



# 15 YEARS OF SERVICE



## IMHO 2018 ANNUAL SOUVENIR



15<sup>TH</sup> ANNUAL IMHO CONVENTION  
MAY 26<sup>TH</sup> & 27<sup>TH</sup>, 2018  
COLUMBUS, OH

YOUR CONTRIBUTION MAKES A DIFFERENCE!

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# International Medical Health Organization (IMHO)

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## Dear Friends,

On behalf of our entire IMHO family, we thank you for your continued support of our mission, which has enabled us to serve thousands through development and relief projects across several countries over the past year.

And for those joining us for our 15<sup>th</sup> Annual IMHO Convention this year, we welcome you to Columbus, OH and are looking forward to share with you updates on our work, insights from the field, and ideas for moving ahead. We also invite you to join in the discussions, networking, ask questions, and get involved! Only with your enthusiasm, generosity, commitment, and support are we able to do this work on behalf of so many.

As we do each year, this souvenir program is both a commemoration of all that we have accomplished together over the past one year, as well as a looking forward to the ways in which we can (and hope to) make a positive impact on the communities we serve.

Over the past 15 years, IMHO has invested more than \$5M in financial and material support to several local partner organizations and institutions, which has benefited communities deeply affected by chronic poverty, war, natural disasters, and other hardships across Sri Lanka. IMHO continues to support several important initiatives seeking to tackle the growing problems of poor nutrition, inadequate education systems & support, livelihoods challenges, diabetes, autism, alcoholism, heart disease, hospice care, and a health care infrastructure still trying to recover after years of conflict and neglect. With a vast network of local partners on whom we rely, we are able to deliver the aid and assistance efficiently and effectively to the needy.

We believe in providing a holistic model of services and support to help the marginalized and struggling communities out of poverty to ensure that all people can lead a happy, healthy and productive life.

The power to positively impact the life of another individual, lies within you. As we move to the year ahead, please consider donating to IMHO today to help to create a new beginning for others in need. Together we are making a difference.

Warm Regards,

## The IMHO Family of Organization

*IMHO is a registered tax-exempt, 501(c)3 non-profit, charitable organization in the United States (Federal Tax ID #: 59-3779465).  
IMHO is a registered Private Voluntary Organization (PVO) with the United States Agency for International Development (USAID),  
and a proud member of InterAction.*

[www.TheIMHO.org](http://www.TheIMHO.org)



## OFFICE OF THE MAYOR

May 26, 2018

Greetings:

On behalf of the people of Columbus, I am delighted to welcome you to our state capital and Ohio's largest city. Columbus is a growing, vibrant city known for its dynamic business climate, friendly neighborhoods, and modern, efficient government. Each year, an increasing number of visitors from around the world come to our city to meet, compete, trade, and enjoy what Columbus has to offer.

As Mayor of the City of Columbus, Ohio, it is an honor to welcome the members of the International Medical Health Organization to Columbus for your annual convention. We are proud to host this significant event that will take place from **May 26<sup>th</sup>-May 27<sup>th</sup>, 2018.**



While you are here, we invite you to explore the many things we love about our community: the new COSI, the world famous Columbus Zoo, The Ohio State University, the fantastic shopping, and the vibrant nightlife in places like the Short North, German Village, the Brewery District, Easton Town Center, the King Center for the Performing Arts which showcases the works of nationally acclaimed artist, Brenda Aminah Lynn Robinson and dozens of friendly spots in every Columbus neighborhood.

There's so much to discover in Columbus. But what we hope you'll find most of all is our generous hospitality and special quality of life that brings visitors back, and leads more and more people to make Columbus their home.

Best wishes for an enjoyable event!

Sincerely,

Andrew J. Ginther  
Mayor

THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR





**MESSAGE**

**April 25, 2018**

I am happy to note that the International Medical Health Organization (IMHO) has completed 15 years of continuous service to humanity. Its association with the 'Empowerment for Development (E4D)' in Sri Lanka has indeed been exemplary.

I had an opportunity to interact with its ground-level functionaries and appreciate the work that was being done by IMHO and E4D. Their efforts have resulted in better living condition for thousands of under-privileged and disadvantaged people in the Plantation sector in Sri Lanka. During my interaction with them I witnessed several projects e.g. 'Early Childhood Care & Development, Education Projects, Caring Hands, Livelihood Development Project and Sanitation & water Project. These projects have resulted in improvement in quality of life for thousands of families. Our association with E4D, that resulted in getting to know IMHO even better, will certainly be able to help those who need assistance for a better life.

I take this opportunity to congratulate IMHO on completion of 15 years of service to mankind and appreciate their efforts in guiding and helping NGOs like E4D who are actively engaged in service to the people.

I wish all the success to IMHO in their present and future endeavors.

Sincerely,

Dhirendra Singh  
Assistant High Commissioner of India  
Kandy (Sri Lanka)

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Assistant High Commissioner of India  
Kandy (Sri Lanka)

## CONVENTION GREETINGS

Dr. A. Ketheswaran

*Provincial Director of Health Services, Northern Province, Sri Lanka*

I would like to extend my greetings to the 15th Annual Convention of IMHO USA. I wish that this convention will be a very productive and successful event.

IMHO USA remains to be a very close partner for the health sector of the Northern Province, as it has been for the last few decades. During the conflict period, IMHO supported us in numerous ways in assisting with providing emergency health services. During the rehabilitation and development phases, IMHO continued its support to improve the health services in the Northern Province. The people of the Northern Province and especially from the provincial Health Department are always grateful to IMHO for their efforts in revitalizing and rebuilding the health services in the area.

It should also be noted that IMHO does not confine its support to the Northern Province only. Rather, it has consistently extended its support to all parts of Sri Lanka over the years.

All members of IMHO are very positive, sensitive, and supportive. All of them are very close to us. We always admire and appreciate their hard work, dedication and empathy towards their motherland. We always feel that IMHO is a friend who is there for us in times of need.

We express our sincere gratitude for all the projects completed by IMHO USA over the years, and we humbly request that the organization continue to extend its support to us into the future as we strive to improve the health services in the Northern Province and better serve those in need. We join our hands in the hope of creating a better, healthier nation.

I wish you all the success in all your future endeavors.



Ministry of Health - Award ceremony



## CONVENTION GREETINGS

Dr. R. Muraleeswaran

*Medical Superintendent, Base Hospital, Kalmunai (North)*

Over the years, our hospital staff have initiated many programmes and projects which have helped to achieve remarkable progress in providing vital healthcare services to the people of the Eastern Province of Sri Lanka. These achievements are the result of the efforts of many dedicated and ambitious individuals, especially those at IMHO who have provided continuous support and encouragement to us.

It is my great pleasure to note that we have treated 247,000 out-patients and 33,675 in-patients over the last year. More than 90% of the patients we treated hail from war-affected areas. I deeply appreciate the commitment of the IMHO leadership who worked tirelessly during the year to help us achieve this success.

I wish to extend my gratitude to you all for your continuous support, especially with the Psychiatric Unit, Health Education Unit, Physiotherapy Unit, and ongoing Diabetic Centre.

And finally, I very much appreciate the service rendered by the IMHO officers who directly visited our hospital this year.



*Opening of the Health Education Unit*



*Physiotherapy Unit*



*Psychiatric Unit Improvements*



*Diabetic Centre*

## IMHO'S DIVERSE & CONTINUOUS SUPPORT FOR THE PEOPLE OF BATTICALOA

Dr. K. Arulnithy  
*Consultant Cardiologist, Teaching Hospital, Batticaloa*

It is my strong belief that our selfless collective consciousness will make the world a better place.

We are very much thankful for the IMHO Board, members and donors. The continuation and expansion of the scope of IMHO's activities over the years is a clear reflection of the determination of its supporters. At this time, let us reflect on and remind ourselves of the role that IMHO has played in improving the standard of living for so many people in Batticaloa.

IMHO's engagement with the Cardiology Unit at Batticaloa Teaching Hospital goes all the way back to 2011. The help offered by IMHO came at a time of great need. Our unit was poorly resourced then. Members of IMHO provided us with a portable ECHO cardiograph machine, ECG machine with PC connectivity ability (thus enabling ECG results to be sent via email), and a Coagucheck device to use in the valve clinic. Even now, we are conducting peripheral cardiac clinics to identify patients with cardiac disease using portable ECHO machines. Most importantly though, IMHO was very supportive of our innovative plan of providing pre-hospital cardiac care through securing an ambulance.

Furthermore, our Primary Prevention Program of Cardiovascular Diseases is moving successfully with the help of IMHO. IMHO provided an Immunoanalyzer, a handheld Doppler device used for this program. We also have a few pre-Intern research assistants whose stipends are being paid by IMHO.

And it is also great that IMHO extended its help to very remote healthcare clinics in Batticaloa. Two clinics actually built by IMHO years ago were renovated again, and staff salaries (ie: physicians, medical assistants, and security staff) were provided. Doctors working in various locations are now travelling everyday on a rotational basis in servicing these clinics. We believe this was a great help for the people living in these areas. Otherwise they had to travel miles on bumpy roads to see a doctor.

Education is the backbone of all social progress. And now we are very much well-positioned, thanks to the initiative taken by IMHO, to extend educational assistance to children in communities that were battered by nearly 30 years of war. For instance, IMHO pledged USD \$17,000 to help improve the academic performance of GCE O/L students in Batticaloa (West). At present, the academic indicators for this zone rank at the very bottom of a national list. This support is going to be the effective long-term investment these under-privileged students need to level the playing field and receive a quality education. We hope IMHO will routinely consider such efforts that strive to improve the quality of education in communities in need.



# ELECTRONIC R.T.A. DATA COLLECTION & EVALUATION SYSTEMS

Dr. T. Gobyshanger

*Consultant Orthopaedic Surgeon & Head of Dept. of Orthopaedics,  
Teaching Hospital, Jaffna*

## Background Information

A road traffic accident (RTA) trauma registry is a system of timely data collection that aids in the evaluation of RTA trauma care for a set of injured patients who meet specific criteria for inclusion. In addition to hospital-based trauma data, it also includes patient information from other healthcare providers, including pre-hospital care and rehabilitation, if utilized. Road traffic accident-related injuries have become a very serious health burden all over the world, including Sri Lanka. It is one of the important causes of disabilities and deaths, as well as economic challenge in developing countries. Each year over **25,000 injuries** occur in Sri Lanka, causing on average **8 deaths** per day.

Like the other parts of the country, the Jaffna District health sector also encounters the impact of RTA trauma-related injuries, yet still there are no facilities capable of providing complete care to those in need. In the Northern Province, the hospital that is best equipped to manage trauma victims is the Jaffna Teaching Hospital. According to hospital statistics, in 2015 alone, altogether approximately 2,500 RTA-related injured patients were taken to Jaffna Teaching Hospital, out of which more than 85 deaths occurred and many others were either permanently disabled or succumbed to their ailments later.

Results of the data collected from June 1<sup>st</sup>, 2017 thru September 30<sup>th</sup>, 2017 show that the total number of road traffic accident victims admitted to the hospital during that period was 1,708. There were 68 total deaths, which is a higher rate of incidence when compared with the rest of the island.

The allocation of resources by health stakeholders depends on the collection of data and presentation of statistics. It is disheartening to note that we do not have proper data entry system in Sri Lanka to account for all such cases. Due to the poor collection of statistics related to road traffic accident victims in the past and up through the present, this situation has adversely affected the allocation of manpower and resources, especially in the health sector, to deal with the issue.

Today, there is not much scientific data available in Sri Lanka relating to trauma, and that is particularly true for Jaffna. To fulfill this need we have created an electronic data system that is completely dedicated to dealing with road traffic accidents and all-important factors thereof, including pre-hospital care and post-injury outcomes (which were not analyzed in earlier studies). The aim of this data system is to find out the major causes and impacts of trauma-related injuries, including long-term outcomes. Additionally, this data system will precisely expose injury patterns. We also intend to explore the relevance and impact of family and economic issues as well.

Some of the reasons for the disparity between the volume of data input vs. the reality of the situation include the following:

- Slow internet connection and technical issues in handling the tablet devices
- Lack of cooperation from the patients
- Heavy workload of the medical officers & inability to spend adequate time with each patient to collect the data
- Inadequate nursing staff in filling out patient details
- Patients' inability to provide responses to the questions asked

Due to inadequate staff and financial constraints, the ability to conduct home visit has not been possible for data collection efforts. And there has been no coordination with the social service department for patient support. These are all challenges we will have to consider and overcome.

### **Rationale**

The current method of recording cases of trauma in Sri Lanka is severely inadequate. The health indices and expenditures are not measurable with required accuracy. As trauma plays a major role in health expenditure and disabilities, mostly involving young breadwinners of the family, the impact is vast. A timely data collection system composed of uniform data elements that describe the injury event, demographics, pre-hospital information, diagnosis, care, outcomes and social data of injured patients is needed. This data will help the public and government in many ways.

### **Objectives**

- 1. To achieve an optimum data collection process which consist of extensive demographic, injury information, and trauma outcome**
  - a. To include all trauma patient data from scene of incident to hospital discharge
  - b. To identify the science behind the trauma and injury
  - c. To identify the vulnerable areas of accident and professions
- 2. Seek attention and demand involvement of health care professionals and policy makers**
  - a. To identify the health service needed areas and necessary to strengthen the primary care setups
  - b. To encourage active involvement of health sector staff in this project
  - c. To set up appropriate protection gears for our professionals to prevent injuries
  - d. Provide the best early care or first aid
  - e. Regulate the referral system and patient transport
  - f. To gather information and plan the prevention steps for future
  - g. To integrate the other relevant departments on trauma care, such as police, road development authority, Legal system, social service, local government and health
  - h. Policy making and budget allocation
- 3. To implement long-term trauma prevention strategies and maintain sustainability**
- 4. Recruit the necessary manpower and resources to establish a Trauma Centre**
- 5. Recruit 30 potential employees who upon completion of a Trauma Registry Course will be able to do all of the following:**
  - a. Identify the fundamental elements of a trauma registry
  - b. Identify the fundamental elements of the National Trauma Data Standard dataset patient inclusion criteria
  - c. Achieve familiarity with the National Trauma Data Standards, their definitions, field values, and required associated elements
  - d. Achieve familiarity with anatomical and medical terms frequently used in trauma, and understand their relevance to injury data collection
  - e. Understand the assignment of injury severity values using the tools listed above and their importance
  - f. State the assignment of e-codes and their significance
  - g. Achieve familiarity with computer hardware and software commonly used in trauma registries
  - h. Understand the significance of confidentiality concerning patient data and be able to develop safeguards to maintain these standards in the safe use of Trauma Register data and reports



- i. To conduct trauma first aid workshops and training programs for schoolchildren, sports clubs and groups
- j. To conduct public awareness program, including media outreach & engagement

### **Phases of the project**

1. **Developing a center for data collection with staff and all facilities**
  - To consist of two staffs dedicated to data maintenance and administrative works
  - The Centre will be equipped with computer with internet connection.
2. **Improving on software and hardware**
  - Build upon that which was developed and updated according the preliminary studies
  - Application will be updated continuously according to the needs and the problems encountered.
3. **Training of trainers and workshops for all stakeholders**
  - Training of staffs were conducted and it will be continuously implemented in monthly basis and once a trainee staff trained completely he/she will be allowed to train the other staffs from the relevant hospital.
4. **Data release and meetings with provincial and central authorities**
  - Analyze the social impact with the help of public health midwives/ social workers/ data entry operators
  - Analyze the data and report out to influence concrete decisions
  - Data collected from the registry will be used to organize workshops and training programs for drivers, schoolchildren, pedestrians and the general public, and data will be distributed to the media to create awareness regarding the road traffic accidents.
  - Implementation of National Trauma Data Bank

### **The Way Forward**

1. Upgrading of the software with additional tools to make data collection easier and quicker
  - a. Human mapping to mark the injury pattern more easily
  - b. Upgrade the road mapping to locate the accident site
2. Upgrading the tablet version of the data system to a newer one to achieve an optimum speed in facilitating the data collection process
3. Discussion with national and international delegates regarding the RTA application and securing of their support
4. Integrating the social service department with health sector for total patient care
5. Helping patients with legal and other support
6. Establishing a national Trauma Centre for trauma care and integrating all stakeholders in making new policy to control Road Traffic Accidents, assisting with pre-hospital care, managing appropriate transfers, and providing holistic care and social support
7. Most importantly, funding is needed to continue the study and data collection process

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## PROGRESS AT BATTICALOA DIABETES CENTER

Dr. Karuppiah Dharshini, *Consulting Endocrinologist*

Dr. K.B. Sanduni, *Medical Officer*

*Diabetes Center, Teaching Hospital, Batticaloa*

The Diabetic Center at Teaching Hospital, Batticaloa was established with the guidance and funding of IMHO. The Center has been a great resource for the people of the Eastern Province and their healthcare providers.

