

*Summary of paper read at the Conference on Tamils Health – The Diaspora's Role, organised by the Centre for Health Care Sri Lanka in conjunction with Tamils Health Organisation – UK on May 9, 2004 at the Arnhem Conference Centre, Surrey, UK.*

## THE STATE OF THE HEALTH OF THE TAMILS IN NORTH-EAST SRILANKA

by

Dr. N Sivarajah

The two decades of war in Sri Lanka has seriously affected the entire country. The effect of the war has been felt more in the North-eastern part than the rest of the country. All sectors including Education, Health, Industry, Fisheries have been severely affected. The Health service is one of the sectors most affected and acutely felt by the people. The damage and destruction of the health sector has had immediate and long-term affects on the people of the Northeast.

The destruction of schools, migration of teachers and curtailment of training of paramedics (such as Field Health personnel and hospital based paramedics such as Radiographers, Laboratory technicians, Physiotherapists, pharmacists etc) for the North-east, is posing a challenge to the rehabilitation and rebuilding of the health services.

### *Issues and problems*

The health problems in the Northeast are many. The most important and what needs immediate attention to prevent a calamity could be summarised as

- Nutritional deficiency among
  - Children – especially Protein Energy Malnutrition and Vitamin A deficiency
  - Women – especially anaemia among young girls in the 15-19 age group and pregnant mothers.
- Lack of human resources, such as medical and supporting staff
- Damaged hospitals and other health care centres
- Lack of equipment for primary, secondary and tertiary care
- Lack of accommodation for staff – especially in peripheral institutions.

Health indicators for the Northeast when compared with the other provinces in Sri Lanka is glaring (Table 1)

Table 1: Health indicators for North-Eastern Province (NEP) compared to other provinces of Sri Lanka

<i>Indicator</i>	<i>NEP</i>	<i>Other provinces</i>
Households with pipe borne water supply	8.9 %	23.4 %
Households with water seal latrines	48.2 %	72.6 %
Deliveries assisted by doctor, nurse or midwife	80.6 %	96.0 %
Underweight children (under 5 years)	46.2 %	29.4 %
Children born with low birth weight	25.7 %	16.7 %

*Source: Department of Census & Statistics. Sri Lanka Demographic and Health Survey 2001 for Northern and Eastern Provinces, Department of Statistics & UNICEF 2002*

Note: The survey of the NEP excludes 'uncleared areas'

Complete data on Health during the two decades of war are not readily available for the entire NEP. However, some data (such as IMR & MMR) is available for this period for the Jaffna District

The infant and maternal mortality has shown an upward trend. In 1985 the IMR for Jaffna District was less than half that for the Sri Lankan average. However by 1988, the IMR overtook the national figure and still remains higher with peaks coinciding with the escalation of the war. A similar trend is seen with the MMR.

#### *Nutritional deficiency*

Nutritional deficiency among children leading to Protein Energy Malnutrition (PEM) is a major health problem, which is going to have long term effect on the community. The Sri Lanka Demographic and Health survey of the NEP (excluding the 'Uncleared areas') has shown that 46.2 % of the children under 5 years are underweight. Children with blindness probably due to Vitamin A deficiency are appearing in the Wannai district. A recent study in Jaffna has shown that 56.2 % of girls' 15-19 years in refugee camps in the Jaffna District are anaemic<sup>1</sup>.

#### *Human Resource*

There is an acute shortage of medical and paramedical human resource. The causes for the lack of medical and paramedical human resource are different. Although training of medical human resource, proficient in Tamil was not very much affected, the retention of this trained human resource has become a problem due to lack of facilities – for professional enhancement and housing and educational facilities for the medical personnel and their families.

The cause for the shortage in paramedical manpower is mainly due to lack of facilities, during the past two decades for training of the youth from the Northeast. The reasons have been many; such as – training programmes being only in the Sinhala medium, lack of information regarding training programmes made available to the youth in the NEP, security risks in remaining in the south during the training period, delays in the processing of applications for training, schools teaching science in the NEP being closed down, etc.

Availability of facilities & services are relatively good for the Amparai district. The Jaffna district has a relatively good network of institutions but the services are poor. In the Wannai districts, the Health facilities and services are very poor.

#### *What is the role of the Diaspora?*

In order to alleviate the suffering of the Tamils in the Northeast the Diaspora will have to take some meaningful steps to improve the health status of the people. This could be achieved by

- Start Therapeutic feeding Centres for malnourished children with facilities for treatment of the entire family
- Start Nutrition enhancement programmes in schools such as
  - Mid-day meals
  - Feeding programmes using High protein biscuits
  - Iron therapy for all children in grade 9 and GCE (O/L)
- Establishment of Paramedical Training Centre at Kilinochchi for training of
  - Assistant Medical Practitioners
  - Medical Laboratory Technicians
  - Physiotherapists
  - Counsellors
  - Radiographers
  - Community Health Workers

---

<sup>1</sup> Sivarajah N, *Nutritional Survey of Welfare Centres in the Jaffna District. World Food Programme, Colombo. 2001.*

- Refresher training for all paramedics
- Refresher training and employment of Community Health Workers who have been working on a voluntary basis for the past several years, in the Wannu.
- Other suggestions for better services
  - Establishment of a Biomedical Engineering Unit for each Province
  - Establishment of a vehicle repair unit for each Province.
  - Establishment Primary, secondary and Tertiary Care institutions with an effective referral system.