. With Jeevan and representatives from other medical and relief nonprofit organizations here at this convention, IMHO is hoping to work more closely with these partners and many others here and around the world in order to better coordinate all of our efforts. In so doing, we will be able to better serve the overall health and medical needs of others who are at-risk or in need.

At this convention we are proud to share with you IMHO's achievements thus far, which we have been able to accomplish with your support. However, the reality is that we have just begun to scratch the surface in addressing the needs of these innocent civilians. There is still much to be done, and we encourage you to get involved, share our message, and unite as many allies as possible behind this collective commitment to humanity.

Your continued support of IMHO is crucial to our success and the overall impact of the work we do in Sri Lanka and around the world. We are sincerely grateful for your presence at this convention and your belief in our organization.

Warm Regards,

The IMHO Board of Directors & Team

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At the time of this writing, there were nearly 50,000 internally displaced persons (IDPs) taking refuge in camps across the Northeast (Vavuniya, Trincomalee, Mannar, Mullaitivu, and Jaffna), with as many as 200,000 more still trapped within the conflict zones. Each day the number of those desperately making their way into these IDP camps grows, as does the number of those seeking immediate medical care. Those who are arriving at these camps have nothing but the clothes on their backs. They have no food or cooking utensils, no personal belongings, no other clothing...not even a bucket in which to collect water.

Update on the Current Humanitarian Crisis



There is even a need for shelter, as people are crammed into insufficient and overcrowded tents, such as those seen in the picture on the right. Local hospitals and health officials are overwhelmed by the number of patients needing medical care, but continue to lack basic medicines (including antibiotics), supplies, and more. Many of those arriving in the hospitals are missing limbs.

The number of civilian dead confirmed by local health officials and international observers has surpassed 8,000, with many thousands more injured, although exact figures for each cannot be accurately or completely known. A few chosen survivors have been transported out of the area with the help of the ICRC, but the vast majority has not been so fortunate.

The situation could not be more dire for these people who have already endured so much. Reports from local doc-

in Northeast Sri Lanka

tors and health officials have established that starvation has set in, claiming its first 13 confirmed victims in Mullaitivu at the end of February. Children and the elderly are particularly at-risk. The threat that starvation still poses is very real and could potentially carry future catastrophic consequences. Regular access to clean water is also not available, nor is there proper sanitation in these camps. Daily civilian life has been completely shut down, including schools, postal services, commerce, banking, and more.

Most of the affected persons have taken refuge in makeshift tarpaulin shelters, which has left them particularly at-risk for chickenpox, diarrhea, viral fever, sore eyes, coughs, etc. These ailments have become especially widespread amongst children, women, the elderly, and those who are sickly, as they are the most vulnerable to the onslaught of these diseases. Furthermore, there is no way of truly escaping the violence, as it has penetrated even into the IDP camps and hospitals, such as the camp seen in the picture on the next page.

In keeping with our mission and goals, IMHO is doing everything possible to get aid to these persons. In total we have given \$135,000 to-date for various efforts across the conflict zone. We are acutely aware of the need for both emergency relief aid and long-term rehabilitation, and we are committed to doing all we can. We are in regular contact with the

regional directors of health services, local doctors, and partner organizations, which has enabled us to keep on top of the situation and understand what the needs of these people are. An initial donation of US\$10,000 was given by IMHO in early February to the Consortium of Humanitarian Agencies (CHA), a trusted local partner that is organizing a relief effort on behalf of a number of other organizations. This money was spent on medicines and other necessary medical supplies, which benefitted the Trincomalee General Hospital. We are working with CHA and through the Regional Director of Health Services for Trinco, Dr.Gnangunalan, in assessing the growing needs in Trinco as more and more people come in from the Vanni.

CHA has been entrusted with caring for an estimated 6,000 IDPs in one particular camp in Vavuniya (Vavuniya Mathya Mahavithyalayam). We will continue to work closely with CHA to help address whatever the most pressing needs are as they arise. CHA will continue reporting back to us regularly on their progress. The IMHO Board gave \$60,000 for immediate IDP relief work here: for nutrition (including provisions of bread, dhal curry, tea, etc.), post-hospitalization relief work, and mobile medical services. An additional donation of \$60,000 was given to cover the growing nutritional needs of the IDPs in this camp due to the scarcity of food and lack of even most basic provisions and supplies. We also mobilized IMHO's newly-established Vavuniya Psychiatric Unit to help reach out to those in need. Starting in early March this unit helped play a role in addressing counseling needs and treating issues of mental illness. In Jaffna, IMHO is working with the RDHS, Dr.Ketheeswaran, in initially supporting pregnant mothers with nutritional supplements. This is an extension of the current ongoing nutrition program, for which IMHO has allocated \$100,000 this year. And in Mannar, IMHO is working to help the needs of the IDPs by mainly supplying wheelchairs and prosthetic limbs, as many victims have been maimed during the violence. An initial donation of \$5,000 has been sent for this purpose.

The needs of these IDPs are massive and urgent—and unfortunately there is no end in sight to this humanitarian disaster. We are urgently in need of your help to get basic medicines, antibiotics, food, shelter, clothes, and supplies to these victims. You have responded generously in the past and once again we come back to you for aid in helping our fellow man. Thank you once again for your committed and timely support. Together we can be the difference...

- Board of Directors,
International Medical Health Organization

Help for the Vanni IDPs in Trincomalee





Kids Project: **Milk Powder**

On a Saturday evening we all gathered at one of our friend's house in Cincinnati. Ahilan anna gave an inspiring speech, explaining the plight of the Thamili kids in the North & East of Sri Lanka and how we kids could help them. We have been collecting gently used toys and clothes for a couple of weeks. We divided ourselves into small groups and sorted out the things. Bigger kids helped in ironing and others folded and packed it into bags.

We took these bags to Once Upon a Child and Plato Closet stores and sold it. A generous donor matched our sales fund! The money that we collected was given to the IMHO to purchase milk powder for kids and pregnant mothers. Our next projects will be a piggy bank collection and a garage sale.