IMHO's support enabled us to secure vital equipment in the realization of this Diabetic Centre, including glucometers, stationeries, internet connectivity, and most importantly in paying the salaries of a pre-intern physician and research assistant.

The activities of the Diabetes Center at Batticaloa Teaching Hospital include all of the following:

- Diabetic foot screenings (*about 630 patients have been screened to-date*)
- Training for Medical and Nursing Officers in Batticaloa, Kalmunai and Amparai
- Gestational Diabetes workshop for Medical Officers
- Diabetes education and foot workshop for Nursing, Orthotic and Medical Officers
- Midwife training on gestational Diabetes
- Diabetes and Obesity Screening for schoolchildren (Vincent Girls School)
- Educational activates to the public, including presentations and dramas
- Celebrating the World Diabetes Day on the 14<sup>th</sup> of November 2017
- Conducting a workshop by the Endocrine and Diabetes Unit in conjunction with the Sri Lanka Diabetes Cardiovascular Disease Initiative

All these activities were made possible by the financial assistance of IMHO. On behalf of the people of the Eastern Province, we thank IMHO for their continued funding and guidance.



*Gestational Diabetes Workshop*

# THE AMAZING RELATIONSHIP BETWEEN MEDICAL HEALTH & MENTAL HEALTH

Dr. S. Sivayokan, *Consultant Psychiatrist, Jaffna*

It was one of those evenings when the brightness and warmth of the sun were still there. On the 11<sup>th</sup> of August 2006, we, in Jaffna, heard the thunder of artillery motors at *Muhamalai* and later came to know that the battle has started again. The popular, or rather notorious, A9 road was closed on the same day and the Jaffna peninsula was once again cut off from the main land.

Since the land route was suddenly closed by the warring parties, people were trapped on both sides. The Lorries and other vehicles too were trapped on either side, resulting in shortage of food supply, medical supply and other essential commodities.

Soon, in the following months, things changed suddenly in Jaffna. Curfew was declared. A cloud of tension was in the air. Extra judicial killings surfaced. Panic prevailed. Fear psychosis emerged. Shortage of stuffs became the norm. The situation created a huge demand for humanity services, including medical services.

It was in one of those months, I could still remember it vividly, I received a call from Dr. Mrs. Rajam Theventhiran, one of the founder members of The International Medical Health organization (IMHO), inquiring about the situation and how best they could be of help in that situation. As a mental health professional who was trying to continue the services without much interruption, I immediately prioritized the need for the supply of basic psychotropic medications including depot medications. IMHO worked very fast and within days we were able to receive a stock of those medications and we survived.

This was how the relationship between IMHO and the mental health services of Jaffna started, which later blossomed in many areas. In this write up I will try to describe them in various subsections, and they are not in chronological order.

## Acute Management of Mental Illness

### *Essential Psychotropic Medications*

The major psychiatric illnesses, which affect about 2-3 percent of the population, need medications to control their symptoms and lead a productive life. Crisis situations usually produce a short supply of medications which end up in relapses. IMHO has always been helpful in getting the essential medications for the mentally ill people during crisis situations.

IMHO's support for essential drugs was first started in 2006, when there was a huge shortage of psychotropic medications in Jaffna. IMHO helped us to get down the essential medications, privately purchased from Colombo. Since then, whenever we had shortage of medications, especially depot medications, which were very useful in controlling the relapses, IMHO extended their support to buy those medications either from Colombo or in the later stages even from Jaffna. IMHO has not stopped there. IMHO has also been helping the economically deprived mentally ill clients to get their medications which are not available in the government sector. This really helped us to effectively treat some of our clients who were not tolerating the usual medications available in the government sector free of charge.

### *Helping the Investigations*

Like the medication supply, IMHO also helped the economically under privileged mental health clients to undergo some investigations which were not available in the hospital settings. Mostly, IMHO's contribution was used for assessing serum lithium levels and thyroid stimulating hormone.

### *Providing an ECT Apparatus*

Electro Convulsive Therapy (ECT), though faces marked criticism around the globe by certain fraction, is still found to be an effective treatment for selected mental health problems. It is considered as a safe and effective procedure in experts' hands and when it is being given in modified form. ECT machine is perhaps the only expensive machine used in the management of psychiatric illnesses. A few years back, when the old ECT



machine at Base Hospital Tellipalai started giving problems, we found it difficult to get a new machine through the health department. It was in that crisis IMHO generously agreed to purchase an ECT machine from the United Kingdom and transport that to Jaffna and hand it over to us. The new ECT machine is user friendly and is extremely useful in managing the acutely ill people.

## Minimizing the Treatment Gap

### *Establishing Services*

The treatment gap is one of the major issues hindering mental health service delivery. One way of minimizing the gap is to create more service delivery points in the form of regular clinics and/or mobile clinics which are closer to the people. Jaffna has long had mental health clinics in 3 places: Jaffna Teaching Hospital, Point Pedro Base Hospital and Tellipalai Base Hospital. However, in 2006, when the normalcy was interrupted, the need for setting up new clinics was considered a prime need. A mental health clinic was opened at BH Chavakachcheri in 2006, followed by opening of clinics at DH Maruthankerny and DH Velanai in the following years. Though these initiatives were mainly done by the health department, IMHO extended its support by providing basic facilities to these new centers. At present, regular mental health services are available in eight sites in Jaffna.

### *Providing Transportation Allowances*

Though the health department extended the mental health service delivery to various hospitals, it was still difficult for some to attend those clinics due to financial constraints related to the transport cost. This issue mainly prevailed among the *Vadamaradchi* East coastal area population. IMHO understood the need for encouraging the mentally ill clients to attend the clinics regularly and decided to support them, providing a flat transport allowance as an incentive. It really created a visible impact and many started attending the clinics regularly. This monetary assistance was stopped when regular transport facilities were re-established and after the health department opened one more mental health clinic at *Mulliyan*, closer to *Elephant Pass*.

### *Supporting Mobile Services*

One of the other way of addressing the treatment gap is to deliver the needy services right in the community. Jaffna Health Department initiated a mobile mental health services (named as Community based Assessment and Management Team - CAMT), with the support of WHO in 2007. The CAMT consisted of a nursing officer, two counsellors and a social worker. The transport was provided by the health department and the technical guidance was provided by the psychiatrist. The team actively looked after the patients who had repeated admissions to the inpatient units and who could not be brought to the clinic facilities. Within one year, the team actively followed up around 120 mentally ill clients.

The CAMT visited the homes, assessed the clients, advised the family members, dispensed the medications and encouraged the families to engage in the process of recovery. The CAMT also played an active role in the crisis situations by assessing the mental state of the disturbed persons and advised accordingly. The CAMT was well received by the people and its impact was remarkable. However, when the WHO was unable to support it further, IMHO stepped in and supported the services. However, at later stages, the ground situation changed and there were issues in getting direct funding assistance from abroad, and as such, continuing the support for CAMT was interrupted. In fact, the CAMT was dormant for a few years and now has started again with very minimal human resources.

### *Psychological Education*

Imparting knowledge has always been considered to be a holy service. When people receive the right knowledge, they select the right path and move on with their life. With the light of knowledge, the treatment gap for mental illness could be narrowed down. IMHO has always been helpful in disseminating mental health-related information in the form of pamphlets, booklets, video clips and recently in supporting an information sharing websites. IMHO also helped the mental health services to conduct seminars and workshops on mental health-related topics.

### *Supporting Initiatives in the Community*

Community support centers are centers which were created in the communities in view of providing wide range of psychosocial services to the people from the same area. After the end of the war, Northern Province was able to develop 12 such centers with the help of World Vision, and Jaffna got one at *Maruthankerny*.

The community support center at *Maruthankerny* was built in a bare government land, located in one acre of land in need of the basics like fencing, tree planting and maintenance. Though the concept of community support centers came from the Ministry of Health, the local health department did not have facilities to undertake the maintenance of the centers. It was in this reality that IMHO offered help to undertake the initial care of the land and building. Now, the health department has decided to take care of the building and utilize the support center for a variety of activities.

## Rehabilitation

Rehabilitation plays a major role in enhancing the recovery of people who have been considerably affected by mental illnesses. Actually speaking, rehabilitation should start from day one when a person seeks advice from a mental health professional. However, in reality, rehabilitation usually occurs at a very late stage, after damages have happened in many domains of one's functionality.

### Residential Rehabilitation

A residential rehabilitation facility (named as *Kudil*) was opened in Jaffna on the 10<sup>th</sup> of October 2007. It was a collaborative effort of health department, WHO and a local NGO, Mental Health Society. Later, when the WHO was unable to continue its support, IMHO extended their supporting hands for many years. The support from IMHO was in the form of meeting the additional costs of the rehabilitation, such as transport related expenditure, supplementary food costs, expenses related to rehab activities etc. This help was gradually weaned off when the health department and the local well-wishers started supporting the services.

### Skills Development

One component of the rehabilitation is to train the clients to learn or regain their lost skills. There were needs to purchase training materials, and to hire some trainers, since the regular staff at the health department were not able to train those skills. IMHO supported many of these initiatives without any hesitation. IMHO also helped to buy bicycles to all the clients who stayed in the residential rehab center in order to encourage cycling and facilitate easy transport to move around.

### Encouraging Apprenticeship

Receiving rehabilitation in a day center or residential setting alone is not enough. The clients should be able to find a meaningful, income-generating, self-employment, or job opportunity. When requested, IMHO immediately agreed to support some of these income-generating activities, namely, but not exclusively, making envelopes for wrapping medicines, packing nutritious food items, organic home gardening, and assisting in the mental health clinics and occupational therapy activities within the hospitals. IMHO is still supporting some of these activities in a selective, case by case, manner.

## Rehabilitation from Alcohol

In 2008 IMHO helped the Jaffna Health Department to initiate the residential alcohol rehabilitation programme at the cooperative hospital in Tellipalai, where the Base Hospital was housed at that time. Four rooms were renovated from scratch and converted into nice, beautiful, home-like settings with a lobby area and two kitchens. The Regional Alcohol Rehabilitation Center (RARC) was opened in the same year.

Later, in January 2012, when the Base Hospital moved to its original place, the RARC was not able to operate where it was started. After an year the center was shifted to Base Hospital Chavakachcheri. This involved money in order to refurbish the building and transfer the service provisions. It was the IMHO which helped us to make this move successfully. The Alcohol Rehabilitation Center at Chavakachcheri (named *Kuruntham*) was opened on the 10th of October 2013. *Kuruntham* is well established now and has earned good reputation. From the inception of this residential rehabilitation facility IMHO has been supporting the cost of additional staff salary and capacity building exercises (capacity-building programmes will be covered in one of the following sections).

## Supporting Abandoned Clients

The war has irreversibly disrupted the social fabric and locals are now struggling to restore it. The disruption of support system adversely affects the mentally ill people who have not fully recovered from their illness. Some of them were gradually abandoned by their families and they were on the verge of living on the streets. The social service department was also helpless in assisting these persons. In this sad reality, an appeal was made to the IMHO asking their support to look after few of those abandoned clients. IMHO understood the plight of these patients and their safety issues and immediately provided financial support to place them in dignified homes.

## Developing Services for Children with Autism

When Jaffna faces the demand for developing services for children with autism, it was the IMHO which whole heartedly motivated us to develop such services in Jaffna. *Mathavam* – the center for neuro-developmental disorders ([www.mathavam.org](http://www.mathavam.org)) was established in April 2014, with the fullest support of IMHO, which covered the building rental, equipment cost, staff salaries, initial trainings, and other necessities. Over the years, the health department has gradually undertaken *Mathavam* in a step by step manner.

*Mathavam* is probably the latest example of how services could be initiated with the help of NGOs and later being gradually absorbed into the regular systems. It is also seen as a good example where the government non-government partnership is well established and maintained. At present *Mathavam* has been accredited as an official health department unit, but IMHO is still helping in the service provision by supporting one staff member, facilitating continuous capacity building programmes for both staff members and parents, and providing a hub for the local service providers and the external experts and donors.

## Developing a 24/7 Helpline

In the past, Jaffna had a tradition of having regular psychosocial forum meetings. The forum has again been revived this year after having a few years of lull period. It was in one of those psychosocial meetings, a request was made to set up a 24/7 help line in Jaffna. Initially the health department was not very serious about this request, but when similar requests were made again and again, the health department decided to respond to it.

After few months of preparatory period, the health department launched the helpline (named as *Neyam*) and its office was set up at Base Hospital Tellipalai. This helpline was intended to provide advice, counselling and guidance for child abuse, sexual abuse, domestic violence, suicidal ideation, safe sexual practice, mental illnesses and other crisis situations which may occur in the day to day life. As many of the other initiatives, IMHO extended its fullest cooperation in establishing this helpline.

*Neyam* is still functioning on a 24/7 basis. However, the number of calls received are not in great numbers. The calls recording machine is also not in order. Currently, the health department is in the process of providing wide publicity about this helpline and boost the effectiveness of this service.

## Supporting Human Resources

Mental health service in Jaffna could probably be ranked as the service which contains the least number of staff personnel. But in reality, mental health service is the service which needs a huge number of multi-disciplinary staff members. From a health economic point of view, mental health doesn't need high priced sophisticated equipment, but this cost is replaced by the need of more staff personnel.

Since 2006, IMHO realized this ground reality and supported a number of staff members who worked in the mental health services. Supporting the remuneration of a qualified person not only enhances the service delivery, but also improves the self-esteem of a service personnel and also the economic situation of their families. In later years, when the war was declared ended, IMHO was unable to attract sufficient funding to support many of those human resources.

It is understandable that hiring human resources cost a lot and could not be sustained forever. It is also logical to pressurize the regular systems to take care of the service personnel. However, those who are closely following the health situation in Jaffna can easily understand that there is a severe scarcity in health service providers and it will take many more years to fulfil the required job positions. In this ground reality, we are grateful to IMHO which is still supporting an alcohol counsellor, a social worker, a child worker and a speech therapist in Jaffna, in the field of mental health.

## Capacity-Building

IMHO respects and values capacity building as one of the highest impact interventions. It never hesitates to support any capacity building programmes in the field of mental health. IMHO supported many local trainings and workshops related to mental health in Jaffna. IMHO also supported many local practitioners and service providers to attend a variety of training programmes in internationally recognized institutions. IMHO was also instrumental in bringing local experts to the international arena and helping in experience sharing, providing exposure to the northern world and enhancing mutual learning experiences. IMHO also supported in bringing international trainers to conduct trainings in local settings. Recently, IMHO extended its help to produce video clips to be used in the trainings of the primary health care staff on mental health. The list goes on...



