

### **C. Drafting the Multi-sectoral Acute NCD (Injury) action plan 2021 -2025**

Based on the strategies identified in the injury policy, developing a Multi-sectoral Action Plan was initiated in 2019. Five consultative meetings were conducted to develop action plan template and three multi-sectoral meetings were conducted in 2019 to identify the relevant activities for each area of the action plan.



### **D. Integration of NCD programme in to current public health (PH) programme**

Three discussions were held in 2019 to explore the possibility to integrate injury prevention to the current programme conducted by Public Health Inspectors (PHII) as there is no authorized officer at the grass root level (at Medical Officer of Health - MOH division level) to implement the injury prevention programme, and

### **E. Involvement of Social service workers at divisional level in implementation of the injury prevention programme.**

Involvement of the social service workers have been considered as a solution for the implementation of injury prevention programme at the divisional level. One day eye opening session on injury prevention and first aid was conducted for 29 district social service offices in August to make them aware about the injury prevention programme.

## **F. Other special activities done**

1. Provided technical guidance and recommendations in developing the Road Safety Commission Act in the event of transforming Road Safety Council to Road Safety Commission by the transport ministry
2. Provided technical guidance and recommendations in developing the protection of rights of good Samaritans
3. Provided technical guidance in developing the 'Management of plant poisoning in Sri Lanka' and leaflets, which were developed by the National Poison Centre, the National Hospital of Sri Lanka
4. Provided technical support in developing National strategic plan on adolescent and youth Health by the Family Health Bureau
5. Provided technical support in developing mother support group training module by the Health Promotion Bureau

### **2.5.1.2 Raise awareness among stakeholders and public on injury prevention and empower them on design and develop safe environments**

1. Conducted one training programme for provincial and district CCPs and district MONCDs on injury prevention programme in March in 2019.
2. Provided technical assistance and feedback on the injury prevention district action plans.
3. Development of Home safety check list – under the home safety programme, 1.5 million home safety check lists were printed and 775000 were distributed among houses with an ante natal mother or a child less than 5 years of age.
4. Develop the WHO Bi regional status report for drowning prevention in South East Asia and Western Pacific Regions as the National Data Coordinator (NDC) with the assistance of many governmental and non-governmental organizations and submitted to WHO.

## **A. Safe community programme**

This community based programme was initially piloted as an injury prevention programme. But now the scope has been widened to address the other aspects of health too. This is a very good example for multi-sectoral involvement not only in NCD activities but for many health related programmes.

Currently Gampaha district is conducting the programme efficiently with the direct supervision of District Secretary and the RDHS.

1. A team from NCD unit and MONCDs visited one of the Safe Communities established in Gampaha district in 2019 to oversee the success of the programme.
2. In July 2019, District secretaries were addressed at the routine meeting conducted at the Ministry of Public Administration chaired by the Hon. Minister and the Secretary regarding the importance of establishing Safe communities in the respective districts.
3. Additionally, in 2019, attended two reviews meetings organized by RDHS Gampaha with District Secretariat and technical meetings conducted in establishing 3<sup>rd</sup> round of safe communities in Gampaha District.

## B. National Injury prevention week

This was launched in 2016 to empower community to identify the injury risks in their own environments and to take prompt actions to prevent them from injuries. This is conducted for 5 days from 1<sup>st</sup> Monday to 1<sup>st</sup> Friday of month of July. In 2019, this was conducted for the 4<sup>th</sup> successive time from 1<sup>st</sup> - 5<sup>th</sup> of July. A media conference was organized by the Health Promotion Bureau to aware the public through print and electronic media regarding the importance of prevention of injuries. Each day has been identified for a specific theme Day 1 – Transport safety (road and rail track safety), Day 2 – Work place safety, Day 3 – Home safety which also includes elderly care home safety, Day 4 – Preschool safety, Day 5 – School safety). A number of other sectors such as universities, local authorities, District secretariats have also conducted different activities at their office premises and also at community level. Further, Sri Lanka Police has conducted special law enforcement programmes during the week.

### 2.5.1.3 Strengthening post-event care

Directorate of NCD has launched this programme in 2016 with the assistance of experts in First aid, aiming to train at least one person from each house on the basic first aid. Management of poisoning and eye injuries at the primary care level were developed in 2019. As requested by the Department of Motor Traffic (DMT), unit has conducted two district level trainings of driving instructors registered at the DMT on first aid.