We had lots of fun doing this. It gave us lot of happiness and confidence that we could help our brothers and sisters who didn't even have the luxury of having a cup of milk. Think of all the good things we have in our lives. We all enjoy nice homes, good food, plenty of toys and cloths. Most of us

have more than what we would really need. We even tend to waste food and don't take care of our books and toys. Compare to those kids we also enjoy lots of freedom and security.

Those kids in the war torn areas are constantly displaced due to bombing & shelling. They don't have enough to eat and are malnourished, no clean water or toilet, no school as they live in camps. They are afflicted with diseases and don't get proper treatment. We have been blessed with all these things for which we should be thankful of. This is why we thought of doing this project. This experience has taught us a lot.

With a little effort and a huge heart a small group of kids were able to reach out to the less fortunate thousands of miles away.

**Thamilini, Nimesh, Aran, Ramya, Roshan, Ruban,
Roshini, Jannan, Khoshala, Maaran, Annie.**

(Thamil Kids from Cincinnati, Ohio)

IMHO - A pillar of support to the community

Health services in the Jaffna District have suffered severely due to prolonged civil war which rages over 25 years. The situation has slightly changed after 2002 and various efforts were made to improve the situation. One such initiative has paved way to a fruitful partnership with IMHO. Which continues to exist until now and the Jaffna Teaching Hospital and the Jaffna population are greatly benefited by this partnership.

Financial assistance from the IMHO has helped to upgrade various specialties such as Cardiology, Nephrology, Oncology, General Medicine etc. Further this assistance was also extended to enhance community healthcare services and to provide training for the staff.

This report highlights a few projects which were successfully completed at the Jaffna Teaching Hospital with the financial support from the IMHO.

Diabetic Center:



This project is successfully completed and facilities provided by this center is almost equivalent to the Diabetic center of National hospital of Sri Lanka.. This is a joint project of Government of Sri Lanka & IMHO.

IMHO had contributed US\$ 20,000/-to this center and has promised to donate further us\$ 40,000/- for future development and maintenance.

This center is providing services to the entire population of Jaffna Peninsula.

Pediatric Playroom (US\$ 750):



Pediatric indoor play room provides relaxation to the kids admitted to the pediatric ward. This was funded by IMHO. More facilities were also provided with contribution from others. A lady had now been appointed to look after the kids and to maintain the unit.

Further Education for Doctors:





IMHO has provided US\$ 3500/- in 2008 for further education and to conduct regular clinical meetings to the doctors.

This contribution is a real encouragement for our doctors and I am proud to state that eight doctors got through their post graduate examination last year from the Jaffna Teaching Hospital.

I appeal and request you to provide another us\$ 3,500/- to continue this project.

Nurses Education:



Last year we conducted a series of lectures and workshops to the nurses under the sponsorship of IMHO. (US\$ 1,200/-)

Workshop on cardiology, anesthesiology, oncology and mental health were completed. At the end of each workshop we have conducted a qualifying examination.

This year IMHO and hospital authorities jointly decided to issue certificate to those who have participated in the programs.

We kindly request IMHO to continue their support this year as well by providing us\$ 1500/-

Upgrading Laboratory Facilities:



IMHO had donated 31,000/- US\$ to upgrade the facilities in Teaching Hospital Jaffna.

From the fund provided we have already purchased haematology analyzer for Rs. 2000,000/-.

Installation work is completed & now it is on trial run.

IMHO is providing one year running cost for this analyzer.

The portion of the consumables has already arrived in Jaffna

We also purchased coagulation analyzer worth Rs. 450,000/=

But the installation work is not yet completed due to some technical problems.

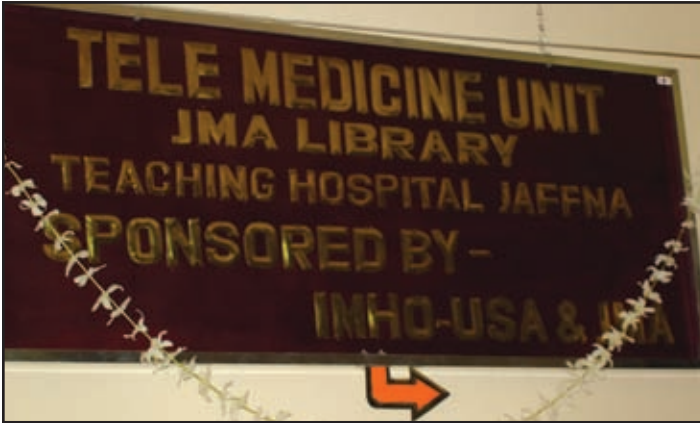
We are working on it.

Centrifuge worth Rs. 375,000/= also purchased and handed over to our coordinator in Colombo. We are waiting for MOD approval to transport it to Jaffna

There is a delay in completing this project on time due to the circumstances beyond our control.

On successful completion of this project IMHO has promised to provide another US\$ 18,000/-

Establishment of Telemedicine facilities:



Last year Telemedicine unit was established in Jaffna Medical association library with the help of IMHO.

This unit was ceremoniously opened by the Vice Chancellor, University of Jaffna.

This is a joint venture of IMHO & Jaffna medical association

IMHO has donated US\$ 4000/- for this project and undertook to continue their support this year too by contributing further US\$ 4320/-.

Jaffna telemedicine website was established last year and 26 cases were discussed

These productive discussions had helped a lot to our patients and few unnecessary transfers to Colombo for specialized opinion were avoided.

The telemedicine unit is also providing 24 hours free internet access to the doctors and medical students. This is the only free internet service available in Jaffna Teaching hospital.

Special website for medical students was also established with the help of IMHO to help their studies. We are taking steps to improve its facilities this year.

Recruitment & training of Health Assistants:



In USA & other western countries physician's assistants are contributing a lot to health care services. Similar system does not exist in Sri Lanka. Specially in Jaffna where there is a severe shortage of staff and doctors, introducing somewhat similar system could be very helpful to the healthcare system.

Last year IMHO had provided US\$ 1500/- to initiate this system as a trial.

We have recruited two health assistants and they are successfully undergoing training.

They are being trained in Health Education, performing simple laboratory tests, simple examinations like BP measurement, calculating BMI, clerical work, helping inward patients, patient observation, helping clinical studies etc.

This project is really very useful & successful. We kindly request you to provide US\$ 2,500/= to continue and expand this project.