## Reflections

I have been in contact with IMHO since 2006. It is an amazing experience working with IMHO. One of the striking differences about IMHO from the other NGOs is that the IMHO, in my opinion, has been holding their position as a humanitarian agency. As such, it never expects complicated narratives in the form of project proposal. Of course, IMHO has its own proposal format that requires some basic information, need analysis and the expected help. In addition, IMHO always responds to the crisis situations, within hours to days.

The other important difference, or rather quality, of IMHO is that it always respects its partners. The term “partnership” is somewhat fashionable in the NGO world. But in actual practice, at least to my experience, the term “partnership” is almost always unilateral and all the aspects of the projects are generally determined by the donor. But IMHO respects the word “partnership” and encourages its partners to work the way they choose. Once IMHO is committed to a project, it never forces any of its partners to do things the way they want it to happen. IMHO trusts its partners. The IMHO representatives respect their counterparts and get the right things from them. There were circumstances, where the projects went in wrong directions. Even then, IMHO didn’t lose its patience, but later respectfully came out from the partnership.

It is important to encourage the locals to own their programmes and IMHO did that effectively. Many key persons in IMHO kept close links with their local partners and supported them continuously. They never let the local partners get in to weariness or burnout.

I can confidently say that all the mental health related initiatives we started with the help of IMHO have proven their effectiveness. Some of them, like the alcohol rehabilitation center and center for neuro-developmental disorders, are very unique and set an example to the rest of the country. The individual staff members who benefited and are still benefiting from IMHO’s financial assistance are grateful to the organization and the individuals who support the organization. Thousands of beneficiaries, the service users and their families, knowingly and unknowingly benefited from the generous contribution of IMHO, may not be aware of the organization or the help we received from the organization, but are definitely doing well because of IMHO.

Over the years, many changes occurred in the local ground and in the international arena. As a result, we could see many changes in the IMHO’s ideology. The good thing is that IMHO is now focusing on, at least in a small way to start with, establishing partnership with the up-country people of Sri Lanka. Personally, I feel that this is a commendable move, and I strongly believe that IMHO has the capacity to handle the possible risks associated with this initiative.

It is evident that IMHO is now focusing on encouraging volunteers to actively participate in the humanitarian services. This is really important in the long run and IMHO should create its future leaders. IMHO should now start to think how best they can strengthen the systems and structures locally. End of the day, the local health system and the other systems which have the relevance as determinants of health, should be able to develop a sustainable programmes and implement them.

But this is bit tricky. Money is relatively easy to collect, easy to account, and easy to disseminate. But making changes in others’ thinking process is a tough job. Nevertheless, I feel that it is the timely need. Influencing people to think rightly and behave correctly. Locals, including myself, need more brain than money now. There is a huge need for changing our thinking pattern and attitudinal reflections. There is a dire need for developing good morals and values in par with humanity. There is a great need to act and behave in a responsible way. And there is really a need to think logically and act positively. Volunteerism needs to be developed locally. Lavishing of money needs to be stopped. IMHO, though primarily a health related humanitarian agency can also play this brain game.

## Conclusion

The link and partnership between IMHO and mental health is innate and very strong. As such, some of the IMHO members teased us, and in fact one told this in a public function in Jaffna, that IMHO supported lots and lots of mental health-related projects, and as such, people confused what IMHO stands for: is it International Medical Health Organization or International Mental Health Organization? I find this confusion rather amusing. I can only reassure my friends quoting that “There is no development without health and there is no health without mental health.”

## VITAL CONTRIBUTIONS TO MENTAL HEALTH

Dr. Mahesan Ganesan, *Consultant Psychiatrist*  
*National Institute of Mental Health, Angoda*

It was a few months after the tsunami of 2004. We were busy with providing services to the people recovering from the effects of the tsunami and at the same time trying to use the opportunity to build a better mental health service in the east of Sri Lanka. That was when I got a call from Dr. Mrs. Rajam Theventhiran introducing herself and offering help from IMHO all the way from USA. Until then I had not come across IMHO or their partners. A very fruitful collaboration, especially from the view point of mental health in Sri Lanka, started there for us. This relationship that started in 2004 continues to this day, providing strategic inputs which produces effects which cannot be calculated in financial terms alone, as they have a catalytic effect and promote further development in the services.

At that time, we were in the process of collecting funds to put up an acute in-patient mental health unit in Kalmunai Base Hospital. We have been developing mental health services from the year 2000 in Kalmunai. Initially, we started with a monthly clinic and gradually developed a team to provide services there. As the hospital served a population over 400,000, and with no other mental health service in the district, there was an acute need for comprehensive mental health services in the district. At the time of the tsunami we had gradually come to a point where there was a day centre and weekly out-patient clinics in the hospital. At the time of the phone call, we had already collected \$10,000 and were in need of another \$5,000 to start the work on the in-patient ward.

At that time, it should be noted that funding was available from international organizations to provide trauma-related services, but hardly any support for mental health service development. Therefore, we were quite pleasantly surprised to hear back from IMHO agreeing to fund this initiative. As you would be aware, this is not how most funding organizations work. Usually there is a reluctance to offer partial funding and to fund a project that has been conceived earlier. After the tsunami, this was the first project in Sri Lanka that looked beyond the trauma caused by the tsunami and looked at developing accessible mental health services for the population at-large. After this initiative and another few around the region were included in a BMJ paper by WHO, this concept has been accepted around the world as “building back better” after disasters. Today the mental health unit in Kalmunai has a full-fledged team providing comprehensive services to the population there.

Further down the road, there have been other critical inputs that incrementally helped service provision in the Batticaloa District. A telephone to improve contact between patients and their families in Batticaloa hospital was supported in 2006, and it continues to function to this day. Support to BAMHDO, the first consumer organization for mental health in Sri Lanka to provide soft loans to its members in Batticaloa. IMHO also helped to establish a rapid response team that responded to mental health emergencies in the community. When the roof of the mental health unit in Batticaloa was leaking badly and there was no money in the hospital to repair it, IMHO came forward to support at that critical juncture.

In the North, IMHO supported the establishment of an acute mental health in-patient care unit in Vavuniya with over \$50,000 in 2008. This was extremely useful as it was ready to support the refugees who were detained in Chettikulam camps in 2009. Before that, patients from Vavuniya needing in-patient care were transferred to an overcrowded ward in Anuradhapura Hospital, where they had language problems. It was very difficult for the families to visit them there as well. In Killinochi, with help from some organizations in Canada, we set up an Alcohol Rehabilitation Centre at Tharmapuram, as alcohol consumption has become a debilitating problem in the post-war scenario in the North. We were short of some money to complete the work and IMHO Canada came forward to fulfill the need. Since then, this unit has been recognized as the best alcohol rehabilitation centre in Sri Lanka by the directorate for mental health in Sri Lanka. Others

interested in setting up similar units have visited from elsewhere, including other countries in the region. Furthermore, the Rehabilitation Ministry, seeing the effectiveness of this unit, is in the process of building similar units in all the five districts in the North. They will be handed over to the Northern Provincial Ministry of Health to manage.

IMHO has provided much-needed support for projects focusing on differently-abled persons and children. Unfortunately, most international organizations shun this important area. In the beginning, when we established a special multi-disciplinary clinic for children with special needs at Batticaloa Teaching Hospital, we did not have a speech therapist. IMHO supported us to hire a therapist for many years. IMHO also supports Ampara Special Needs Network (ASNN) to provide schooling for over 300 children with special needs whose right to education would have been unrealized otherwise. IMHO has also supported a few projects to provide wheelchairs and trishaws for persons with disabilities.

Critical support by IMHO giving impetus to mental health projects in the South of Sri Lanka have not been discussed much but are also important to mention. North of Ragama Teaching Hospital there are no mental health in-patient facilities along the crowded west coast until one reaches Mannar. An opportunity came up to convert an old store room to a ward at Negombo Hospital after much advocacy with the administration. This modification to create a 12-bed in-patient unit cost around \$15,000, and it was supported entirely by IMHO through the College of Psychiatry of Sri Lanka. Seeing this as an important need, the Ministry of Health has posted a psychiatrist and provided the necessary equipment and human resources to run the unit. Since its opening in 2010, there have been over 70 in-patient admissions every month.

The halfway home in Mulleriyawa houses over 400 women in very crowded conditions. Most women are there for over 20 years. IMHO provided support to improve living conditions in one of the wards by providing around \$12,000 to put up a living and dining area to make it a more livable environment. Since then, others have come forward to initiate similar projects in the other 11 wards in the halfway home, greatly improving the living condition for all these women.

I had the opportunity to attend IMHO conferences on three different occasions. This gave us an opportunity to talk about the needs in Sri Lanka and possible areas for collaboration. As IMHO is always willing to listen to our needs and discuss ways of ensuring maximum benefit to the people, most projects we have done with the support of IMHO have reaped outcomes far in excess of the inputs, as mentioned in the few examples above.

We are extremely grateful for the wonderful support IMHO has continued to provide over the years to uplift the mental health services here and sincerely hope this support will continue to be there for the people of Sri Lanka for the foreseeable future.



## AN EXEMPLARY MODEL OF FRUITFUL COLLABORATION

Dr. S. Sivansuthan, *Consultant Physician, Teaching Hospital, Jaffna*  
& *Lecturer in Pharmacology and Parasitology, Faculty of Medicine, University of Jaffna*

Our long-standing, fruitful partnership with IMHO has produced a significant improvement in our hospital facilities, medical care, knowledge and skills of hospital staff and volunteers, health awareness among the community, and also a positive impact on our overall environment.

The Jaffna Teaching Hospital Diabetic Centre is now functioning in its ninth successful year. This excellent centre is providing service to the entire population of the Jaffna District. As of today, more than 18,000 patients are under the care of this Centre. This success would not have been possible without the uninterrupted support of the IMHO.

As part of efforts to strengthen and develop healthcare systems at the Jaffna Teaching Hospital, IMHO has sponsored several projects which include upgrading laboratory services, improvement of the facilities of Cardiology Unit and establishment of cardiac catheterization lab, training and educating nurses, health volunteers and doctors, and upgrading the facilities of the Nephrology Unit, Paediatric Unit, Dental Unit and Oncology Unit.

These successful projects created a positive impact on overall patient care. The continuous support of IMHO to this tertiary hospital is beyond words. The people of the entire Northern Province are benefiting greatly from these successful projects.

IMHO's financial contribution toward nurses' education, further training and education of doctors, and hospital-based research activities are all a real boost to the entire team.

IMHO has also extended its support to several community-based activities over the past 10 years through the Jaffna General Hospital Development Association. Some of these noteworthy projects include:

- 12 community awareness programmes, including two exhibitions
- Distribution and planting of 7,500 *jambu* plants in schools, public places, hospitals, etc.
- Launching of the Jaffna Diabetic Centre health education website ([www.jaffnadiabeticcentre.org](http://www.jaffnadiabeticcentre.org)) as a major public awareness programme
- Screening and health education for school teachers across Jaffna District
  - 4434 teachers were screened for hypertension, diabetes and overweight/obesity
  - Appropriate health education was given and follow up arrangement was also made for newly diagnosed cases.
- Conducting mobile clinics
- 3 healthy food competitions were conducted to introduce new healthy foods
- 3 healthy food recipe books were published
- Several community-based screening programmes for non-communicable diseases were conducted

Over the last 10 years there has been a significant improvement observed in community-based clinical services and in public awareness in the prevention of non-communicable diseases. IMHO plays a crucial role in these successful achievements.

The Jaffna Teaching Hospital administration, doctors, staff and the people of the Northern Province express their sincere gratitude for the support and encouragement provided by the IMHO all these years and hope our partnership will continue.

## LET THE GOOD SAMARITAN WORK CONTINUE ALWAYS

Dr. P. Lakshman, *Consulting Cardiologist, Teaching Hospital, Jaffna*

The Jaffna Teaching Hospital, like a phoenix, reemerges with new vigour every time it is faced with calamitous events culminating in a crisis. At any point, each of these crisis periods over its history of the past 150 years could have proven to be disastrous. Yet, it has persevered.

Various individuals and organization have contributed and supported the hospital and the people it serves during troubled times in order to ensure the smooth functioning of the hospital and the development / enhancement of existing facilities in order to cope with a growing population and with emerging health trends.

The contributions of IMHO USA toward the sustainable development of the hospital continues to infuse new vigour into every sector and project in which they contribute or collaborate. The approach of IMHO USA is very different from most groups. Instead of imposing their ideas and ideologies on beneficiaries, they comply with the requests made and respond to actual ground realities quickly. This enables the beneficiaries, who know the existing local conditions and the needs better, to be able to plan the projects according to the specifics of each particular situation.

IMHO USA started supporting the Jaffna Teaching Hospital with various projects and programmes beginning in 2008 when the new High Dependency Unit for cardiology was established. The financial assistance from IMHO was crucial to this project. Cardiac services were further enhanced by the creation of a new cardiac catheterization laboratory in 2010, and the building was erected through the funding from CIDA and the IMHO.

In addition to these major projects, several medium- and small-scale projects were also carried out by the IMHO in support of cardiac services. A portable echo machine and an adult TOE probe were donated by the IMHO and several Dual and Single Permanent Pacemakers donated by the IMHO were implanted in needy patients who were not in a position to privately pay for such services.

The continuous support from the IMHO has been pivotal to the smooth functioning of the cardiac catheterization laboratory as IMHO continues to provide the hardware components for this facility. Yet, the support of IMHO is not limited to provide financial assistance, building and machinery. IMHO extends its support to human resource development as well. A training programme for the nursing staff of the Cardiology Unit in the cardiac catheterization processes was organized in India and funded by IMHO, an initiative that was immensely beneficial to the staff members.

The contribution of IMHO to the Diabetic Centre and Oncology Unit is also commendable. Further, IMHO's involvement in the community extension programmes, such as the Maternal Nutritional Programme in the Northern Province is an example of its involvement in the preventive side of health. I sincerely hope that this decade-long working relationship will continue forever for the betterment of our community.

## ONGOING DIABETES CARE IN JAFFNA

Dr. M. Aravinthan, *Consultant Endocrinologist*

*Diabetes Centre, Teaching Hospital, Jaffna*

The Diabetes Center at the Jaffna Teaching Hospital has now entered into its 9<sup>th</sup> successful year and is continuing to provide essential services to the public of the Northern Province of Sri Lanka. The Center was established in 2009 with the contributions of IMHO and the Ministry of Health. IMHO has been helping us to achieve our goals in the management of diabetes for the last 9 years. We have been able to give much-needed service to the public as a result of their generous and continuous support.

As of April 2018, the total number of registered diabetic patients attending our center is around 12,000, with about 3,092 patients were registered newly in the year 2017. All these patients receive regular medical checkup annually, including health education, retinal imaging, and screening for micro and macro vascular complications of diabetes. The financial support from IMHO in 2017 and 2018 (up to now) amounts to Rs. 2,439,992, which has supported the maintenance of the Diabetes Center, including staff salaries, public awareness programs and research activities. Some of the activities enabled by IMHO's support from 2016 – 2018 specifically include:

1. Organizing medical camps in Vadamarachy East, Mannar, Killinochchi and the Islands of Jaffna including Delft, Karainagar, and Analathivu
2. Conducting a school health awareness project for the Grade 10 students of Jaffna District. We have completed this project in 80 schools and have reached 3,512 children up to now. The principals and teachers are very appreciative of this activity. We would like to do the similar project for the Grade 6 students of Jaffna District with the help of IMHO.
3. Celebrating World Diabetes Day (14<sup>th</sup> of November) with “Diabetes Walk”, Diabetes awareness meetings, and awarding prizes to schoolchildren (for essay and art competitions). We have also celebrated the World Health Day (April 14<sup>th</sup>) as well at Jaffna Teaching Hospital, screening all the staff for Diabetes during this event.
4. Organizing several CME programs for the Medical Officers and Nurses in Diabetes management with the help of the Jaffna Medical Association (JMA) and SLCE (Sri Lanka College of Endocrinologists).
5. Regularly publishing health-related articles in the local newspaper “*Uthayan*” for the last 5 years.
6. Conducting special diabetic clinics for pregnant women at our Center. The total current number of registered patients in these clinics is 370.
7. Conducting annual screenings for diabetic patients 6 days/week. We are able to provide this service with the help of 3 Pre-intern Medical Officers whose services are compensated by IMHO.
8. Offering adult and pediatric Endocrine clinics every day of the week except Sundays for thyroid, pituitary, bone health and reproductive disorders.
9. Providing DEXA scan services to detect osteoporosis (having performed about 500 scans to-date).
10. We have conducted health education programs for the Nurses and Midwives about Diabetes in all the 5 districts under the supervision of SLDC (Sri Lanka Diabetes and Cardiovascular Initiative). We have had seminars for the Medical officers and MOHS regarding NCDs and Diabetes care.