## 2.5.2 Surveillance, monitoring, evaluation and research

### 2.5.2.1 National Injury Surveillance

National Injury Surveillance was launched in 2016 as sentinel site surveillance (Government secondary and tertiary care institutions). Few specialized institutions such as maternity hospitals, National cancer institute, Maharagama, National Institute of Mental Health etc also considered even though they do not directly provided outpatient or inpatient care for injured. It consists of four components: (1) Outpatient surveillance. (2) Inpatient (inward) surveillance, (3) Death surveillance -Death notification, Death investigation and review (4) Injury related transfer surveillance. Except death investigation and review, all the other components are being done by the sentinel sites. The draft formats for injury death investigations and review were developed in 2019. All components were monitored and evaluated at provincial reviews. Except the injury related transfer surveillance, all the other components were monitored at central level.

Following table shows the number of institutions, which conducted the injury surveillance in 2019

**Table 2: Number of institutions conducted the injury surveillance in 2019**

	Sentinel			Non-sentinel
	Non specialized (n=110)	Specialized (n=8)	Total (n=118)	
<b>Out patient</b>	87 (79.1%)	1 (12.5%)	88 (74.6%)	8
<b>Inpatient</b>	100 (90.9%)	3 (37.5%)	103 (87.3%)	20
<b>Death notification</b>	55 (50.0%)	0 (00.0%)	55 (46.6%)	3

Out of 110 non specialized sentinel sites, 10 hospitals did not conduct a single component of injury surveillance in 2019.

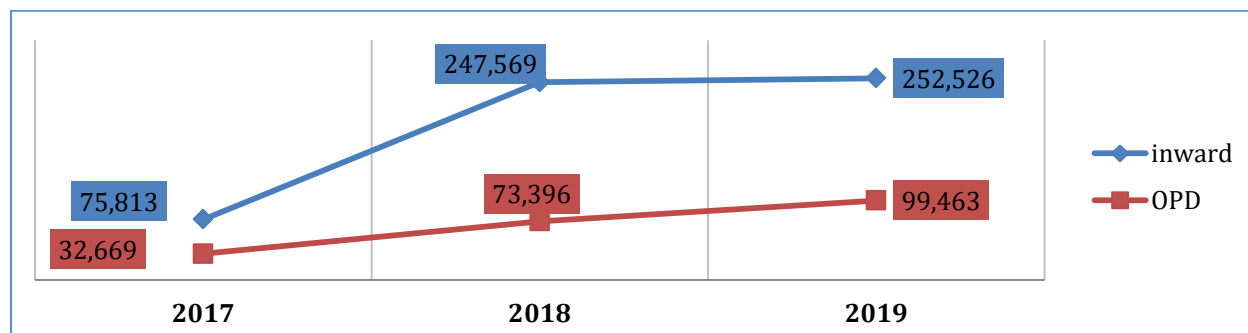
Following table shows the total number of data reported in 2019

**Table 3: Total number of reported in each component in 2019**

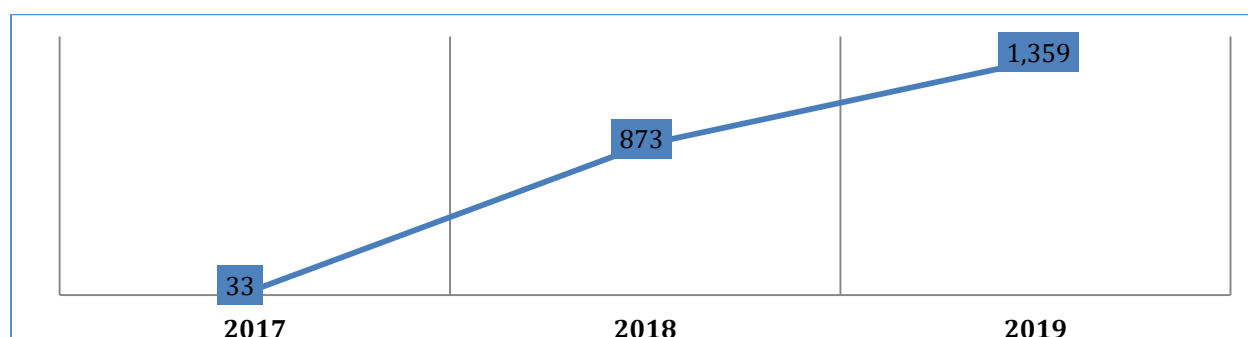
Component		Number reported
<b>Morbidity</b>	Out patient	99,463
	In patient	252,526
<b>Mortality</b>		1,359