Screening of high risk cases:

Diabetes is a major killer disease. The delay in diagnosis and in treatment would result in many major complications and this is a major problem in Jaffna. This year we propose to start a screening program of ten thousand high risk cases for diabetes. We need US\$ 5,000 to complete this project in a successful manner. We are expecting your support for this program.

The Jaffna Teaching Hospital administration, doctors and staff express their sincere gratitude for the support and encouragement provided by the IMHO all these years and hope this will continue in the future.

Dr. Sivapalan Sivansuthan MBBS., MD.

*(Visiting Lecturer in Medicine, Pharmacology & Physiology
Faculty of Medicine - University of Jaffna)*



Beacon of Hope

The atmosphere of Jaffna Peninsula may be charged with anguish and despair. But some social institutions continue their services despite all the limitations. Jaffna Teaching Hospital (J/TH) is one such institution serving the entire population of Jaffna Peninsula who continue to endure all kinds of difficulties for almost three decades.

Jaffna Teaching Hospital which is one of the largest in the country had to bear the brunt of conflict and struggled to cope up with the situation until 2002. Then the situation began to change and new sub-specialities were introduced and cardiology was one among them. Before the establishment of cardiology unit all the cardiac patients had to be either managed in the Medical wards or had to be transferred to Colombo. The cardiology unit is actually a beacon of hope for the patients in Jaffna since it helps them to avoid unnecessary delays, expenses and hardships.

Even though the transfers have significantly gone down following the establishment of cardiology unit, still a large number of patients are sent to Colombo for further investigation or management since the cardiology unit of the J/TH lacks advanced investigation & intervention facilities. The following statistics would clearly illustrate the present scenario.

Around 200 patients were transferred to Colombo and 694 patients were admitted to the CCU during the one year period of 2008. 56 patients were admitted to CCU during January 2009.

Following the establishment of High Dependency Unit in May 2008, 834 patients were admitted there from May to December 2008. In January 2009 alone 131 patients were admitted to High Dependency Unit. The IMHO provided US



\$ 46,000 for equipping and upgrading the High Dependency Unit and US \$ 24,000 have already been utilized for purchasing cardiac monitors and infusion pumps.

Despite the present difficulties, the cardiology unit is continuing its journey towards progression. The Cardiac Catheterization laboratory facilities are to be obtained with the generous help from IMHO. Estimated cost of this is going to be US \$ one million. The building for the cardiac catheterization laboratory is being built with the financial assistance from the UNDP and from the IMHO.

Further the IMHO has donated a portable Echo Machine (SONO SITE TITAN). This Machine greatly enhances the quality of care for the acutely ill patients who are admitted to the Emergency Unit, Intensive Care Unit and Coronary Care Unit. Apart from this the Echo Machine could also be utilized for conducting out reach clinic in Base Hospital Point Pedro which will alleviate the hardships of the patients who have to travel Jaffna for their clinics.

The support and encouragement from all the donors and well-wishers have contributed to the progress and from August 2008 permanent pace maker implantations were also carried out for the first time in Jaffna with the available general operating theatre.

The cardiac team of the Jaffna Teaching Hospital continues to strive hard to maintain very high professional standard in serving the people and expresses its sincere gratitude to IMHO and all those who have rendered their support throughout all these years.

Dr. P. Lakshman, Consultant Cardiologist
(Jaffna Teaching Hospital)

Learning disability services are very poorly developed in Sri Lanka. The social services department, Education department and the Health Department have paid scant attention to this problem, In spite of this being a major health and social issue in the country. Though some initiatives have been tried there has not been a concerted effort to provide reasonable services for this group. This is surprising considering Sri Lanka has a good education system, and overall good health provision.

For example, in Batticaloa district what ever little services for the learning disabled was provided entirely by the NGO sector. There was Ozanam a residential facility run by nuns that cared for around 30 children, 7 to 8 day centres run by a Methodist organization (Puhaidum), and another centre run by a Muslim organization. Altogether there were about 40 carers providing services in these centres most of them have had no proper training. Most disabled children were excluded from schools. The health service involvement was limited to providing clinic services for the children who suffered from concomitant illnesses like epilepsy.

In other districts too, the situation is unlikely to be very different from this. Definitely, at least in the neighboring districts of Ampara and Trincomalee the services were much poorer than this.

The mental health team in Teaching Hospital Batticaloa was visiting the "Ozanam" residential centre on a monthly basis from 2001 helping with medication for the few children who needed it and advising the carers on managing the children with problems. However, it was in 2003 that the mental health team identified learning disability as a major mental health problem and decided to get more involved in developing services.



(The adult learning disability long stay started at Ozanam with support from MENCAFEP)