Finally, I would like to express my sincere gratitude to the IMHO for their continuous and enormous support, as all these efforts and more are made possible only through their support and encouragement. We are very hopeful this generous support continues for years to come.



*Inauguration of the Diabetes Centre at Jaffna Teaching Hospital (2009)*



*Nurses Training (DENO Program)*



*Analaitivu Medical Camp*



*Delft Medical Camp*



*Karainagar Medical Camp*



*Diabetes Walk*



*“Children with Diabetes” Workshop*



*Diabetes Training for Midwives*



*Diabetic Training conducted by CMC Vellore team*

# GROWING STRONGER, GROWING DEEPER, REACHING HIGHTER: IMHO ON ITS 15<sup>TH</sup> ANNIVERSARY

Dr. D.C. Ambalavanar, *Visiting Lecturer*  
*Department of Surgery, Faculty of Medicine, University of Jaffna*

*“Although an act of help done timely might be small in nature,  
it is truly larger than the world itself.”*  
— *Thiruvalluvar, Thirukkural*

One of the tragedies for the Tamil community of the long civil war was the massive brain drain that it suffered. Many of the brightest and best were for various reasons forced to leave or were unable to return to the land of their birth and their communities. The effects of that are still very much in evidence in all aspects of life in the Tamil regions. Fortunately though, the existence of large thriving Tamil communities overseas has also been a tremendous source of support to the hard pressed Tamil community here. Many Tamil organisations exist in far flung lands and continue to help and support the people who have been devastated by war.

Healthcare in particular has been a beneficiary of the fact that there are so many Tamil health professionals all around the world. Tamil medical organisations across the world have made, and continue to make, significant contributions to improving the quality and standards of healthcare in the north and east.

The International Medical Health Organisation USA is one such charity that was started by concerned Tamil medics and other professionals in 2003. The organization was founded on the principles of humanitarianism and neutrality and aims to improve health care across the globe by identifying health needs and providing training and resources to address those needs. What is particularly noteworthy about IMHO is that though their focus is on helping the Tamil community in Sri Lanka their vision is much broader than just that. They have helped other communities in Sri Lanka and in several other countries. They are probably unique among Tamil organisations in the way that parochialism does not limit their endeavors.

It has been my good fortune to work closely with IMHO from the time of its founding. As a surgeon working in Jaffna in 1997, at a time when resources and staffing were limited, it was greatly encouraging to receive help and support from IMHO. The first contacts with members of IMHO were with Dr. Karunyan Arulanantham and Dr. Thavam Thambipillai here in Jaffna soon after the ceasefire. Since then I have got to know many more of them and have greatly valued these friendships and connections. I was also invited to attend the IMHO annual meeting in Columbus, Ohio in 2007. My dealings with IMHO have been both to seek funds for equipment but also to get help for education and training programs for healthcare workers here. My experience of working with IMHO has been a very positive one and never have I had a request turned down! An email request to Rajam or Thavam and I know that after a clarification or two there would be a positive response! If they were unable to provide the funds they would direct me to another organization that could.

To give an idea of the varied projects that I appealed for which IMHO has supported, I am listing some of them below.

**1. Purchase of Hysteroscope and Resectoscope for Gynaecology Department at Jaffna Teaching Hospital (2014)**



## **2. Support for Trauma Course in Jaffna (2014)**

For the very first time the College of Surgeons of Sri Lanka conducted their two-day National Trauma Management Course (NTMC) in Jaffna in October 2014. This was attended by around seventy doctors from Teaching Hospital, Jaffna and the Provincial Hospitals. IMHO provided the major portion of the funds to help conduct this course at the Faculty of Medicine. As a result of this course, doctors who underwent training would have been better prepared to deal with emergency trauma cases in their hospitals.



## **3. Support for Microbiology Department, Faculty of Medicine (2015)**

When the technical officer in the microbiology department retired in early 2015, the university had not appointed a replacement. Faced with the possibility of student research work and microbiology practical sessions for medical and allied health students being crippled, an appeal was made to IMHO to pay (through the local alumni association) for the technical officer to continue to work for another year. Thanks to his being present, when a new technical officer was appointed several months later, she was able to get the training required to continue this work after he left.

## **4. Workshops in Obstetrics for nurses and midwives that was conducted by a team from CMC, Vellore (funded by IMHO Canada) (2016)**

Not only did nurses and midwives get updates on managing obstetric emergencies they also came into contact with Professors from the Nursing profession for the very first time. This gave them an exposure to what career possibilities should and could be possible for nurses.



#### **5. Joint meeting of JMA and IMHO (2016)**

For the first time the Annual Scientific Sessions of the Jaffna Medical Association was held in collaboration with another organization and IMHO had the unique honor of being the first such organization to do so. I was happy to have been involved in facilitating that collaboration. The sessions were a tremendous success and several distinguished speakers from the USA participated. Some were IMHO members and others were arranged by IMHO. The Chief Guest for these sessions, Prof. Sharmila Anandasabapathy, was recommended by IMHO. In addition to helping arrange speakers for the sessions, IMHO also provided support for the publication of the scientific journal and to cover the visit by the Chief Guest.

During these sessions members of IMHO also met with the Dean and staff of the Faculty of Medicine and the Director and staff of the Teaching Hospital, Jaffna to ascertain ways in which further collaboration could take place. The links established as a result have proved to be of immense value to both the Teaching Hospital and the Faculty of Medicine.

#### **6. Training of Ambulance crews in the Northern Province (2016 & 2017)**

The Provincial Ministry of Health felt that it would be good to train ambulance crews in dealing with common emergencies as a free emergency service had been started in early 2016. This training was made possible by IMHO supporting two paramedics from London coming to Jaffna on two occasions to conduct a 'training of trainers' for doctors and for several ambulance staff. Those doctors who were trained are now valuable resources who are utilized for ongoing basic training in life support and trauma care. Providing regular training and updates in basic life support for healthcare workers in our hospitals will improve the standards of care that patients receive.



#### **7. Purchase of Training Equipment (2017)**

IMHO and IMHO Canada provided funds for purchase of manikins and other training material needed for ongoing training in basic life support for healthcare professionals working under the Provincial Ministry.

#### **8. Purchase of Transport Ventilator for Mullaitivu Hospital (2018)**

A major problem faced by many hospitals in the province is the lack of portable ventilators for use when transferring critically ill patients between hospitals. Sometimes patients are manually ventilated by staff even on transfers to Colombo! IMHO responded positively to this request which will improve patient outcomes and relieve significant stress on accompanying staff.



The above-mentioned projects are only a very few of the many projects that IMHO has supported in Sri Lanka and I am sure that the many others will be mentioned elsewhere. I have touched on only the projects that I have collaborated with IMHO over the past few years. When I was President of the Jaffna General Hospital Development Association in the early part of this century I received considerable help and advice from IMHO members for the urgent needs of that time. Another very important way in which IMHO and its members have helped is in directing interested parties and individuals in the USA to work with institutions here. This has helped in establishing important links for long term collaboration in education and research.

What I can state with certainty is that all of these projects that IMHO have helped undertake and support have in various ways helped our community and improved the lives of our people. It cannot be easy to year after year raise the funds and retain the enthusiasm to continue these ambitious projects. Much is said in the west regarding 'donor fatigue'. However, my observation is that the members of IMHO appear to be as committed as ever to this great humanitarian undertaking of theirs and show no signs of easing up. They have also enthused younger members of the Tamil community in the USA to come forward in different ways to help the land of their ancestors which bodes well for the future. I am aware that IMHO understands that their work is not just about writing cheques but to help the communities and institutions they support to be self-sufficient.

The International Medical Health Organization has indeed shown that they can change the world of many individuals for the better both in Sri Lanka and elsewhere. In this their fifteenth anniversary year, it gives me great pleasure to submit this report and to wish the organization continued success in its humanitarian endeavors.

## FILLING THE HEALTH GAPS IN SRI LANKA

Dr. N. Saravanabhava, *Consultant Obstetrician & Gynaecologist*  
*Base Hospital, Tellipalai*

The IMHO USA has really helped to bridge the gaps in many areas of our free health system. Since 2013 onwards, IMHO has extended its help multiple times and in different ways to improve the maternity services in Kilinochchi, Mullaitivu and Jaffna.

### *Support for Mobile Clinic Services*

The free, regular mobile clinic services conducted to cover antenatal, gynaecological and subfertility care are very helpful in reducing the maternal, perinatal morbidity and mortality and psychological stresses of the people. These clinics are dependent on medical students who have completed their final exams and are awaiting internship training.

These young doctors-in-training are playing major roles in helping the specialists assess and scan the patients, providing health education to the patients, and coordinating these services with the major hospitals. These clinics give them the opportunity to understand the difficulties the people face and lead to major changes in their overall attitude. Many of these doctors are then willing to work in these areas after their internship trainings. The IMHO has continuously supported them with regular payments for providing these vital mobile clinic services.

IMHO USA arranged a mobile ultrasound scanner as well and which was very useful in providing free ultrasound scanning services to those patients who needed it. These services became one of the main attractions for the patients and have really helped to increase their overall compliance.

Nowadays, these mobile clinics have extended further to cover the people living in areas that are difficult to access, especially those in the islands of Jaffna: Neduntivu, Nainativu, Punkudutivu, and Kayts. The people in these areas have difficulties in getting to healthcare facilities due to inadequate transportation facilities, poverty and poor knowledge. In addition, similar types of mobile clinics are also conducted in the poor socioeconomic areas in Tellipalai, Uduvil areas where displaced people are more highly concentrated.

### *Support to Reduce the Burden of Infertility*

IMHO USA has also been very supportive of efforts to establish a basic infertility care facility, initially at the Kilinochchi District General Hospital and more recently at the Tellipalai Base Hospital. This has really helped to give basic investigations and treatment facilities not only to the people in and around



these hospitals, but also to the people in other parts of the country as well. The pre-intern doctors supported by IMHO USA are playing a vital role in this laboratory as well in counseling these patients. This support helps to reduce the burden of subfertility, which very much leads to serious physical, psychological and social implications in the community.

### ***Filling the Gaps in Tertiary Care Centres***

In addition, from time-to-time IMHO has helped to bridge the gap in essential healthcare services there by investing in the prevention of impending emergencies. One of them was a timely donation of a phototherapy machine to the Special Care Baby Unit in Kilinochchi.

Also, the home glucose monitoring of pregnant ladies with diabetes complications was encouraged and enabled with the donation of glucometers by IMHO.

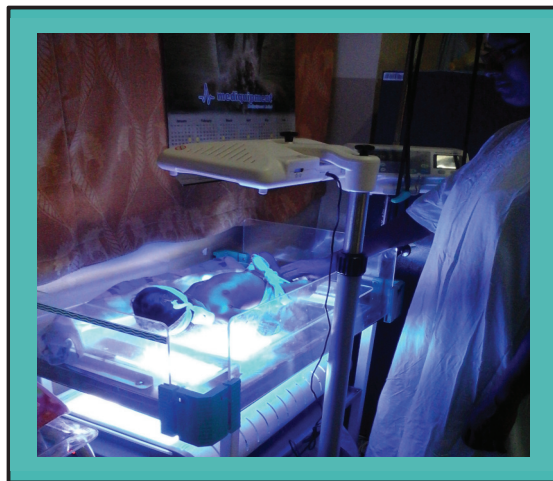
Upgrading and updating one's professional knowledge is one of the essential aspects of our healthcare system. Unfortunately, most of the training workshops and sessions are held in Colombo and only a few of our staff were ever able to participate due to the shortage of staff for work and family commitments. Considering this problem, IMHO USA has jointly with JMA and others arranged many training workshops, academic secessions, and special programs in Jaffna itself. This has really helped our Midwife and Nurses to update their knowledge thereby upgrading the standard of care given.

Additionally, IMHO USA – jointly with IMHO Canada – invited me to one of their Annual Conventions, which really gave me a great opportunity to meet and express our sincere thanks to the donors and IMHO members.

All these supports and encouragements from IMHO have really helped us to provide better care to the needy and mainly socioeconomically poor. We hope your support will continue.

We face many difficulties in doing ultrasound scanning in mobile clinics due to lack of a mobile ultrasound scan machine, and we also need to establish advanced treatment facilities to the sub-fertile couples from poor socioeconomic backgrounds. I am sure IMHO will help us to fill these gaps in due time as well.

We wish and pray for all the members and donors of the IMHO to live long healthy life.



## AMPARA SPECIAL NEEDS NETWORK SERVICES FOR CHILDREN WITH DISABILITY

Ampara Special Needs Network (ASNN) was established in 2007 with an aim of helping and bringing Children with Disability in to the social mainstream by taking care of them and fulfilling their physical and mental needs with the provision of education and other services. ASNN is managed by board of members, from Medical, Educational and Social service fields, who have been rendering the services on volunteer basis in Kalmunai Region of Sri Lanka.

To look after their physical and psychological needs, ASNN has been helping the Special Needs clinics, with multi-disciplinary team of doctors and other staffs, conducted at government hospitals. To cater their educational demands, ASNN took steps in collaboration with the department of education to establish educational services for persons with disability. This resulted in 15 special needs units were established in Ampara District covering from Periyaneelavanai to Pottuvil. More than 350 children with special needs have been enrolled in all these 15 special needs units and taught by 36 female teachers. **IMHO – USA** continuously support these activity since 2015 to up to date.

The Special Needs Units are day care centers that supply the source of education available to children excluded from main stream education because of learning, mental or physical disability. And provide special care for children with mild to moderate learning disability. Individual care is provided to each children according to their need assessment, special needs units are divided in to three or more class rooms, sign language class room provides the services for children with speech and hearing impairment in sign language, primary education, occupational care and needed educational cares are provided by other class rooms. Children with Down's syndrome, Cerebral palsy, Attention Deficit Hyperactive disorder, Autism, hearing and speech impairment, visual impairments and some other children with disability are attending to these special needs units.



Even before, government appointed Special Education Teachers, ASNN established the services with ASNN teachers. These special needs units are located within the premises of



Government school and these units ensure the inclusion of Children with Disability into educational system. Now, in some places, government appointed Special Education Teachers but the services being rendered by these skilled ASNN teachers are commendable. These teachers are being trained by ASNN and they are very much skilled full. We cannot afford to lose these skilled ASNN teachers as these have been trained extensively since 2007. They have been paid with a meagre monthly allowance. Even though these ASNN teachers get a very low amount of allowances, they are keen to work for person with disability continuously.

Social support network of ASNN coordinate several activities related with awareness creation, advocacy, income generation and other services to improve the standards of living of persons with disability. Also annually organize sports and cultural events with children with disability and their families. ASNN started to organize the activities in rights based approaches. Several projects were implemented with the help of international donor agencies in Community Based Rehabilitation and in the rights based approaches of person with disability.