Following figures shows the number reported for morbidity (figure 1) in 2017, 2018 and 2019 and for mortality in 2018 and 2019 (figure 2)

**Figure 9: Trends in reporting of morbidity in 2017, 2018 and 2019 <sup>8</sup>**



**Figure 10: Number reported for mortality in 2017, 2018 and 2019**



The hospital performance in reporting of injuries both morbidity and mortality have been gradually increased over the time.

**A. Training to ensure the quality of data entry and analysis at district and hospital level**

Medical officers, Nursing officers, Medical Record Officers and Data entry operators working in injury surveillance attached to RDHS offices and hospitals conducting injury surveillance were trained on data entry and analysis related to injury surveillance. Two programmes were conducted in September for 220 officers.

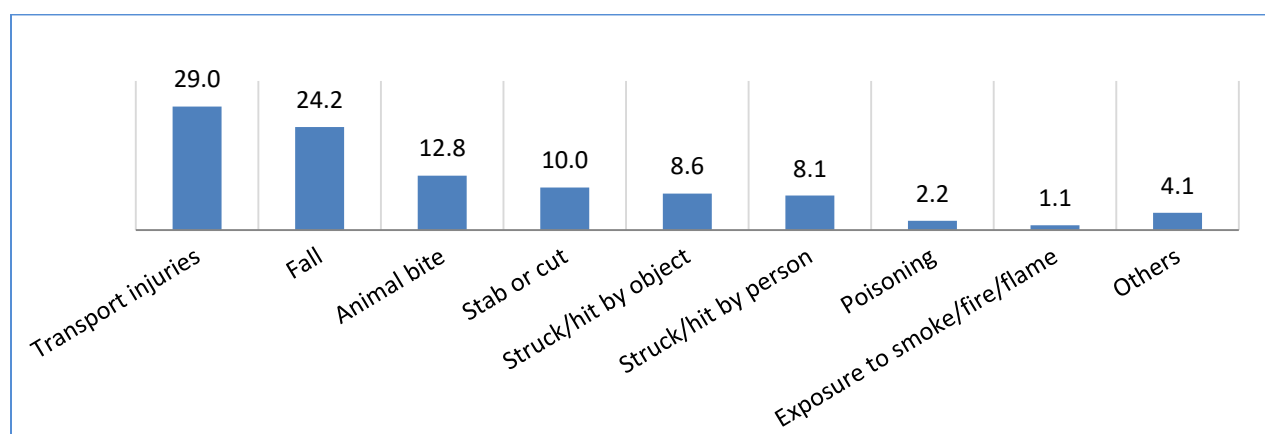
<sup>8</sup> As inward data is reported through the IMMR, hospitals cannot report the exact number of admissions by 31<sup>st</sup> of December in a given year as entering data to IMMR may get delayed due to number of reasons. Duration taken to complete the data entry for a given year may vary from hospital to hospital. As a result, a more comprehensive data could only be obtained towards the end of the following year. Hence the number shown for 2019 for inward admissions is less than the true number admitted in 2019.