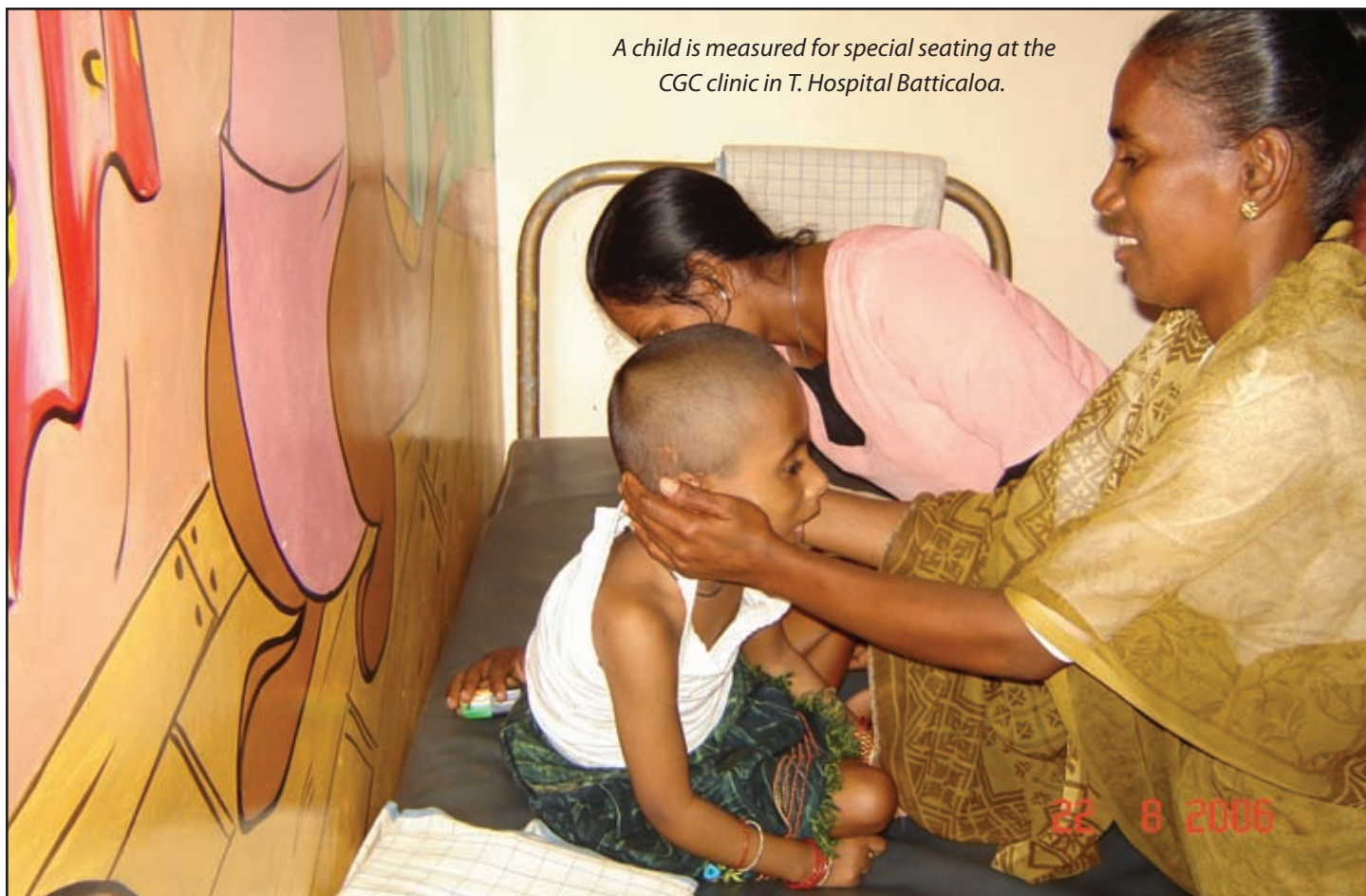
Intellectual Disability Services (Learning Disability) — a blue print

The first step was to improve the skills of the carers working in the different organizations. An occupational therapist who came over as a VSO volunteer was put in charge of organizing the training. Doctors and nursing officers attached to the mental health unit too were resource persons in this training. This training also helped to bring all the organizations together. On this platform a loose association was formed with all the organizations participating. Links were developed with MENCAFEP an organization that was providing excellent services for the learning disabled in Nuwaraeliya. With support from WHO the association was able to send most of the carers to gain practical training and knowledge in working with these children at the centre in Nuwaraeliya.



*The waiting area of the CGC clinic at
Teaching Hospital Batticaloa*

In the same year, a weekly multi disciplinary clinic was started at Teaching Hospital Batticaloa, specifically focused on providing services for children with learning disability. This is organized in a manner to provide a somewhat better service than the usually crowded clinics that we usually see. Only 12- 15 children are seen in a clinic and they are seen only by appointment. Of these children three are new to the clinic and others come for follow-up. A child comes



A child is measured for special seating at the CGC clinic in T. Hospital Batticaloa.

only around once in three months to this clinic. However, a member of the team could see the child more frequently as day patient if needed. The children continued to go to their regular clinics as well. In this multidisciplinary clinic pediatrician (1), psychiatrist (1), medical officers (3), dental surgeon (1), occupational therapist (1), physiotherapist (1), social workers (2), counselors (2), and nursing officers (3) provide services. Handicap International and MENCAFEP are some of the NGOs that participate regularly in this clinic. We had the help of a speech therapist and nursing officer who came over from UK and Holland respectively as volunteers through VSO for some time. A speech therapist from Colombo continues to visit once a month. This is supported by IMHO. In this clinic there is an opportunity to develop a good care plan and provide services to meet the needs of the children and their parents. Especially, the social workers are able to refer the children to the day centers close to their houses. As the social workers have a good working relationship with these day centers the children are able to enroll easily when referred.

The day centers are central in providing services for these children. The multidisciplinary clinic plays only a supportive role by providing a higher level input which is useful for the parents and the carers in the day centers. Examples of this would be nurses and the occupational therapist advising the

mothers on methods of toilet training and physiotherapist training the mothers to give exercises for children with physical disability. With the help of the many links that the mental health team has, it is possible to provide material support in the form of wheel chairs and other equipment to some of the day centers that are poorly equipped.

The children when they start attending the day centers, show marked improvement as they get an opportunity to interact with other children. It also improves their self confidence and self worth as they too are going to school like their siblings. They look forward to going to the centers. A lot of vicarious learning too takes place there. The parents also benefit by sending their children to the centers; they are able to have some time for themselves and for the other children. Caring for a child with disability can be quite tiring specially when there is very little support from state and other agencies. Very often when there is a child with learning disability in a family other children are neglected as parents have to give more attention to the child with disability. Based on this model over eighteen day centers have been started in Ampara district within the last two years. Over 400 children attend these centers. A CGC clinic somewhat similar to the one in Teaching Hospital Batticaloa started functioning in Ashraff memorial Hospital in Kalmunai four months ago.



A nursing officer advising a mother on language stimulation in the CGC clinic

An attempt to integrate these day centers into to existing educational system is showing early promise. Three centers in Kalmunai and another three centers in Batticaloa function within schools. The education ministry policy is to have inclusive education for these children within the existing schools. Unfortunately, this is not implemented in a systematic manner.