ASNN has, to date, been able to manage and maintain these activities with the financial assistance by the IMHO and other INGOs. Today the big challenge before the ASNN is to take forward the mission of supporting the children with disability and sustain the services in the future without a cease.

This is to thank IMHO for the great support over the years and bring the plight of our Children with Disability in our area with the view to appeal to your kind heartedness and generosity with the intention of joining our hands with you to contribute towards the good course of helping the children with special needs, who have been suffering in silence in nooks and corner of our region.

Therefore we kindly appeal to your good self to extend your financial support to sustain and continue the services. Individuals can support to this good course by providing a month allowance of an ASNN teacher that around 10,000 SLR.

For more information, you can contact any board members email: [asn.org@gmail.com](mailto:asn.org@gmail.com) or more details available in the website: [www.asnnsrilanka.org](http://www.asnnsrilanka.org)

Thanking you,

M.R.M.Hameem,  
Secretary,  
Ampara Special Needs Network  
0779709031



# Assist Resettlement & Renaissance

Charity registered in England & Wales – Reg. No. 1151025



## **Resettlement of Sampoor Internally Displaced People (IDP) in Trincomalee – Contribution from IMHO USA – by Dr Velautham Sarveswaran, Assist RR**

People from Sampoor in Trincomalee district were displaced in 2006 following the war and were languishing in four welfare centres (or refugee camps around Sampoor). Nearly 1250 families were displaced and around 900 families were living in the welfare centres. See photos below for their living conditions. Most of these families were successful farmers and were financially sound. However, following displacement, they have lost their livelihood and were struggling to survive.



*Living condition of Sampoor IDP in welfare centres*

### **First Phase of Resettlement following release of lands by the Government**

IDP families could not return to their lands and resettle because the previous government had given the land to Board Of Investment (BOI), which in turn gave it to an Indian company for development. However, the current government withdrew the land from BOI and the land belonging to the Government was released to IDP families in July 2015 enabling the resettlement of IDP families in their lands in Sampoor.

In the first phase, there were 309 families considered for resettlement in a 925-Acre land recovered by the Government. However, according to the GA's office register, only 254 families were registered for resettlement assistance. The remaining 55 families were excluded for assistance due to marriages, living away with families and friends, etc, after the displacement (extended families). These 55 extended families were unable to get any assistance from the Sri Lankan Government as well as other INGOs, because they were not registered at the time of displacement in 2006 as displaced.

The GA approached Assist RR and made a request to build shelters and toilets to the extended families. Assist RR became known to the GA's office through Assist RR assistance of building 6 toilets and renovating 3 wells in June 2015 for the families resettled near Kaali Kovil in Sampoor. A small number of families were taken to their land near Kaali Kovil by Namal Rajapakse in Jan 2015 during the presidential election campaign without providing any support.

Following the request for assistance for the first phase of resettlement, Assist RR completed building 55 shelters and toilets. Many organizations and individuals from the UK and Singapore contributed towards building these shelters and toilets.

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## Second Phase of Sampoor Resettlement

On 25 March 2016, another 546 IDP families were allowed to return to their land following the withdrawal of the Navy that was occupying Sampoor Maha Vidyalayam and the surrounding areas with an extent of 216 acres. All these 546 families returned without any support or assistance from the government or the INGOs. We were informed that there were no commitments from anyone including INGOs to assist these families apart from the hand out of Rs 35,000 by the government towards the resettlement.

Assist RR were approached again and asked whether Assist RR could provide some temporary shelters and toilets. The GA also asked whether we could provide toilets as a matter of urgency, as there were nearly 1000 women and girls in this latest resettlement, who had no access to toilets. They were also living in a cram conditions, as can be seen from the photos below. Whenever there was heavy rain, their shelters were flooded, as they were made on earth's surface.



*Living Conditions during Resettlement*

Assist RR initially made an appeal to construct 20 temporary toilets, as an emergency measure. Dr Rajam Thevendran from IMHO USA, responded to this appeal and told Assist RR that IMHO would fund 50 permanent toilets instead of the temporary toilets. This gave Assist RR the confidence to raise funds to construct more toilets. In the end, 100 permanent toilets were built in Sampoor by Assist RR with the support of IMHO USA, like minded organisations in the UK, and an anonymous donor from the USA. In the mean time, other INGOs also commenced building toilets. We are glad to inform that all of the resettled families have now been provided with toilets in Sampoor.

The temporary huts, in which the families were living, had no concrete floors but made up on the earth's surface. This meant that if there was rain, the shelters were flooded with rainwater and it would make the shelters uninhabitable. Hence, there was a need for at least semi-permanent shelters to around 450 families. Assist RR made an appeal towards building semi-permanent shelters in May 2016. Again, IMHO USA came forward and funded 139 shelters. In total, IMHO USA contributed nearly \$124.53k towards the shelters (\$111.2k) and toilets (\$13.33k). IMHO Canada



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also funded 37 shelters. In the end, Assist RR built 270 shelters and is progressing with another 53 shelters. With these shelters, all of the IDP families in Sampoor will have decent roofs over their heads. Without IMHO USA's contributions, Assist RR couldn't have assisted Sampoor IDP families with their needs. Some photos are given below.

Families are now living in acceptable, safe and decent semi-permanent shelters without the need to worry about flooding, weather and threat from animals. IMHO and its supporters made a significant contribution to improve the living conditions of Sampoor IDPs. Assist RR Would like to express its gratitude to IMHO USA for their timely assistance.



*Shelters & Toilets funded by IMHO USA in Sampoor*

## **Livelihood Assistance by IMHO USA in Sampoor**

Families also required livelihood support to start their lives. When the war started in Sampoor in 2006, these families left their homes and lost their houses and all their belongings. They were then living in welfare centres without any employment. Fishermen lost all their fishing equipment and have been struggling to commence their livelihood without the fishing gear.



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IMHO USA again came forward and agreed to fund 10 engine boats and nets at a cost of around \$3750 per set. Five fishing families are sharing one engine boat and nets. Feedback from these families is very positive. They told that they are able to stand on their own feet and earning enough to feed their families and to look after their other needs including children's education. Without IMHO USA's assistance, these 50 families may still struggle to make ends meet. This assistance had significantly improved the lives of these 50 fishing families. Photos are given below.



*Engine boats and nets donated by IMHO USA to Sampoor fishing families*

## **Assistance to Kuheni Tamil Adivasi Villages in Muthur DS Divison in Trincomale District**

Nearly 1600 families from 11 villages in Muthur, where Adivasi families lived, were displaced in 2006 due to the war and became IDPs. They were resettled in 2009 in alternative lands as the Navy occupied their lands. Although they were promised all the facilities, they are living in very sad conditions. Their livelihoods are farming depending on rain, collecting honey and firewood, hunting, and fishing. However, the government has banned hunting, although they are hunters. These families are not given Samurthi hand outs yet, although all these families live below poverty lines. Since these families do not receive Samurthi handouts, they are not entitled to any government subsidies towards electricity connections or water supply to their households.

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*Typical shelter of Adivasi families in Muthur*

Although there are main water pipes along the main streets, these families haven't been able to get water connections to their shelters because they can't afford to pay for the connections themselves. When they struggle to make their end meets, they have no means to pay for the water connections. Connecting water to a household cost around Rs 17,500 – Rs 20,000 compared to Rs 7,100 – Rs 9,000, if they are on Samurthi. These families desperately need financial support to get water connections to their shelters to access quality drinking water. Many families walk long distances to collect drinking water from common wells. It is understood that the water that they currently use has been causing health issues including kidney diseases. Even the schools in these villages did not have access to drinking water.

Further to an appeal in 2017, IMHO USA came forward and funded water connections to 4 schools in these villages. This allowed a small number of local villagers to access quality drinking water from the water connections made at these schools. However, most of the families desperately need access to quality drinking water that will improve their health and alleviate their sufferings. The Government Agent of Trincomalee has prioritised 178 families and agreed to provide water connections to these families at the concession rate for Samurthi recipients.

Following this, IMHO USA has kindly agreed to provide water connections to these 178 families. This will cost around \$60 on average per household. This assistance by IMHO USA will significantly improve the living condition of these less fortunate families. Assist RR would like to express its gratitude to IMHO USA and its supporters for their continued support to the needy in Sri Lanka.



# SERVING THE NEEDS OF THOSE WITH SPINAL CORD INJURIES

S. Iruthajarajah, Secretary  
Spinal Cord Injuries Association, Mankulam

From the year 2012 up to the present, IMHO regularly supported individuals with spinal cord injuries, including those with paraplegia and quadriplegia. Some of these efforts include the following:

1. Provision of specially modified tricycles for differently-abled individuals. Thirty (30) tricycles were donated, and as a result, recipients were able to get to the medical centers for their care, including physical therapy treatments. They were also able to earn a living by taking passengers around and were helpful to their families as well. This brought about a significant improvement in the quality of their lives.
2. Provision of handicap-equipped toilets. Thirty (30) toilets were built and donated by IMHO. As a result, the recipients were able to take care of themselves and to lead a more healthy, hygienic life.
3. Provision of gel cushions for the prevention and treatment of pressure sores. Ten (10) gel cushions were donated by IMHO.
4. Provision of Tube wells. IMHO is in the process of helping with the digging and construction of tube wells for drinking water. Out of the five (5) wells requested, two (2) have been completed so far.

On behalf of the recipients, and the administration of Spinal Cord Injuries Association, I thank you for the continued support of IMHO in meeting the needs of differently-abled individuals with spinal cord injuries.

[Please note: the original Tamil-language version of this letter follows this translation to English]



## சர்வதேச மருத்துவ சுகாதார நிறுவனம் IMHO வுக்கும் உயிரிழை நிறுவனத்திற்குமான செயற்பாடுகளின் விபரத் தொகுப்பு

கடந்த 2012ம் ஆண்டு IMHO நிறுவனத்துக்கும் எமது உயிரிழை அமைப்பிற்குமான தொடர்புகள் Dr ஞானசேகரம்(சத்திர சிகிச்சை நிபுணர்) அவர்களால் எம்முடன் தொடர்பு ஏற்பட்டது. அப்போது நாம் அவரிடம் கேட்டுக் கொண்ட விண்ணப்பங்களுக்கு அமைவாக எமது பயனாளிகளுக்கான நிரந்தர வாழ்வாதாரம், எமது போக்குவரத்து பிரச்சினைகள் தொடர்பாக நிரந்தர தீர்வு காணும் முகமாக முதல் கட்டமாக 30 பேருக்கு முச்சக்கரவண்டிகளை வழங்குவதற்காகவும் அத்தோடு மிகவும் அவசியமான அணுகும் வசதிகளைக் கொண்ட மலசலகூடம் அமைப்பது தொடர்பாகவும் கதைக்கப்பட்டு அதற்கான வேலைத்திட்டங்கள் கட்டம் கட்டமாக நடைபெற்றன.

அதனடிப்படையில் அவர்கள் எமது பயனாளிகளை அழைத்து முச்சக்கர வண்டி ஓடக் கூடியவர்களை தெரிவு செய்து மற்றும் அவர்களின் குடும்ப பின்னணிகள் அவர்களுக்கு ஏன் இந்த முச்சக்கர வண்டி தேவைப்படுகின்றன என்பன போன்ற விபரங்கள் அனைத்தும் பெறப்பட்டு அதனடிப்படையில் கட்டம் கட்டாக 30 பேருக்கு முச்சக்கர வண்டிகள் ஒரு நிபந்தனை அடிப்படையில் வழங்கப்பட்டன. அதாவது முச்சக்கர வண்டிகளை பெற்றுக் கொண்டதும் பயனாளிகள் முச்சக்கரவண்டியின் மூலம் உழைக்கும் பணத்தில் குறிப்பிட்ட தொகையை வவுனியா மருத்துவமனையில் welfare society ஊடாக உயிரிழை அமைப்பின் கழுத்துக்கு கீழ் இயங்க முடியாமல் உள்ள எமது பயனாளிகளின் வங்கிக் கணக்கிற்கு நேடியாக வைப்பிலிட வேண்டும் என்ற நிபந்தனை ஆகும். அதனடிப்படையில் இதனுடாக கிடைத்த பணம் 09 கழுத்துக்கு கீழ் இயங்க முடியாத பயனாளிகளின் வங்கிக் கணக்கிலக்கத்தில் நேரடியாக வைப்பு செய்யப்பட்டது.இந் நடவடிக்கை குறைந்தது ஒரு இரண்டு வருடத்திற்கு மட்டுமே நடைபெற்றது. பின்னர் ஒவ்வொரு பயனாளிகளும் தாமாகவே அந்த பணத்தினை செலுத்துதை நிறுத்தி விட்டனர்.

முச்சக்கரவண்டி வழங்கப்பட்டவர்களின் விபரங்கள் பின்வருமாறு

- ந.நவநேசன்
- பா.பார்த்தீபன்
- ரா.ஜீவதயானந்தன்
- செ.பொன்கலன்
- சோ.பத்மநாதன்
- புண்ணியமூர்த்தி
- யோகநாதன்
- சிவமலர்
- சரோஜாதேவி
- பெனில்டஸ்



- அமிர்தலிங்கம்
- ராகுலன்- (அழுத்தப்புண்ணால் இறப்பு)
- ஜெயக்குமார்- (அழுத்தப்புண்ணால் இறப்பு)
- சிபிசன்
- க.பகீரதன்
- சதீஸ்குமார்
- பாலேந்திரன்
- அ.மோகன்
- அ.புலேந்திரன்
- ஆனந்தராசா
- நித்தியானந்தன்
- உமாகாந்தன்
- கிருபாகரன்
- கணேஸ்
- உதயகுமார்- (அழுத்தப்புண்ணால் இறப்பு)
- பிரதீபன்
- ராஜேந்திரன்
- ரவீந்திரன்
- ஆனந்தநீலன் (அழுத்தப்புண்ணால் இறப்பு)

முச்சக்கரவண்டி பெற்றுக் கொண்டதன் மூலம் இப் பயனாளிகளின் வாழ்வில் பல்வேறு வழிகளில் வெளிச்சம் ஏற்பட்டுள்ளது. அன்றாட வாழ்க்கைச் செலவுகளை கொண்டு செல்லவும், தங்களின் வைத்திய செலவு மற்றும் போக்குவரத்து செலவுகளையும் முச்சக்கரவண்டி மூலம் கிடைக்கும் கொடுப்பனவில் மேற் கொள்ளக்கூடியதாக காணப்படுகின்றது. இதனால் இவர்களில் வாழ்கையில் ஒரு வசந்தம் வீசியது என்றால் அது நிச்சயம் ஐஆர்மு நிறுவனத்தாரின் இந்த மாபெரும் மனிதநேயமிக்க செயற்பாடுகளால்தான் என்பது நிதர்சனம்.

