Reproductive, Maternal and Child Health Issues

Post Tsunami Experiences in Sri Lanka

Manouri P. Senanayake
Professor in Paediatrics
University of Colombo

President Sri Lanka College of Paediatricians
• Birth plan
• Care of the newborn
• Health of mothers (Mental health)
• Nutritional aspects
• Child protection issues
• Care of unaccompanied minors
• Psychological impact
Centered around the child

- All health workers
- Volunteers – relief workers
- Planners & policy makers
In the rescue phase ........................

Lack of preparedness - a major drawback
Lack of public understanding – receding sea
Lack of communication- between zones, waves
To reduce impact (deaths) in Sri Lanka

- Public awareness on tsunami behaviour
- National Disaster Preparedness Plan
- Public education on disaster management
- Capacity building at community level ...
- Paramedics
- Paediatric intensive care facilities

31/ 35 were saved ……..
In the aftermath

Functional health services were restored & maintained

Limitation of foreign mobile hospitals
Capacity building on immediate response to disasters

- Training of policy makers
- Training of professional – paramedics
- Training of volunteers
- Community based training
- Development of school curricular
- Formal training in universities
In camps & temporary shelters

- Women & children were given priority
- Women volunteers – child protection & care of women
- Availability of pre-existing mechanisms for child welfare (NCPA, UNICEF...)

Abuse and violation of rights were reported

- Rape
- Child sexual abuse
- Child trafficking
- Child conscription
Outbreaks of illnesses

Averted successfully

**EFFECTIVE DISEASE SURVEILLANCE**

- Special Notification forms
- Daily camp composition & characteristics
- Good coordination – local & central health authorities
- Pre-existing high immunization coverage
- Literate population

In first 12 weeks

- 2/3rd of < 5 yrs - ARI
- 1/5th Diarrhoeal diseases

Better access to rebel held areas

Tsunami Health Conference

World Health Organization
Annex B

Disease Surveillance in the Temporary Shelters/Camps affected areas
To be submitted daily by the area PHU to the MOH following the visit

MOH: __________________________ Date: __________________________
PHU area: __________________________
Camp/Shelter: __________________________

Table 1: Distribution of camp population by age and sex

<table>
<thead>
<tr>
<th>Total number of people living in the camp:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Table 2: Characteristics of the water supply

<table>
<thead>
<tr>
<th>Water source</th>
<th>Availability</th>
<th>Adequate Chlorination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pipe water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water bottles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowser</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Method of waste disposal (Specify): __________________________
Number of latrines: Total Number
Permanent number: __________________________
Temporary number: __________________________

Table 3: Disease surveillance activities:

<table>
<thead>
<tr>
<th>Disease</th>
<th>&lt;5 yrs</th>
<th>5-59 yrs</th>
<th>Above 60 yrs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>Watery diarrhoea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysentery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Hepatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Primary health care strategies

• CHDR – the majority were replaceable
  Tracing section kept in clinic

• Immunization programs recommenced
• Growth monitoring ….
Nutritional aspects

- **Written guidelines** were issued to MOHs on feeding infants & under fives
- Active support of **breast feeding**
- Discouraged accepting donations of formula
- Priority to **pregnant & lactating mothers**
- **Food preparation** - centrally & hygienically
- Regular & adequate **supply of food** *(DS & MOH)*
Optimal feeding practices discussed individually

- Public Health Midwives visited all families with children under 5 yrs, children who had lost both parents, children who had lost the mother, all infants, irrespective of whether they were living in camps or with relatives.
By the end of the first 12 weeks after Tsunami:

- Increase of Malnutrition

  Acute PEM – 14% to 16%

- Vitamin A status (A one day Vit A campaign)
Arrangements for pregnant mothers

* Antenatal Care- nearest institution or camp
* Antenatal cards replaced and updated
* High risk mothers identified
* Birth plan for each mothers
* Iron and Nutritional supplements
* Tetanus Toxoid and anthelminthics
* Field laboratories – blood grouping
* Hand-outs……

(MOH, SLCOG)
Postnatal period............................

Extended hospital stay
Moved to a neighbour’s home
Daily visits by midwife –

MENTAL HEALTH OF MOTHER
Promotion of Breast feeding
Health & care of baby
Care of unaccompanied minors

- The number…. Who? Where?
- Available Options
- Current Laws - inadequate

(1000 children have lost BOTH parents)
• TIME TAKEN to identify children

• Duplication

• Movement of children

• Register of custodians with Govt. Agents
• **Institutional care** – every effort taken to reduce stay
  (harmful to development, devoid of love)

• **Adoption** – not for 2 years

  Parents being found / Emotionally affected
  in-country rather than inter-country

• **Foster care** — within a home

  may be a forerunner to adoption
majority are with relatives

- Culturally accepted arrangement
- Kinship groups are a good form of care
- All custodians have to register with the GA
- Not a legal arrangement ….

- current law (CYPO) - inadequate “Fit Person”
- Movement from one arrangement to another..

A new Bill –

Minimum standards for foster care

A panel of evaluators

Monitoring by peripheral units of NCPhA
• Provide financial support to foster family
government approved amount
No direct contact with child

• Monitor progress of child –
through schools…..

Dept of Probation & Child Care & NCPA -
Psychological impact

- Acute stress reactions
- 90% - 50% (3/12) - <10% (1 yr)

- Role played by schools – Routines....
- Majority of schools opened within 2-3wks
- Instructions- Identifying & meeting needs
- Lack of trained personnel
Adolescent age group

• Community centers / Drop-in centers
  (younger age groups also accepted)

Out-reach clinic
Activities – games, playground
Social security schemes / sponsorships
Learning opportunities – English classes
Vocational training
Library