The clinic also highlighted the need for more day centers in the district. The mental health unit working closely with small community based organizations (CBOs) was able to develop two such centers in Oddamavadi and Eravur last year. Three such centers were opened in the district this year in Vakara and elsewhere. The social workers who are trained in community participatory approach work closely with the CBOs in developing services. Initially, the CBO does a survey to identify the children in the village. Then the parents are called to a meeting where their problems are discussed. Available resources within the community are identified. This could include space, money, and labour. A medical camp is organized thereafter to screen the children and identify the needs of these children. A few volunteers are identified from the village and sent for training at other centers. The running costs of a centre are quite minimal. Part of the money comes from parents and the rest from well wishers and NGOs. However, transport is a major problem, over crowding is another concern. To avoid these problems it is necessary to develop such centers in each village may be as satellite centers to provide services. Integrating into the existing educational system is another option. However this has been successful only in centre in the district though efforts are continuing to work closely with the education department.

These developments in Batticaloa though improved the services for the learning disabled to some extent, much more need to be done for this group of children in the district. The staff in the centers and the hospital need further training, more centers need to be developed with the right equipment. Adequate transport should be made available for these children to attend the centers. Children who could be integrated into regular schools should be supported with special classes and trained teachers. Parents need support and training to handle these children. Better clinical services too are needed here. It is important the adult learning disabled too have needs and services should be developed to meet their needs as well. Limitation of human resources in the mental health unit is a factor for the restricted support they are able to provide.

Unfortunately, there are few trained persons in the social services department, and the education department is very slow in developing services. There is a need for the health sector to be more involved and take on a leadership role. Doctors still command respect in society and hence are in a good position to network with agencies. Paediatricians, psychiatrists, and community physicians should take an active role in developing services for this group of children who have many unmet needs. The health sector can and should play a central coordinating role in developing services in Sri Lanka for these children.

There is a need to strengthen services for this vulnerable and needy group of children and adults in our society. The services that have been set up in Batticaloa and Ampara districts are in the early stages and need support to sustain there activities. Most of the parents are very poor and find it very difficult to support the day centers. Transport facilities for the children to attend the day centers are a major limiting factor for regular attendance. Two of them have buses but others have none. The teachers in the centers too are paid around Rs. 3000 – 4000 (\$30) per month. IT is very difficult to retain good staff with this salary. The staff too need further training. Unfortunately, further training in providing services for this group of children is not available in the Tamil language within Sri Lanka. At least a few people need to be sent to India where the training is available.

Dr. M. Ganesan, Consultant Psychiatrist

(Formerly attached to Teaching Hospital, Batticaloa)

“Towards a healthy community - - -”

IMHO supported health projects in Jaffna District

S/N	Month	Number of pregnant mothers with low BMI under the programme delivered during the month	Number of LBW babies among them	Percentage (%)
1	May 2008	41	05	12.2
2	June 2008	55	06	10.9
3	July 2008	57	11	19.3
4	August 2008	113	21	18.6
5	September 2008	151	18	11.9
6	October 2008	146	23	15.8
7	November 2008	128	13	10.2
8	December 2008	143	19	13.3

Table 1 – Percentage of LBW babies for mothers under the programme by month

Jaffna District was one of the leading district in Sri Lanka in 60's and 70's in terms of health indicators. But unfortunately following the prolonged conflict situation in the district there is a significant setback in health status in comparison to other districts in the south. We work hard and try best to bring back the health status in par with other districts in the south. We understand that it will be a uphill task. But we will work towards that goal.

There are several obstacles for development of health services in this war-tone district. But we believe that we will be able to overcome all difficulties with the government assistance and the support of various NGO's. We highly appreciate the support given by the govt. of Sri Lanka and all partners, who extended their support for development of health services in Jaffna District.

It is a great privilege to acknowledge the valuable support given by IMHO to uplift the health status of people of this district. The people of Jaffna District are grateful to IMHO for all your support. It was a timely help during the difficult period. We expect and hope for your continuous support in future also.

We will analyze the IMHO assisted health projects in Jaffna District in brief.

1. Improving nutritional status of pregnant mothers with low body mass index (BMI)

We observed that about 30% of pregnant mothers are undernourished (body mass index is below 18.5) when they enter into pregnancy. It leads to the birth of low birth weight (LBW) babies. Then infant and child under nutrition rate increases. These LBW babies are more prone to get diabetic mellitus during their adulthood. Our LBW rate was high due to these mothers. Most of these mothers were unable to purchase nutritious foods due to various reasons; poverty, lack of income earning opportunities, high cost of food commodities, high cost of living etc.

So-that we decided to provide nutrition supplementation and focused antenatal care to these mothers. IMHO supported us to provide the nutrition supplementations to about 900 pregnant mothers monthly. Each pregnant mother with low BMI received the following nutrition supplementations per month.

1. Enfamama - 2 tins
2. Jeevagaram - 500gx2 pts.
3. Ovron - 30 tab.
4. Folic acid - 30 Tab.

This project was started from 1st April 2008.

S/N	MOH Area	LBW rate (%)	
		2007	2008
01	Jaffna	9.2	8.0
02	Kopay	11.2	7.7
03	Manipay	10.2	7.8
04	Chavakachcheri	8.4	9.9
05	Point Pedro	6.8	8.4
06	Tellippalai	12.7	9.0
07	Kayts	11.2	10.3
Jaffna District		10.0	8.5

Table 2 – Comparison of LBW rate for years 2007 and 2008 by MOH area

Results:

We were able to reduce the LBW babies among the pregnant mothers with low BMI significantly. The following table shows LBW rate among the pregnant mothers with low BMI by month. (See Table 1)

And also we were able to reduce the overall LBW rate of the district compared to the previous year 2007. The following table compares the LBW rate of years 2007 & 2008 by MOH areas. (See Table 2)

This project was a great support for these poor pregnant mothers of Jaffna District. And it was well appreciated by people of Jaffna. And we expect to continue this project until we make a significant achievement.

2. Nutrition promotion programme for adolescent school girls

This programme is also related to the previous programme. We conducted a nutritional assessment among the adolescent school girls and found about 25% of them are undernourished (their BMI was below expected cut off point). These adolescent girls will be the future mothers in next 10 years time. Again we will face a cohort of undernourished pregnant mothers.