IMHO நிறுவனத்தின் அடுத்த கட்ட செயற்பாடாக பயனாளிகளுக்கான அணுகும் வசதிகளைக் கொண்ட மலசலகூடம் கட்டப்பட்டது. தெரிவு செய்யப்பட்ட 7 பயனாளிகளுக்கு இவ் மலசலகூடங்கள் வழங்கப்பட்டது. தமது அடிப்படை தேவைகளை பூர்த்தி செய்யும் விதமாக எமது பயனாளிகளுக்கான அணுகும் வசதிகளைக் கொண்ட மலசலகூடம் அமைக்கப்பட்டது

மலசலகூடம் வழங்கப்பட்டவர்கள் விபரம்

- கோ.ஸ்ரீகரன்
- வி.ஜெயகாந்தன்
- ச.அரவிந்தன்
- சு.இருதயராஜா
- சுவர்ணமுகி
- பிரபாகரன்
- மா.குமார்

தொடர்ந்தும் 2017ம் ஆண்டு IMHO நிறுவனம் உயிரிழையுடன் பயணிக்கும் அடுத்த செயற்பாடாக எமது பயனாளிகளுக்கு மிகவும் பாரிய பிரச்சனாக இருந்து வருகின்ற அழுத்தப்புண்களில் தங்களைப் பாதுகாத்துக்கொள்வதற்காக அழுத்தப்புண் உள்ள பயனாளிகளுக்காக 100 பேருக்கான ஜெல் குசன்களை கோரியிருந்தோம் அதற்கமைவாக கல்வி வளர்ச்சி அறக்கட்டளை ஊடாக 3 பேருக்கு ஜெல் குசன் வழங்கப்பட்டது. எமது பயனாளிகள் தொடர்ச்சியாக சக்கரநாற்காலியில் அமர்ந்திருப்பதால் படுக்கைப்புண் மற்றும் பல அசௌகரியங்களை எதிர் கொள்ளுகின்றனர். ஜெல் குசன் பாவிப்பதனால் அவர்களின் உடல் நிலைக்கு சற்று வசதியாகவும் படுக்கைப்புண்ணின் தாக்கம் குறைவாகவும் காணப்படுகிறது. தொடர்ந்தும் 7 பயனாளிகளுக்கு 2 வது கட்டமாக ஜெல்குசன் வழங்கப்பட்டது.

ஜெல்குசன் வழங்கப்பட்டவர் விபரம்

- மு.தவச்செல்வன்
- ச.அரவிந்தன்
- ந.நவநேசன்
- ப.உமாமகாந்தன்
- வசந்தரூபன்
- யோகநாதன்
- ச.அன்ரன்யோஜ்
- க.பகீரதன்
- அ.சாந்தகுமார்
- கி.கோணேசன்





2017ம் ஆண்டு உயிரிழை அமைப்பின் பயனாளிகளின் வேண்டுகோளுக்கு அமைவாகவும் IMHO நிறுவனத்தின் அனுசரணையுடனும் குழாய் கிணறு அமைத்துக் கொடுக்கப்பட்டது. கிணறு வசதி இல்லாமல் கஸ்டங்களை எதிர் கொண்டு வாழ்ந்த எமது பயனாளிகளின் விண்ணப்பங்கள் உயிரிழை அமைப்பிற்கு கிடைக்கப் பெற்றது. அதனப்படையில் பயனாளிகளுக்கு குழாய் கிணறு அமைக்கப்பட்டது.

குழாய் கிணறு வழங்கப்பட்டவர் விபரம்

- பா.மாலினி
- ச.மனோராஜ்
- இ.செல்வராசா
- மி.சியாமிலா
- சு.இருதயராஜா

மேற்குறிப்பிட்டவர்களில் 2 பயனாளிகளுக்கு மாத்திரமே முழுமை பெற்றுள்ளது.

2வது கட்டமாக 23 பயனாளிகளுக்கான அணுகும் வசதி கொண்ட மலசலகூடம் அமைக்கப்பட்டு வழங்கப்பட்டுள்ளது. வடக்கில் வாழுகின்ற 17 பயனாளிகளுக்கு முதல் வழங்கப்பட்டு தற்போது கிழக்கில் வாழும் 06 பயனாளிகளுக்கு வழங்கப்பட்டுள்ளது.

மலசலகூடம் வழங்கப்பட்டவர் விபரம்

- சி.ரவீந்திரன்
- ப.புண்ணிமூர்த்தி
- சி.தர்மராசா
- நா.ராசகுமார்
- யோ.சியாந்தன்
- சி.சாந்தராசா
- ச.அன்ரன்யோய்
- இ.தோமஸ்
- கோ.சுதாமதி

- சி.அருந்ததி
- க.சுரேஸ்குமார்
- அ.அமலன்
- கி.கோணேஸ்
- மேரிஜெயாரிஸ்
- பி.சிந்துஉசா
- பெ.இராமர்
- இ.சிவதாசன்
- மருராணிகுருஸ்
- அ.மோகன்
- செ.விஜிதரன்



இவ்வாறு IMHO நிறுவனம் தொடர்ந்தும் தனது சேவையை இன்று வரைக்கம் எமது உயிரிழை அமைப்போடு இணைந்து செயர்ப்பட்டு வருகின்றது இந்த காத்திரமான சேவைக்கு எமது உயிரிழை அமைப்பின் நிர்வாகசபை,போசகர்கள்,பணிப்பாளர்கள் சார்பாக நன்றிகளை தெரிவிப்பதோடு தொடர்ந்தும் எமது அமைப்பினரோடும் அமைப்பின் பயனாளிகளுடனும் இணைந்திருக்குமாறு பணிவன்பாக கேட்டுக்கொள்கின்றோம்.

-நன்றி-

சு.இருதயராஜா

செயலாளர்

உயிரிழை





EMPOWERING FOR DEVELOPMENT

&

INTERNATIONAL MEDICAL HEALTH  
ORGANIZATION

Maskeliya, Sri Lanka



ANNUAL REPORT

2017 MARCH – 2018 MARCH

## OUR VISION

Do our best to make the lives of  
Children a joyful experience.

## OUR MISSION

We work with the children, youth and adults at grass-root level capacitating them and building their skills to overcome both the root causes as well as diminishing the effects of poverty. We also seek collaborations with local, national and international partners – government, and non-government organizations – To strengthen the capacities of the poor and the marginalized.

## OUR VALUES

- ✧ We promote equality
- ✧ We advocate for freedom and justice
- ✧ We strive for peace and coexistence
- ✧ We are accountable
- ✧ We work with partners



## Our Work

We are working for community development and sustained well-being of the most vulnerable children. We focus on children because they are the best indicator of a community's social health.

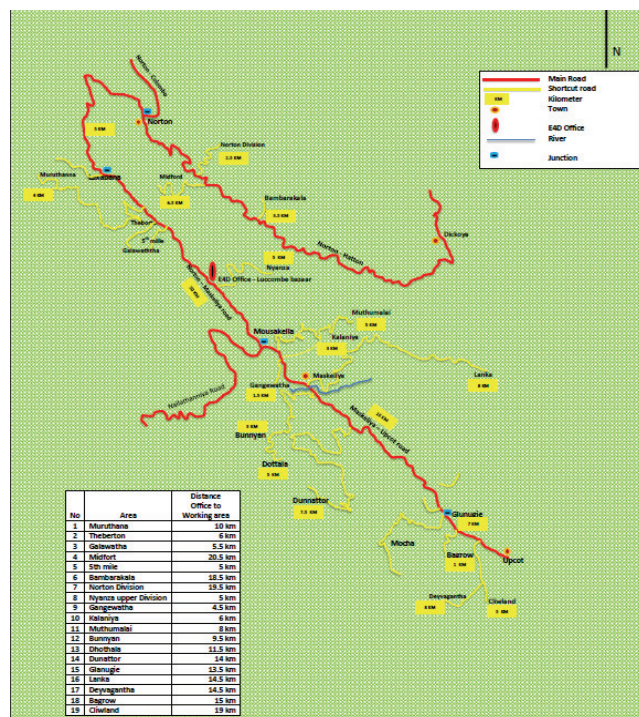
The E4D's programs are participatory, community motivating, and empowering the plantation communities to take ownership of their self-development. Empowering for development (E4D) selects the most underdeveloped and poorest estate division in the up-country and implements its Development Programs at these locations. A typical feature of our work is our long-term goal of sustainable development.

During the program period, we serve the communities by training them to envision, plan, implement, monitor and evaluate the progress and redesigning the programs if warranted, at the same time maintaining an interdependent relationship with local governments and other donors.

Our program consists of four sectors including education, economic development, health and nutrition, and water and sanitation.

Themes of gender equality, environment, peace building, child protection and disability inclusion are intentionally interwoven into all our programs to enhance their effectiveness and add value.

## Our Presence in Up country



## SUSTAINABLE EDUCATION DEVELOPMENT

Plantation sector Education Enhancement program (PSEEP) encompasses diverse components including:

1. Early childhood care and development (ECCD).
2. Improvement of literacy skills among primary school age children.
3. Additional education support to students who prepares for ordinary level and advance level examinations.
4. Facilitation of vocational training opportunities for youth above 15 years of age and are not in school and building leadership and life skills

Education plays an important role in breaking the cycle of poverty and helps children dream bigger. We help children, to access quality education and attain age-appropriate literacy and essential life skills.

We also help parents and caregivers to understand the importance of education and ensure their responsibility to create suitable environments for children's education.

We use a lifecycle approach in our programs that focuses on the needs of children at all stages of development: early childhood, basic education, and Leadership training of the youth.

Education for life means: Children learn to read and write, complete basic education; learn to make good judgments; protect themselves; manage emotions and communicate ideas; and when they become adolescents are ready for vocational opportunities.



**Reading group Children and participatory development**

The Estate management has provided us with two old buildings to implement the IMHO&E4D's reading group projects at Kalaniwatta estate and Muthumalai estate, the buildings were renovated with the help of the parents and the buildings are also used as community library.

### Early Childhood Care and Development (ECCD)

The IMHO & E4D is implementing Early Childhood Care Development (ECCD) Project at Plantation Sector in the Maskeliya area, aspiring to improve early childhood care and the development of under-five age children in our project area. The project focuses on improving awareness of parents and guardians on ECCD and their involvement in their children's early years of life.

## Our Beneficiary's Educational Achievements.

We focus most of our education and life skills programs towards literacy improvement especially among 6 to 14 year age group children in the community.

We have reading groups in 22 Tea plantation sectors and formed 38 reading boxes in communities as well.

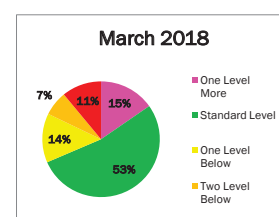
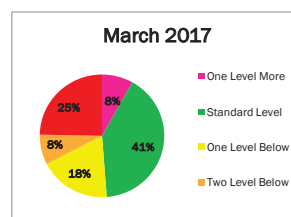


We trained 37 reading group Leaders and 15 volunteer who conducted literacy improvement activities.

We renovated and 2 Reading huts and 2 community libraries, furnished them with library books. The Estate management has supported us by providing land.

Within 12 months of the program, 68 % of the children achieved their standard level in Reading, measured by the functional literacy assessment tool. This is a significant increase from the 49% of the children achieving the standard by the assessment tool prior to our programs.

**Functional Literacy assessment 2017 March and 2018 March**



Beneficiaries of our reading group projects		
Total Reading group children	Male	Female
641	304	337

While supporting the training of Estate Child Development Officers and preschool teachers, the project also improves the ECCD facilities for children in their communities.

We have Conducting ECCD and Preschool management training to our community preschool teachers and E4D closely monitors the progress in the children's health, nutrition, and psychosocial developments.



### A Sustainable Day Care center in Thebarton

The IMHO & E4D has Monitored the Thebarton Preschool at an old Building before January 2018. On January we handed over the preschool to FRIDSRO organization with 5 years (MOU) partnership agreement for sustain the preschool project at Thebarton, after signed agreement the FRIDSRO renovated the Building with 1.05 Million cost. The building was constructed by World Vision Lanka Ampagamuwa ADP on 2000.



Now that preschool functioning as a cent Resource Center and day care center, there are more than 25 children have participating in the ECCD education and more than 50 School children are participating evening Mathematics, Science, English and IT classes at Thebarton. Pre School teachers, evening class teachers and caretaker also appointed by E4D. And paying to those staff payments and monitoring by FRIDSRO.



## Educational activities for Advanced level students.

Additional after school classes are being conducted for 73 Advanced Level students at two education centers with the purpose of providing additional support to get better results in the advanced level examination. The subjects taught includes Geography, Political Science and Tamil. These Classes are conducted at Bloomfield Tamil Maha Vidyalayam Maskeliya and Luccombe Education institute. IMHO funds the salaries of the 6 teachers.

**“From those two education Centers, 10 Students were qualified to enter the University and 6 Students were qualified to enter College for higher Education.”**

## Vocational Training for Youth

The IMHO & E4D extends their support to the unemployed youth to attend vocational training schools by helping with the travel expenses and the fee for the training, and then helps the youth to find suitable jobs.



## Leadership and Life skills training for youth

“Conducted life skill and leadership training to youth and secondary level school students, the content of the training included goal setting, personal development and community leadership. There are 45 youths and 65 Secondary level students participated”



## SUSTAINABLE LIVELIHOOD DEVELOPMENT PROJECT

SUSTAINABLE LIVELIHOOD DEVELOPMENT PROJECT INCLUDE FOUR KEY COMPONENTS:

1. Establish saving groups to promote saving habits and community cohesion.
2. Provide guidance and financial assistance to the needy families within the saving groups.
3. Piloting the establishment of a corporative system as a community led social enterprise.

When we work with a vulnerable community, we recognize that while addressing the basic needs like food, water, healthcare, and education, their economic development becomes key in helping them journey out of poverty.



We train those in need to grow their businesses, improve farming methods, and work together to form groups. We help communities solve economic problems by providing them business knowledge, skills development, formation of savings groups, access to microfinance and marketing linkages.

## Progress in Economic Development Interventions

**“The Saving group members saved 2.5 million rupees in last cycle”**

IMHO & E4D supports economic development interventions in tea plantations in Sri Lanka. Village saving and loan associations (Saving Groups) is the foundation for all interventions. With IMHO's assistance E4D has established 35 Saving Groups with 574 members. The total saving by these members now amounts to 2.5 million rupees and over 50% of this is used as revolving loans to group members.

## Cooperative Society of saving group Members

### IMHO & E4D's Participation and Saving Groups

- We facilitated business training and technical training for different livelihoods
- We helped families make Family Development Plans that help them towards sustainable development
- We assisted families start home gardening integrated with poultry farming
- We formed and renewed saving groups
- We mobilized producer groups and facilitated empowerment of business forums
- We provided toolkits for saving groups



The cooperative society will invest their fund to few business to generate the fund for increase the society asset and internal income sources, it will be use their member's needs. The cooperative society will monitor the saving group activities and their sustainable plan in future.

## Sustainable Water and Sanitation Projects



**“Plantation Community Now has access to drinking Water and Sanitation Facilities”**

Clean water, quality sanitation facilities and good practice of hygiene can make a community healthy. There is a lot of health problems in plantation community because of unsafe Water and lac of sanitation facilities.

The IMHO & E4D's attention is for Water and sanitation but not only uplift the health facilities in upcountry areas, we focusing Children's education development through this water and sanitation projects, It will be improving the community hygiene and sustainable empowerment of the plantation community.

### Sanitation facilities projects at Maskeliya estate

The IMHO provided 25 units Toilet to Maskeliya Estate's Workers family through E4D, these toilets are constructed at Nyanza Lower Division and Ekoulsund Division

Beneficiaries of this project

25 Families

46 Children

**116 Family Members**

## Safe Water Facilities

The IMHO & E4D has supported for water supply project to Gangewatte Tamil School, There are 265 students and 16 teacher are using this drinking water.



“IMHO&E4D has supported for water supply project to Bloomfield Tamil Maha Vidyalayam Maskeliya. There are 1081 students and 45 teacher are using this drinking water”

“IMHO providing 2000.00 to each child for every month to continue their education. 60 Children getting this regular support from this project”



## CARING HAND

### Project



### “Caring Hands Project aims to support sixty most vulnerable children and their families living around Maskeliya in the Nuwara Eliya district of Sri Lanka”

Each of these children live under most difficult situation. Most of them living without their father or mother and some without both. Poverty and social exclusion have made their life intolerable. With the support of the IMHO & E4D has been successful in partnering with these children and their families to take a new breath and look at life with some hope and peace.

E4D intends to be with them until these children or their families are ready to take full control of their lives. The project will invest in the lives of these children by fulfilling their essential needs such as nutritional food, clothes and education making their life meaningful.

