Tsunami - 2004 December

Approximately 555,298 Sri Lankans were displaced. Death Toll was approx. 30,959.
Most pregnant mothers in the affected coastal belt lost their antenatal records. In addition, the hospitals and roads were severely damaged making access to health care almost impossible.

SLCOG held a special council meeting and decided to hold a series of mobile clinics with all antenatal facilities including ultrasound scanning and haematological investigations.

Members volunteered to lead these teams which visited the worst affected areas including those which were heavily involved in the ethnic conflict. All maternity records were replaced with dating scans. Nutritional supplements and other treatment were administered. It was a very successful campaign. Members who were involved are much appreciated by the College.
Internally Displaced Persons - May 2009

The final phase of fighting to liberate the North of Sri Lanka from the clutches of the LTTE paved the way for civilians to return to government controlled areas. The hastily erected camps for the internally displaced lacked the basic amenities for habitation. The returnees were forced to continually shift with the withdrawing of LTTE for over a period of 3 years, yielding them to adverse effects of war, poor living conditions, deteriorating health care and nutrition. Hence, the IDP's were a vulnerable group in need of organized care to uplift their overall health status.

The SLCOG at the council meeting held in May foresaw the plight of the returnees' health needs, particularly maternity care. Furthermore, SLCOG was concerned any untoward incidence with poor maternal outcome among IDP's would tarnish the image of internationally acclaimed quality maternity care services in Sri Lanka.
As a priority arrangement a team of Council members visited the Menik farm camp, Cheddikulum, Vavuniya and Mannar Hospitals to get first hand information of the health status of IDPs and facilities to provide adequate maternity care in the region. The SLCOG prepared a comprehensive report and urged the Secretary of Health to appoint a Maternity Task Force (MTF) to upgrade the provision of maternity care. Appreciating the SLCOG initiative the Secretary of Health issued a circular appointing the MTF co-chaired by Dr R H Haththotuwa Immediate Past President of SLCOG.

The MTF identified the existing facilities in the camps and the regional hospitals to provide maternity care. This allowed in identifying a comprehensive list of deficiencies in services, equipment, medicine and manpower. Each member of the MTF was allocated an identified area of deficiency to upgrade to an optimum level for smooth functioning of maternity care. Review meetings were a regular feature to ascertain progress made in this direction.

The members of MTF made regular visits to IDP camps and regional hospitals to monitor the implementation of decisions taken. The Cheddikulum hospital was developed into Base Hospital in record time with all amenities to be in par with any other Base hospital in Sri Lanka.

SLCOG suggested an antenatal care plan for the mothers within the IDP camps which needed a continuous specialist care service to attend to the problems detected. This was fulfilled by sending the O & G Post graduates on a roster to the IDP camps on a weekly basis. Despite inadequate planning by the health authorities, SLCOG established satisfactory primary care structure in the camps.

Skilled manpower deficiency in the regional hospitals was met with mobilization of post graduate trainees in O & G to work on a 24 hour operational roster.

The success of this campaign has been acknowledged by the ministry of health as the best program conducted for the care of IDPs. We salute our members who spent their time, money and energy on this noble venture.

Hemantha Perera  
*Editor*