To prevent this we planned to conduct the nutrition promotion programmes among the adolescent school girls with the involvement and participation of following partners;

1. Parents
2. Principal and teachers
3. Health staff

We conducted 100 programmes in schools in 2008 and plan to conduct another 100 programmes in 2009. The number of programmes conducted in 2008 by MOH area is given in Table 3)

3. Providing incentive allowances to Doctors, who serve in remote are hospitals.

The human resource shortage is the main obstacle for the development of health services in Jaffna District, particularly in the rank of Doctors. Doctors are reluctant to serve in the remote area hospitals due to various reasons; poor accommodation facilities, poor transport facilities, poor schooling facilities, security situation, poor recreational facilities etc. We were forced to close few hospitals without Doctors. The people of these areas suffered a lot for access to health services.

S/N	MOH Area	Number of Nutrition promotion programmes conducted
01	Jaffna	15
02	Kopay	15
03	Manipay	15
04	Chavakachcheri	15
05	Point Pedro	15
06	Tellippalai	15
07	Kayts	10
Total		100

Table 3 – Number of adolescent nutrition promotion programmes conducted in 2008 by MOH area

IMHO came forward to support by providing incentives to Doctors, who serve in the following 8 remote area hospitals in Jaffna District.

1. Base Hospital, Kayts
2. Divisional Hospital, Velanai
3. Divisional hospital, Karainagar
4. Divisional hospital, Nainativu
5. Divisional hospital, Delft
6. Divisional hospital, Analaitivu
7. Divisional hospital, Pungudutivu
8. Divisional hospital, Maruthankerny

Under this project the following category Doctors were given incentive allowances (Rs. 10,000 per month)

1. Medical Officers



2. Registered Medical Officers
3. Dental Surgeons

IMHO provided this incentive for the last two years (2007 & 2008). We are proud to state that we were able to motivate these Doctors and provide basic health services to the people of these remote areas without interruption with the IMHO support. We did not close any of these hospitals during the last two years without Doctors. It was a great support for the people of these areas. And we expect to continue this project until the situation improves here.

4. Rehabilitation of Tellippalai co-op hospital

As the Base Hospital Tellippalai is located within the High Security Zone, we function at co-op hospital, Tellippalai. The buildings of this co-op hospital were damaged during the conflict period. The hospital functions in the partially damaged buildings. It causes immense hardships to the patients and health staff.

But we were unable to renovate these buildings with health dept. funds as these buildings or land are not belongs to health dept. So-that on our request IMHO provided SLR 3.5 Mn to renovate the OPD block of this building.

And we renovated this building and opened a rehabilitation centre for alcohol addicts.

5. Provision of essential drugs

In occasions certain drugs are received from health dept. in low quantity due to low stock at central level. This amount was not sufficient to meet the demand at the ground level. So-that on our request on several occasions IMHO supplemented the necessary drugs. It ensured uninterrupted drug



supply to the poor patients of this district.

6. Conclusion

With the implementation of these projects IMHO contributed a lot towards the development of health services in Jaffna District. The people of Jaffna highly appreciate your support and express our sincere gratitude. We expect your valuable and timely support in future also for our goal towards a healthy community.

Dr. A. Ketheswaran

(Regional Director of Health Services, Jaffna)

Mannar – A Land of Internally Displaced People (IDPs)

The district of Mannar is situated in the Northern Province of Sri Lanka. Mannar has a land extent of 2002.sq km and in its southern boundary is Puttalam/Anuradhapura district, eastern boundary Vavuniya/kilinochchi District, western boundary Indian Ocean and northern boundary Jaffna respectively.

District Administration:

The district comprises of 05 Divisional Secretariat (DS) divisions that correspond to 05 Health units known as Medical Officer of Health Areas (MOH areas) and 1 MOH Talaimannar as Port Health Officer. The area is further sub divided to 153 Grama Niladhari (GN) areas.

Out of the five DS Divisions, civil administration is maintained only in two DS Divisions- Mannar and Nanattan. In Madhu Division, five out of 17 GN divisions are located in the cleared area. The administration of 12 GN Divisions of Madhu Division in the uncleared area is done along with Mantai West Division. The entire population of Musali Division is displaced from 1st September 2007 and living in the Welfare Centers and with host families in Nanattan. The whole population of Matai West and Madhu divisions has been diaplaced due to the securitu operatios and moved into Kilinochchi district.

Population:

A. Estimated Population

i. Residing in the district	75,570
ii. Displaced to other districts	64,430
iii. In India	40,000
Total:	185,000

B. Present population (See Table 1)

C. Displaced, Returned and Resettled

The current population is classified under the following categories (in Mannar Cleared Area).

- a. Displaced persons in 05 Welfare Centers:
524 (Families) - 1,420 (Members)
 - b. Displaced with friends and relatives:
3,868 (Families) - 13,388 (Members)
 - c. Others - Economically affected and resettled:
16,316 (Families) - 60,944 (Members)
- Total: 20,708 (Families) - 75,752 (Members)**

Item		Cleared area		Un cleared area		Total	
		Families	Members	Families	Members	Families	Members
I	People of Mannar District	18,784	69,312	-	-	18,784	69,312
II	Displaced persons from other districts	1,924	6,440	-	-	1,924	6,440
	Total	20,708	75,752	-	-	20,708	75,752
	Break up of Item II						
	Vavuniya	75	247	-	-	75	247
	Jaffna	1,167	3,961	-	-	1,167	3,961
	Mullaitivu	166	485	-	-	166	485
	Kilinochchi	352	1,140	-	-	352	1,140
	Trincomalee	54	204	-	-	54	204
	Other districts	110	403	-	-	110	403

Table 1: The whole population of Mantai West and Madhu MOH areas in the un cleared area has moved to Kilinochchi district due to the security operations.

Returnees:

1. Internally Displaced (Mostly from Puttalam):
3,176 (Families) - 12,067 (Members)

2. Indian Returnees:
5,870 (Families) - 20,508 (Members)

Total: 9,046 (Families) - 32,575 (Members)

D. Re-settled in the district: (Locally displaced)

a. Within the district:
11,860 (Families) - 42,687 (Members)

b. Returned from other districts:
1,924 (Families) - 6,440 (Members)

Total: 18,534 (Families) - 67,189 (Members)

Out of the 18,534 resettled families, 5,655 families have been again displaced and sought refuge in India other districts and within the district. (Source; District Secretariat, Mannar)

Health Services to IDPs in Mannar District:

1. Primary Health care Services:

Preventive health care activities are carried out by the Medical Officers of Health (MOH) of the areas to the IDPs in welfare centers and those living with friends and relatives. MOH with his team consisting of PHI and PHM Maternal and childcare activities, Health Education Programmes, Nutritional interventions, Health Promotional activities etc are some of them done by these teams.