### A few words from our caring hand projects Children

Miss S. Divyashini

I am Divyashini, I have two brothers. We are living with our mother. My father was passed away 9 years back. After my father's death our family faced lots of problems, because of these problems my brothers considered to stop their education, but E4D & IMHO came along and supported us, as a result we are continuing our education. Thanks to E4D & IMHO for giving us full support when we needed.





## IMHO'S ROLE IN THE DEVELOPMENT OF TELLIPALAI BASE HOSPITAL

Dr. Y. Thivakar, *Medical Superintendent, Base Hospital, Tellipalai*

It is my great pleasure to express our gratitude and appreciation to IMHO on behalf of the Base Hospital, Tellipalai and the community we serve.

IMHO is the most recognized name amongst health professionals in Sri Lanka for humanitarian services and assistance. The Tellipalai Base Hospital has a long-standing relationship with the organization in the revival of health services in the war-affected Northern region of Sri Lanka.

Tellipalai Base Hospital is the second largest hospital in the Jaffna District of Northern Province, Sri Lanka, as well as the only tertiary cancer and mental health service provider for the entire northern region of the country, serving a population of more than 1 million. Hence, the institution has a huge responsibility in upgrading and sustaining the health standards of the region which cannot be met by the government alone. IMHO has stepped in to help with the needs wherever and whenever a situation arises.

It is my pleasure to highlight a few of the important projects that IMHO has enabled at Tellipalai Base Hospital throughout our long-standing association:

The vehicle park which was built by IMHO for hospital visitors has been generating monthly income of more than 50,000 rupees for the Patient Welfare Society of the hospital, which helps to cover the urgent needs of the institution and our patients.

The modern cafeteria constructed with the financial assistance of IMHO has been benefiting many patients and staff on a daily basis for the past several years. In addition, it is the major revenue-maker for the Patient Welfare Society with monthly income in excess of 70,000 rupees.

The operation theater of the hospital is one of the best amongst the provincial hospitals with a capacity of five operating rooms. The specialists in Obstetrics, Gynecology and General Surgery currently perform about 10 major and 20 minor surgeries on a daily basis. We thank IMHO with our utmost gratitude for their immense contribution in the procurement of numerous vital medical equipment from time to time as well, which have enable the successful development of this service.

The maternal and reproductive health services sphere of the hospital, headed by Dr. Saravanabava, eminent Obstetrician and Gynecologist, has become one of the major service providers of these services in the Northern Province. We are very thankful to IMHO for the continued assistance to these services by providing compensation to 4 pre-intern physicians working at the Infertility



Management Center for more than year now. IMHO readily joined hands with us in the establishment of a basic andrology laboratory at the infertility management unit, which is the only hope for thousands of couples in the region struggling to conceive.

The Tellipalai Base Hospital and the community it serves is privileged to have such a trusted and rewarding partnership with IMHO. We are very optimistic about our continued journey together, driven by our shared commitment to meeting the needs of the institution and the surrounding population at-large.



## SPECIAL PROJECT TO ENHANCE PERFORMANCE IN MATHEMATICS FOR GRADE 9-II STUDENTS

Ahila Canagasooriyam, *Zonal Director of Education, Batticaloa (West)*

Batticaloa West Zone is one of the Vulnerable Education Zones in Sri Lanka. It is located in the rural area of Batticaloa District. In the 2016 GCE (O/L) examination, only 30.61% of students were qualified for A/L from these schools in this Zone. The pass percentage in Mathematics is 42.14%. At National level, Batticaloa West Zone was the lowest amongst all 98 Zones. But in 2017, the level of performance of students in this Zone improved up to a 56.6 % pass rate in Mathematics.

Even still, the percentage of students who follow the Science stream in their Advanced Level (A/L) classes is only 6% in this Zone, while the expected percentage by the Government is 40%. Most of the students hesitate to go the Science stream route due to their lack of practice and low understanding of Mathematics concepts. Therefore, Batticaloa West Zonal Education Office has decided to provide 6 *Self-Learning Kits* for students in Grades 9, 10 and 11.

These 6 *Self-Learning Kits* will be prepared by a group of experts including teachers, Master teacher and Assistant Director of Education (Mathematics) under the headings of Fractions, Algebra, Circumference, Area, Volume, Statistics, Set, Probability and Geometry. Each self-learning kit will have 3 parts. Questions will be arranged sequence from easy to difficulty.

- a) Part A – Includes questions from Grade 9 syllabus. This part can be done by Grade 9, 10 and 11 students. Part A will be printed in Pink color.
- b) Part B – Includes questions from Grade 10 syllabus. This part can be done by Grade 10 and 11 students. Part B will be printed in Green color.
- c) Part C – Includes questions from Grade 11 syllabus. This part can be done by Grade 11 students only. Part C will be printed in Yellow color.

The Grade 9 students will be able to benefit from these kits for 3 years. In 2018, they will do Part A, in 2019 they will do Part B, and in 2020 they will do Part C. Grade 10 students will be able to use these kits for 2 years. In 2018 they will do Parts A & B, and in 2019 they will do Part C. Grade 11 students have to use these kits for 1 year. In 2018, they will do Parts A, B and C. Teachers will guide and motivate the students to use these self-learning kits, and they will monitor the proper usage of these kits.

The total number of students benefitting from this project is 3,725 across 34 schools. The total cost for this project is 2,682,720 Sri Lankan Rupees. On behalf of the students, teachers and parents of Batticaloa West Zone, I extend my sincere thanks to IMHO for accepting our request to fund this project in an effort to enhance the educational status of the Batticaloa West Zone.



## IN SERVICE OF THE DISABLED

Dr. (Mrs.) J. Ganeshamoorthy, *Chairperson*  
*Jaffna Jaipur Centre for Disability Rehabilitation*

The Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR) on its own and together with other local and international organizations has rendered invaluable services to the disabled community during the last 31 years. In this context, the International Medical Health Organization (IMHO) stands in the forefront.

It is commendable that IMHO, during the period 2012 to 2017, has supported the activities of the JJCDR to fulfill the needs of the disabled. This is a milestone in the history of JJCDR. The International Committee of the Red Cross (ICRC) that was supporting the JJCDR since its inception to provide relief and rehabilitation support for the war-affected population gradually reduced their support. And after the war ended, they stopped their support altogether. JJCDR encountered considerable difficulties in providing the required support to the war-affected population when the ICRC terminated their support. It is at this juncture the IMHO came forward to help us.

### *Provision of Mobility Devices and Educational Grant for Schoolchildren*

IMHO's philanthropic attitude is well evidenced by reviewing their activities in extending valuable support in providing wheelchairs, three-wheelers, walking aids, crutches, and other mobility devices to disabled persons of all ages. IMHO also provided monthly financial assistance to students for their educational activities and to help them progress in life in general.

### *Repair of Three-Wheelers*

Repairs had to be undertaken to the three-wheelers manufactured by JJCDR with a five-year guarantee, as these were used continuously and without proper maintenance. The proposal submitted by us to carry out repairs to 75 such three-wheelers was accepted by the IMHO and repairs were undertaken in two stages, and then reissued to the disabled persons upon completion.

### *Printing of Handbooks*

For the information of the beneficiaries who were provided with artificial limbs, each was given a handbook containing instructions for the proper maintenance of their artificial limbs. This enabled the beneficiaries to take proper care of them. It is with the support of the IMHO that the handbooks were possible.

### *Mould to Make Foot Pieces*

IMHO supported the making of moulds to help in the manufacture of foot pieces.

### *Purchase of Camera*

With the support of IMHO, we were able to buy the photographic equipment, which helps us to maintain the biographic particulars of the beneficiaries.

### *Training of the Staff in Sign Language*

JJCDR is thankful for the support given by IMHO to train some of the staff in the art of communicating with the beneficiaries who are deaf. They also supported JJCDR by providing a photocopier.

We firmly believe that the IMHO will continue to support us by approving the project proposals to be submitted by us in the future to continue the journey in the service of the disabled.

## A LETTER OF APPRECIATION

N. Parameswaran, *Principal*

*Bloomfield Tamil Maha Vidyalayam, Maskeliya, Sri Lanka*

It gives me great pleasure to report about the contributions of IMHO and E4D to our school.

We have about 1,080 children, who have suffered from not having clean drinking water or toilet facilities. IMHO, through local partner E4D, provided water services and pipelines to bring clean drinking water to the school premises. In addition, they helped to build toilet facilities for the children.

To improve scholastic activities at the school, IMHO and E4D helped to have additional classes with financial support for the teachers. As a result, in the 2017 advanced level (A/L) examinations, 16 out of 18 students passed the examination with 7 students being selected for University entrance and 4 students entering the Teachers training school. This was a great achievement for our school.

Additional English language classes are also being held, and again IMHO and E4D are compensating the teachers' for their services. This further enhances the students' level of education and highly improves their chances of securing employment.

On behalf of the students, parents, the community and the teachers, I thank IMHO and E4D for their encouraging support and financial help to our school.

*[Please note: the original Tamil-language version of this letter follows this translation to English]*





## CP / HZ / BLOOMFIELD TAMIL MAHA VIDYALA-MASKELIYA.

மமா/ஹவ/பூமபீல்ட் தமிழ் மகாவித்தியாலயம். மஸ்கெலியா.

Principal:-Mr.N.Parameshwaran(BA,Dip.in Edu. S.L.P.S. 2)  
T.P-0512235229/ 0716572727

E-mail:- maskeliyabloomfieldtmv@gmail.com  
Date:04.05.2018

மக்கள் சேவையே மகேஷன் சேவை என மக்களோடு இணைந்து பல்வேறு அபிவிருத்தி செயற்பாடுகளை E4D நிறுவனமும் அதனோடு இணைந்து IMHO நிறுவனமும் மேற்கொண்டு வருகின்றது பாடசாலை அதிபர் என்ற ரீதியில் திரு N. பரமேஸ்வரன் இவர்களுடைய சேவையில் எங்களுடைய பாடசாலையும் மமா/ஹவ/பூமபீல்ட் த.ம.வியையும் இணைந்துகொண்டமையினை நினைத்து மன மகிழ்கின்றேன்.

கடந்த சில வருடங்கலாக குடிநீர் வசதியின்றி பாடசாலையில் 1080 திற்கும் மேற்பட்ட மாணவர்கள் கல்வி பயிலுகின்றனர் பாடசாலையில் குடிநீர் இல்லாமையினால் பல்வேறு அசௌகரியங்களுக்கு முகங்கொடுக்க நேர்ந்தது. இந்த நிலையில் E4D மற்றும் IMHO நிறுவனமானது நீர் வசதியினை பெற்றுக்கொடுத்தமையினால் பாடசாலை பிள்ளைகள் மற்றும் ஆசிரியர்கள் சுகாதாரமன நிலைக்கு இட்டுசெல்வதற்கு வாய்பொன்றை ஏற்படுத்துவதற்கு கொடுத்துள்ளதோடு பிள்ளைகள் மலசக்கூடமும் பாவிப்பதற்கு குடி நீர் இல்லாமல் சுகாதாரமற்ற நிலையில் இருந்த மலசலக்கூடங்கள் இன்று மிகமிக சுத்தமான நிலையில் காணப்படுவதற்கு நீர்வசதி சிறப்பான முறையில் காணப்படுகின்றமையே குறிப்பிட வேண்டும்.

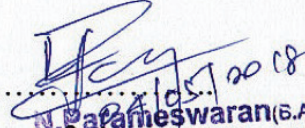
குடிநீர் வசதியும் மற்றும் இன்றைய உயர்தர மாணவர்களுக்கான மேலதிக வகுப்புக்களை நடத்தவும் இந் நிறுவனம் முன்வந்து மேலதிக வகுப்புக்களை மேற்கொள்ளும் ஆசிரியர்களுக்கான கொடுப்பணவையும் வழங்கிவருகின்றது. தோட்டப்புற பாடசாலை என்பதால் இங்கு கல்விப்பயிலும் மாணவர்கள் தோட்ட தொழிலாளர்கள் பிள்ளைகளே சில பிள்ளைகள் பாடசாலை கல்வியினை மாத்திரம் கற்றுவந்தனர் இந் நிலையில் சிறப்பானதோர் 2017ம் ஆண்டு உயர்தர மாணவர்களால் பெறுபேறு அமைய இந்த மேலதிக வகுப்புகளின் வகிப்பகு முக்கியமானதொன்றாகும் 18 மாணவர்கள் தோற்றி 16 மாணவர்கள் சித்தி பெற்று 7 மாணவர்கள் பல்கலைக்கழகத்திற்கும் 4 மாணவர்கள் ஆசிரியர் கலாச்சாலைக்கும் தெரிவு செய்யப்பட்டுள்ளமை அதற்கு சான்றாகும்.

அதே போல ஆரம்பபிரிவில் ஆங்கிலபாட ஆசிரியர் பற்றாக்குறையால் இரண்டு தொண்டர் ஆசிரியர்களுக்கு தலா 5000 ரூபாய் கொடுப்பணவையும் வழங்கி வருகின்றமையும் எங்கள் பிள்ளைகளின் கல்வி வளர்ச்சியில் பாரியதோர் பங்களிப்பினை E4D மற்றும் IMHO நிறுவனம் வழங்குகின்றது.



கடந்த சில வருடங்களில் இப் பாடசாலையானது பொருளாதாரரீதியில் மாணவர்களின் மாதிரி பரீட்சை வினாத்தாள் பிரதிகளை பெற்றுக்கொடுத்தல். புலமைப்பரீட்சை மற்றும் O/L மற்றும் உயர்தரம் இந்நிலை இனிவரும் காலங்களில் இல்லாது இது வரைக்காலமும் பெற்றுள்ள பெறுபேறுகளை பார்க்கவும் மேலும் சிறப்பான தோர் பெறுபேறுகளை பெற வழியமைத்து கொடுத்துள்ளது. மென்மேலும் இந்த நிறுவனத்தின் உதவிகள் எங்களுடைய கல்வி பிள்ளைகளின் வளர்ச்சிக்கு தேவை என்பதோடு உங்களை சேவை தொடரவும் இதுவரைக்காலமும் E4D மற்றும் IMHO நிறுவனமும் இணைந்து எங்களுடைய பாடசாலைக்கு கிடைத்ததினை இட்டு பாடசாலை ஆசிரியர்கள் மாணவர்கள்,பெற்றோர்,பழைய மாணவர்கள் என்ற எல்லோருடைய சார்பாகவும் நன்றிகளை பாராட்டுக்களையும் தெரிவித்து கொள்கின்றோம்.

நன்றி

  
P. Arameswaran (S.A, Dip in Edu)  
அதிபர் Principal (S.L.P.S-2)  
CP/HZ/Bloomfield T.M.V  
Maskeliya



## REMARKABLE SUPPORT & SERVICE TO THE PEOPLE OF VANNI

Dr. T. Sathiyamoorthy, *Director, Teaching Hospital, Jaffna*

For the last 15 years, IMHO has continuously supported and assisted the people of Vanni in various ways. Between the years 2004 and 2008, the economic situation was very poor and the people faced many hardships, including totally inadequate healthcare services and facilities. IMHO established a Health Care Center at Iyankulam, providing essential healthcare to many individuals. To cope with the healthcare needs of persons undergoing forced migration, IMHO sponsored Mobile Health Care services as well.

During the period of war, many areas of Vanni were under attack and the people suffered immensely due to shortage of manpower and lack of healthcare services. IMHO came through by paying for monthly allowances to volunteer doctors and nurses to work in these areas, added further mobile clinics, opened a nurses' quarters at Kilinochchi District Hospital, and started preventive medicine programs as well.

To combat the humanitarian crisis facing the children suffering from hunger and malnutrition in the final stage of the conflict, IMHO immediately responded by sending milk products and vitamins through the ICRC (International Committee of the Red Cross).