## B. Special injury survey during festival seasons

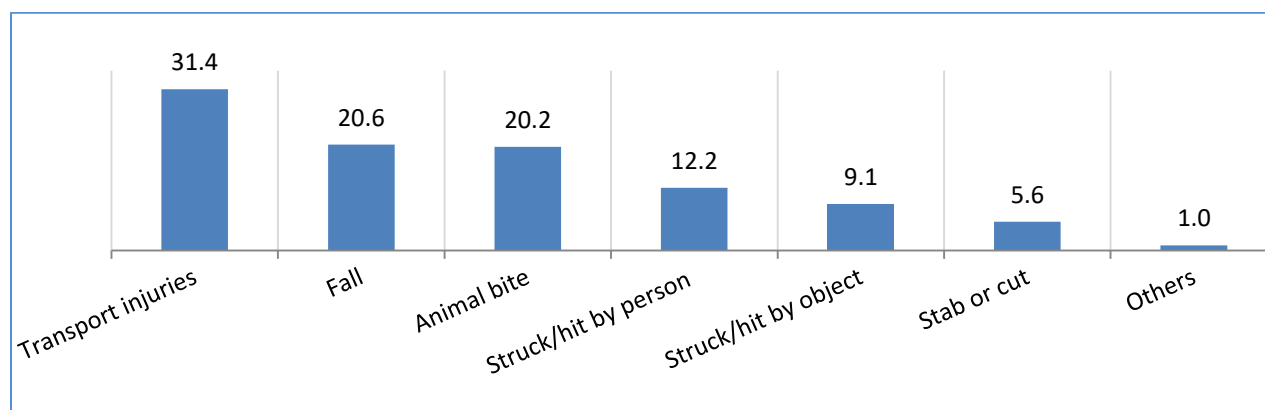
A special survey has been conducted to inform injuries reported during festival seasons especially related to New Year seasons since 2018. Details of injuries are obtained from patients treated at the emergency treatment units of the sentinel sites identified in the National injury surveillance. Year-end new year season starting from 31<sup>st</sup> of December to 1<sup>st</sup> of January and Sinhala and Tamil new year season starting from 11<sup>th</sup> April to 15<sup>th</sup> of April are considered for the special survey. Only 21 and six hospitals sent reports to the NCD unit in 2019 related to the special survey conducted during Sinhala-Tamil New year (n=1353) and year end New year (n=287) season respectively.

The injury pattern during these two special festival seasons (figures 11, 12) was different from that of the normal pattern reported throughout the year. Usually, falls were the leading mechanism of injury admitted to hospitals and animal bites were the leading mechanism treated at outpatient departments. But transport injuries were the leading injury mechanism during both special seasons and falls became the second leading mechanism.

**Figure 11: Leading mechanisms of injuries reported during Sinhala - Tamil New Year season (n=1353)**



**Figure 12: Leading mechanisms of injuries reported during year end survey (n=287)**





### 2.5.2.2 Monitoring and evaluation

The overall injury prevention programme is monitored at National level at the National Committee for Prevention of Injuries (NCPI) and at quarterly and annual national NCD reviews and District level programmes are monitored, at district quarterly NCD review of respective districts

#### National injury surveillance

- **At national level**– The 3<sup>rd</sup> National injury surveillance was organized by the Directorate of NCD in March 2019 at Bandaranaike International Memorial Conference Hall (BMICH), this was the 1<sup>st</sup> time that the best performances of the hospitals were rewarded.
- **At provincial level** - Two rounds of provincial injury surveillance reviews are conducted in each year to review provincial, district and hospital level performances. The performances of the previous year and the 1<sup>st</sup> quarter of the current year are assessed in the 1<sup>st</sup> round, and performances of the first three quarters are reviewed in the 2<sup>nd</sup> round. In 2019, both rounds were completed; 1<sup>st</sup> round in May – June and 2<sup>nd</sup> round in November – December, 2019.
- **At District level and hospital level** - District reviews are organized by the RDHS and hospital reviews are organized by both the RDHS and relevant hospitals.

Annual Injury report for 2018 was prepared based on the National injury surveillance data.



### 2.5.2.3 Research

The Directorate of NCD funded injury related research on “Risk Factors, Prehospital care, health seeking patterns and functional outcomes of adolescents with upper limb fractures aged 10 – 19 years attended selected government hospitals in Colombo district” conducted by a Community Medicine (MD) trainee to fulfill requirements to obtain the Community Medicine (MD) degree was successfully completed.

### 3. Challenges

We have to face several challenges at national level and regional level in implementation of the national NCD prevention and control programme. Some challenges are due to the epidemiological and demographic transition taken place in the country. The increase in elderly population which result of the demographic transition in country requires providing healthcare for more people with NCDs. The socio-economic changes taken place within the country e.g. unplanned urbanization, change in life style of people have led to increase prevalence of NCD related risk factors such as unhealthy diet, physical inactivity, harmful use of alcohol and smoking. As a country we are working together to overcome these challenges with the support of all relevant stakeholders. The National program is faced with many challenges in implementing and monitoring the NCD prevention and control activities at national and regional level (e.g. Lack of trained human resources lack of multisectoral involvement, unavailability of a web-based system to collect mortality and morbidity data related to NCDs and screening affecting the planning process in national and regional level).





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