2. Mobile Clinics:

Basic curative care is being provided through the mobile health teams visiting these welfare centers with the support of NGO.

3. Water and Sanitation Activities:

Divisional Secretariat and Pradeshya Sabha with the support of NGO have provided the toilet facilities and water supply.

4. Hygienic Kits and other requirements are provided with the support of NGO.

5. Civilian War casualties:

General Hospital, Mannar is being geared to manage civilian war casualties.

6. Health coordination activities:

Monthly Health Coordination meetings are held to streamline all health related activities to prevent duplication



of works and to identify gaps in health service provision to IDPs.

Assistance Expected from IMHO:

1. Renovation of Existing old medical ward at General Hospital, Mannar to be used as a counseling center as a measure of strengthening psychosocial activities in Mannar district. Tentative cost is 500,000/=(SLR)

2. Assistance to continue the services of Health Coordination Assistant who is presently being supported by WHO for 5 months from January 2009, at a rate of 30,000/= per month for another 06 months from June 2009.

3. Formation of Emergency Health Team and supply of Emergency First Aid Kits to the members of the Emergency Health Team.(Tentative cost 75,000/=)

4. Assistance to purchase essential drugs (200,000/=)

Mannar health region whole heartedly thank the services rendered by IMHO (USA) for the support extended by them during the past in uplifting the healthcare services provided to the under privileged population of this district. If not for the support of this nature, it wouldn't have been possible to provide healthcare delivery to the suffering population of this area.

Dr(Mrs). S. R. Jude,
(Regional Director of Health Services, Mannar, Sri Lanka)

IDP camp within the conflict zone in Vanni



Cancer Care Services in Jaffna District

Cancer is a major health problem in the Northern Region of Sri Lanka. Cancer is the fifth leading cause for death in Sri Lanka. Cancer care service was first established on the 14th of December 2004 with an in-ward facility at the Teaching Hospital, Jaffna. Cancer treatment in the Jaffna district has been provided in Teaching hospital, Jaffna with inward Medical Oncology facilities and in Base Hospital, Tellipalai with Radiation Treatment facility.

Many efforts have been taken to improve the services emphasizing Cancer awareness, Cancer screening, Cancer treatment, Cancer surveillance and caring terminally in patients. Cancer prevention through Cancer awareness programme with poster exhibition and oral cancer screening with the help of Dental Surgeons and cervical cancer screening with the help of Gynaecology team are being done.

Cancer clinics are regularly held in Teaching Hospital, Jaffna on every Saturdays. Peripheral clinics are held on first, second and third Wednesdays in Base Hospital Point Pedro, Base Hospital, Chavakacheri, Divisional Hospitals in Chankanai and Karainagar respectively.

Terminally ill patients are cared at the cancer ward in TH, Jaffna and at the Hospice that is run by the CANE (UK).

We seek help from the Non Governmental Organizations, Religious organizations, Clubs and individuals to improve the services.

Since the inception of cancer care services in the Jaffna District, IMHO has been helping in various ways to improve the same with better quality.....



- 1.Provision of Medical Physics expertise: Prof.N.Suntharalingam has volunteered to come from the USA and helped in the installation of the Cobalt Tele therapy machine and training the Medical physicists.
- 2.Financial assistance to purchase of expensive chemotherapeutic drugs.
- 3.Regular provision of nutritious food for poor cancer patients.
- 4.Establishment of Air conditioned Cancer Chemotherapy Unit at the Teaching Hospital, Jaffna.
- 5.Provision of transport services to those patients who travel daily for Radiation Treatment to Base Hospital, Tellipalai.
- 6.Financial assistance for training Medical Physicists in India to upgrade their skills.

We hope that IMHO will continue to support us to sustain our services with good quality work.

I would like to thank all IMHO members for your generous help to those unfortunate poor cancer patients to receive better cancer care at their native place with comfort.

By: Dr.N.Jeyakumaran MD (SL),
(Consultant Clinical Oncologist, TH Jaffna, Sri Lanka)



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(Sri Lanka) 25.02.2009...

Mrs. R. Thevendran
37 Meeker Street
Staten Island
New York 10306
U.S.A.

Dear Madam,

01. Free Mobile Medical Service I.M.H.O.

Co-Operative Hospital Moolai

Further to our letter dated 27.01.2009, we are sending herewith the cumulative Expenses of the Free Mobile Medical Service carried out in the month of January 2009 and the Summary of Receipts and Expenditure up to end of January 2009.

By these Mobile Medical Services, 1000 patients have benefited during the month of January 2009. We have a balance of Rs. 72,249.95 as at 1st February 2009 for this program. Our average expenditure for a Mobile Medical Service camp is around Rs. 42,200.00.

Consideration this, we shall thank you to make necessary arrangements to provide sufficient funds to our Hospital for us to carry on with this program. Our new current account No: 1-53-054028-0, Peoples Bank, Chankanai, Sri Lanka.

02. Repairs and maintenance of Ambulances.

This has reference to our letter dated 29.07.2008, where in we have receipted your remittance of U.S. \$8000.00 amounting to Sri Lanka Rs. 856,794.00 for the repairs and maintenance of our Ambulances.

The Ambulance Registered No: 43-0329 is repaired at a cost of Rs. 571,900.00. The balance from your remittance has been utilized to repair the other Ambulance No: 68-5537 at a cost of Rs. 253,723.00.

While the repair on Ambulance No: 43-0329 was in progress, the other Ambulance No: 68-5537 had also broken down. Due to urgency, without obtaining your concurrence, we have got this 2nd Ambulance also repaired from the balance funds available with the Hospital.

We the Board of Management are sorry for we could not get your prior approval to utilize the balance funds for the repairs of 2nd Ambulance.