Since 2010 until now, IMHO has continued and expanded its activities to cover many more areas. It continued with the mobile health programs for the people in the remote areas of Vanni. An oral health program was initiated, helping 2,500 Grade I students by teaching them about oral hygiene and providing them with toothbrushes and toothpaste. This program has been in existence for the last five years now.

Visvamadu is a remote village and to further enhance the education, IMHO supported the establishment of an education center for an after-school program there. Currently, about 300 students are attending the program.

The people of Vanni have greatly benefitted from the generous support offered by IMHO, whose Board members periodically visit the area, inspecting the projects and showing their care and commitment to the total wellbeing of the community.



## PROVISION OF MOBILE MEDICAL & PALLIATIVE CARE SERVICES

G. Krishnakumar, *Ministry of Health, Northern Province*



Despite advances in modern medicine, there are countless diseases and conditions which cannot be cured, but rather only "managed" and treated to reduce symptoms and patient discomfort. Many diseases cause chronic pain and suffering, some of which are terminal and for which palliative care is absolutely essential. Even when a cure is impossible, much can be done to ease the suffering of patients.

Since January 2016, the International Medical Health Organization (IMHO) has supported CANE Jaffna Hospice to conduct field-based palliative care services to cancer patients who reside in the Tellipalai, Uduvil and Nallur Ministry of Health divisions of the Jaffna District. So far, 375 patients have been registered and received services.

A team, which consists of a nursing officer and two health assistants, regularly visits individual houses by three-wheeler and supports and educates the patients and their family members on how to keep the patients' condition as good as possible. The details of the patients are collected from the Social Service Department and the hospitals.

The team takes partial responsibility in many of the day-to-day tasks of the patients, such as giving medications, providing transportation, assisting with daily activities, offering emotional support, helping with finances / social assistances and talking with doctors.

Thanks to IMHO for helping enable this incredible service towards providing relief from the symptoms, pain and stresses of serious illness for patients and their families.





## IMPROVING CHILD CARE

Dr. Shanthini Ganesan, *Consultant Paediatrician*  
*Colombo South Teaching Hospital*

My first contact with IMHO was in 2007 when I was working as a paediatrician at Batticaloa Teaching Hospital. I was able to discuss some of the difficulties faced by children and their families at the IMHO Annual Convention in Ohio at the time. From that time onwards, my links with IMHO gradually became stronger.

The Neonatal Unit at Batticaloa Teaching Hospital served both Batticaloa and the neighbouring districts as well. During the war years, communication and travel were badly affected. Therefore, it was important to create methods for families and staff to communicate to facilitate discharge, transfer and follow-up care. IMHO helped us to install a telephone line and paid the monthly phone bill for over four years.

Thalassemia is seen fairly commonly in Batticaloa. We had around 75 children on the thalassemia registry. Chelation therapy, which is needed to remove excess iron, is a lifelong necessity for these children. The infusion pump that is needed to administer this chelating agent is not provided by the government and is very expensive for the patient to purchase. With support from IMHO, we were able to provide these pumps for the needy children, reducing long-term complications and extending their lifespan.

Emergency care of children needs adequate equipment, such as pulse oximetry, multi-para monitors and infusion pumps. The state provided the necessary equipment but does not always provide the required accessories in a timely manner. We were able to purchase these accessories on an emergency basis to save lives with the support we had from IMHO.

Colombo District has a population of over 800,000 people. Of this, more than 50% of people live in shanties with poor housing and limited services. Most of them have had poor schooling and limited health education. A program to improve maternal and child care among these people was started in 1996 by a Dr. Sirisena, an obstetrician. The theme of this program was “*Good parent, good children, pleasant family and conducive society.*” Initially, this program was supported by the Ministry of Health, but later this support was withdrawn. However, with contributions from well-wishers, this program has been surviving for many years since. Every month, two programs are conducted – one in Tamil and one in Sinhala. Each program is attended by 150 to 200 families in need. It is a day program that runs for around 5 hours. In 2015, IMHO came forward to help to run the program to-date.

I wish to congratulate IMHO and its members for their invaluable help rendered to Sri Lanka, including all of the above-mentioned interventions.

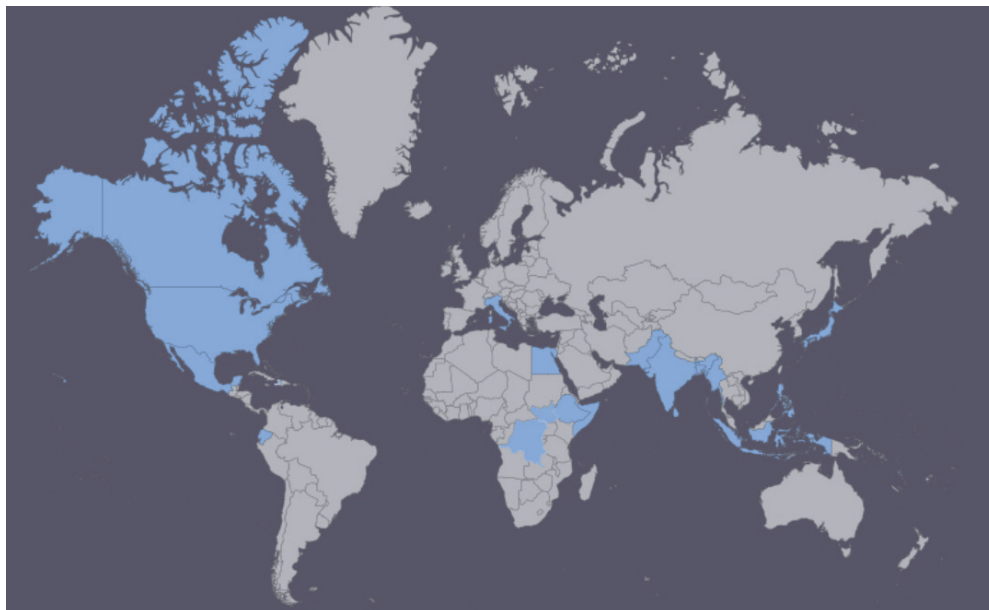
## FIFTEEN YEARS OF GLOBAL RELIEF EFFORTS

*Board of Directors, International Medical Health Organization (IMHO)*

Over the years, IMHO has engaged in relief and development work in 20 countries across the globe, prioritizing support for communities afflicted by severe natural or manmade disasters. While the bulk of our ongoing efforts are focused on Sri Lanka, we do have ongoing projects in Ethiopia as well. The list of all countries where we have worked over the years includes:

EMEA (Europe, Middle East, and Africa)	APAC (Asia and Pacific)	The Americas
Democratic Republic of the Congo (DRC)	Bangladesh	Canada
Egypt	India	Ecuador
Ethiopia	Indonesia	Haiti
Italy	Japan	Mexico
Somalia	Myanmar	USA
South Sudan	Pakistan	
	Philippines	
	Sri Lanka	
	Vanuatu	

The latest relief efforts included contributions provided to food banks and other charitable organizations assisting those in the U.S. affected by Hurricane Harvey and the epic storm season in 2017 that caused catastrophic destruction to the Texas coastal communities and surrounding areas. In addition, IMHO also responded to the earthquake in Mexico, as well as to Hurricane Irma in the U.S. in 2017, supporting efforts by Save the Children and Samaritan's Purse respectively. In early 2018, we also kicked off our global relief efforts by supporting the Rohingya Refugee Crisis Disaster Response Programs being spearheaded by Medical Teams International.



## EXPANSION OF AUDIOLOGY & SPEECH SERVICES FOR DEAF AND HARD-OF-HEARING ETHIOPIANS

Greg Buie, *Executive Director, Visions Global Empowerment*

Audiology services in Ethiopia, a country of more than 107 million people, are vastly underdeveloped and entirely inadequate to meet the growing demand for such services and support. And speech language development services are almost entirely unheard of, especially anywhere outside of the capital city. As the 2<sup>nd</sup> most populous country in Africa, there is simply no reason why this population should not have access to such services.

For the past 3 years, the Visions Model Deafness Center in Bahir Dar, Ethiopia has established itself as the standard bearer for serving and improving the lives of Deaf and Hard-of-Hearing (HoH) Ethiopians, of which there are estimated to be upwards of 3 million people (putting aside the unknown millions of elderly who are currently living with hearing loss, mostly due to natural age progression).

Throughout this journey, IMHO has stood by us and supported our work. IMHO's support has enabled us for the past few years to hire a full-time Audiology Technician who is actually Deaf himself. With only minimal support from an Interpreter when needed, he now manages these ongoing services. Having someone who is Deaf serve in this role both facilitates hearing testing and counseling, while also demonstrating that Deaf individuals can be successful professionals and role models.

IMHO's support has also been instrumental in enabling volunteer audiologist Dr. Catherine Clark from the National Technical Institute for the Deaf, Rochester Institute of Technology to join us annually for the past 4 years as well. Dr. Clark's leadership has enabled the training of not just our Audiology Technician but all of our other staff at the Center, the 2 local ENTs, numerous university students, and others. Dr. Clark will be joining us in Ethiopia again this summer for a 5<sup>th</sup> – we hope with support from IMHO.

Our local implementing partner organization the Kal Center for Special Needs ([www.kalcenter.org](http://www.kalcenter.org)) has continued its ongoing services in providing hearing testing & counseling for the public, follow-up services for those who have received a hearing aid or have chronic ear problems, and other support. Once per week (every Saturday), follow-up service is provided to all individuals who have received a hearing aid. The Kal Center staff provide basic device maintenance, hearing aid check-up / recalibration, battery replacement, screenings, and follow-up support / training / counseling on how to most effectively use their hearing device. We have also introduced regular cued speech / visual Amharic instruction, and introductory Listening & Speech training for youth now as well, led by a team of volunteer Speech-Language Pathologists from the U.S.



*"No one reached out to me in my darkest hour or helped me to establish a better condition for myself or my son...Now I have great hope that my son will grow up and work beside me, which gives me plenty of joy and hope for the future. People who are deaf like me should not expect anything or depend on anyone. They should love the way they are and manage their own lives. Begging is the worst thing. I want to share my life experiences with others to encourage them to be independent and to lead their own lives. I thank all who supported me for enabling me to improve my life."*

~Asmaru Tadege, Bahir Dar







Recently, we released several short educational films, each of which follow the theme of “*Understanding Deafness in Ethiopia*.” One of these short films focuses specifically on the issue of “Health.” It is now available in 2 formats – one with English subtitles and one with Amharic subtitles (<https://youtu.be/mBfFVssK420>).

To-date, more than 230 individuals have had their hearing assessed at our facility, almost all more than once in order to get a full picture of their hearing spectrum. And of this group, 82 persons have received a hearing aid. The difference these hearing amplification devices have made to the overall quality of life for those who benefit from using one is impossible to sum up in words alone. For some, this intervention has been truly life-changing. With IMHO’s support, we hope and believe that we have just begun to scratch the surface.

Our future plans include scaling up our efforts to reach many more people and inspiring others to do the same in other parts of the country as well. In fact, we have already started working to expand audiology services to Addis Ababa, Mekelle, and Gondar with a volunteer ENT from the U.S. who happened to visit our Center and see our work in action.

We are also planning to scale up our speech-language services on offer and create a more robust and comprehensive support program for those students who wish to explore this route.

And finally, our long-term dream is to establish a Deafness Professionals Training College in Ethiopia to educate and train professionals in 4 fields: Interpreters, Speech-Language Pathologists, Deaf Educators, and Audiologists. We envision formally educating and training individuals to then go out and serve throughout the country and perhaps throughout the East Africa region as a whole. With IMHO’s continued support, we know there is much we can achieve together.

Congratulations on 15 years of service, IMHO! Everyone who has given generously to the organization over the years, be it financially or with your time or in some other way, your efforts have made a tremendous impact on countless lives. You will never likely know the true extent to which your efforts have forever changed the lives of so many people in need. Thank you for all you do.



[www.visionsglobalempowerment.org/deaf-education-empowerment/](http://www.visionsglobalempowerment.org/deaf-education-empowerment/)

## IN MEMORIUM of MR. N. PATHMANATHAN



IMHO Lanka's Executive Director, Mr. Namasivayam Pathmanathan, passed away on the 4<sup>th</sup> of March 2018. He was an incredible asset to the IMHO team, and his death has created a vacuum in IMHO's leadership and in the charity world at-large.

The late Mr. N. Pathmanathan joined as the Executive Director of IMHO Lanka in 2013 and worked tirelessly until his last breath. All of the IMHO Directors work as volunteers and give their service with great pleasure and enthusiasm, and he was no different. We had the pleasure of having Mr. N. Pathmanathan attend our mid-year convention in Columbus, Ohio in 2013.

He was always available to answer our telephone calls and to meet with us during US/Canadian Directors' field trips to Sri Lanka. He meticulously maintained IMHO's records and met the fiduciary responsibilities on behalf of IMHO USA and IMHO Canada in a timely manner. He was instrumental in identifying many good projects to be implemented by IMHO. Once a project was approved, he was involved in the implementation, monitoring and the submission of project reports. He was also the link between IMHO and the Rotary Club, through whom many projects were accomplished.

Mr. Pathmanathan held a number of executive posts in Sri Lanka, such as Government Agent, Deputy District Secretariat Treasury Secretary, Finance Ministry Budget Direct, and several other high-ranking positions. In fact, he was the first officer to gain entry into the Sri Lanka Administrative Service in the Batticaloa District, in 1967. When he passed away, Mr. Pathmanathan was the Chairman of the Rehabilitation of Persons, Properties and Industries Authority.

He will be greatly missed by the people he served and by all involved with this organization.

*Board of Directors  
International Medical Health Organization*

epaper.dailynews.lk

MONDAY, MARCH 26, 2018

### APPRECIATIONS

**N. PATHMANATHAN**

## Pillar of strength

Namasivayam Pathmanathan was the first officer to gain entry into the Sri Lanka Administrative Service (SLAS) in the Batticaloa District, in 1967. He passed the open competitive examination conducted by the Examinations Commissioner General. He passed away on March 4, 2018.

Pathmanathan was a past pupil of Shivanadha Vidyalaya (Rama Kirishnan Mission), which has produced numerous SLAS Officers including I. Shivanadha, at that time, was the leading English Medium School in the District.

V. Thiyahalingam of Huskison Street, Trincomalee, was my classmate at Shivanadha Vidyalaya as well as at the School of Agriculture, Peradeniya, where we completed our Diploma Course in Agriculture. It is he who connected me to late Pathmanathan, who invited me to serve at the Trincomalee Provincial Council Office when he was the first Chief Secretary to the Provincial Council of the North and East. Then the Chief Minister was Varatharaja Perumal. Thiyahalingam currently now working in London.



**Late N. Pathmanathan had held a number of executive posts, such as Government Agent, Deputy District Secretariat Treasury Secretary, Finance Ministry Budget Director and several other high-ranking positions**

Late N. Pathmanathan had held a number of executive posts, such as Government Agent, Deputy District Secretariat Treasury Secretary, Finance Ministry Budget Director and several other high-ranking positions.

Lastly, he was appointed the Rehabilitation of Persons, properties and industries Authority (REPIA) Chairman by the Prison Reforms, Rehabilitation and Resettlement Minister.

Having passed the G. C. E. (O/L) and G. C. E. (A/L), he also served as a Teacher in English at St. Michael's College, Batticaloa, until he entered the University of Peradeniya.

He was a pillar of strength to all those who came met with. He was also the District Governor to rotary clubs in the Batticaloa District from 2002 - 2003. This loss leaves a void that could never be filled.

I convey my deepest condolences to the members of the bereaved family of late Namasivayam Pathmanathan. May his soul rest in peace.

**A. L. IBRA LEBBE**  
Retd. Divisional Secretary, SLAS













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Best Wishes to IMHO for the 15<sup>th</sup>  
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