While thanking you, we wish to inform you that the Moolai Co-operative Hospital is included in the Emergency Medical Services program / project sponsored by Medical Teams International and WHO for Jaffna District. Under this program our Hospital personnel are given training to take care of the Pre Hospitalization Services and our Ambulances are equipped with the required Medical Equipments. Without your assistance, the Hospital could not have entered this program to provide a better Health Care Services to our needy Community.

Thanking you,
Yours in Co-operative Service,
R. Velupillai (Signed)
President



**MOOLAI CO-OPERATIVE HOSPITAL
IMHO
CUMULATIVE EXPENSES OF FREE MOBILE MEDICAL SERVICE
FOR THE MONTH OF JANUARY 2009**

NO	Description	B/F	35 Sandilipay on 3rd Jan 2009	36 Chankanal on 10th Jan 2009	37 Navaly on 17th Jan 2009	38 Pannagam on 24th Jan 2009	39 Panippulam on 31st Jan 2009	Total
1	Doctors salary	200,500.00	7,000.00	6,500.00	3,000.00	4,000.00	4,000.00	225,000.00
2	Staff salary	79,350.00	2,050.00	1,350.00	2,050.00	2,050.00	1,800.00	88,650.00
3	Drug expenses	412,300.28	30,840.72	22,423.01	18,090.28	17,899.43	19,795.83	521,349.55
4	Lab tests	94,640.00	4,080.00	4,160.00	2,560.00	4,800.00	5,760.00	116,000.00
5	Transport expenses	157,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	182,000.00
6	Overhead charges	118,680.00	3,600.00	4,260.00	3,400.00	4,720.00	4,020.00	138,680.00
7	Refreshment	15,416.50	-	490.00	900.00	420.00	-	17,226.50
8	Generator expenses	173.00	-	-	-	-	-	173.00
9	Photo expenses	1,275.00	-	-	-	-	-	1,275.00
10	Banner writing expense	5,400.00	-	-	-	-	-	5,400.00
	Total	1,084,734.78	52,570.72	44,183.01	35,000.28	38,889.43	40,375.83	1,295,754.05
	Number of visit by patients	5934	180	213	170	236	201	6934
	Average cost/ patient visit	182.80	292.06	207.43	205.88	164.79	200.87	186.87

**Summary of Receipts and Expenditure
Free Mobile Medical Service**

Date	Receipts	Amount	Expenditure	Amount
09.04.08	R.No-478	724,240.00	Doctors salary	225,000.00
22.09.08	R.No-487	643,764.00	Staff salary	88,650.00
			Drug expenses	521,349.55
			Lab tests	116,000.00
			Transport expenses	182,000.00
			Overhead charges	138,680.00
			Refreshment	17,226.50
			Generator expenses	173.00
			Photo expenses	1,275.00
			Banner writing expense	5,400.00
			Balance available	72,249.95
		1,368,004.00		1,368,004.00

Prepared by: *V. Jeyaraj*

Checked by: *K. S. Srinivasan*

M. S. Srinivasan
25.02.2009
PRESIDENT
CO-OPERATIVE HOSPITAL SOCIETY LTD.
MOOLAI



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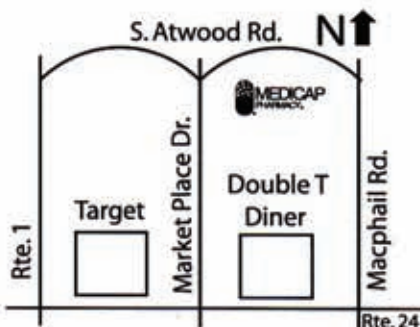
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A handwritten signature in blue ink, consisting of the letters 'R', 'F', and 'H' in a stylized, cursive script.

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Indran B. Krishnan MD

FRCP(London);FRCP(C);FACP;FACG

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*se habla español

Dr. Hugo Benalcazar is a board certified neurosurgeon practicing at Sinai Hospital, Upper Chesapeake Medical Center, and St. Joseph Medical Center. Along with Jason Tharpe, PA-C and Stephanie Staples, PA-C, Dr. Benalcazar uses minimally invasive and image-guided approaches to complex problems of the brain and spine including tumors both cancerous and benign.

Dr. Benalcazar is a *cyberknife* surgeon and can evaluate spinal and cranial tumors to be treated by cyberknife stereotactic radio-surgery.

Dr. Benalcazar is also faculty for the newly FDA approved *artificial disc replacement* and teaches other spine surgeons how to place the artificial disc.

Dr. Benalcazar and his team specialize in treating individuals using state-of-the-art minimally invasive techniques.

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Sixth Annual International Convention of IMHO

Saturday April 4, 2009

- 08:00 AM **Morning Registration Opens**
- 08:30 AM **Insights from My Recent Visit to Sri Lanka**
Mr. Greg Buie, IMHO Office Coordinator
- 09:00 AM **MTI Projects in Sri Lanka**
Paul Bollinger, Emergency Medical Services Senior Advisor, Medical Teams International
- 09:30 AM **INGO Projects in Sri Lanka: How to Make it Work**
Mrs. Nimmi Gowrinathan, South Asia Programs Director, Operation USA
- 10:00 AM **Discussion and Q&A**
- 10:30 AM **Coffee Break**
- 11:00 AM **Status of Current Crisis in the Northeast Sri Lanka**
Mr. Jeevan Thiagarajah, Executive Director of CHA, Colombo
- 11:45 AM **Current MSF Operations in Sri Lanka**
Doctors without Borders
- 12:15 PM **Discussion and Q&A**
- 01:00 PM **Lunch**
- 05:00 PM **Evening Registration Opens**
- 06:00 PM **Welcome Speech**
- 06:10 PM **Philanthropy in the US: Responsibility of All Citizens or Not?**
Mr. Richard Walden, President & CEO of Operation USA
- 06:50 PM **IMHO Projects Update**
S. Raguraj, MD, President of IMHO
- 07:30 PM **Current Crisis and CHA Projects in Sri Lanka**
Mr. Jeevan Thiagarajah, Executive Director of CHA, Colombo
- 08:00 PM **The Business of Giving: Philanthropic Donations Done Right**
T. Thambi-Pillai, MD, Secretary of IMHO
- 08:20 PM **Vote of Thanks**
- 08:30 PM **Dinner**



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