

**Achievement and Sustainability of
Millennium Development Goals 4 and 5
in Selected Districts of Sri Lanka**

SUMMARY

Health sector plays an important role in achievement of Millennium Development Goals (MDGs), as outlined in the “Millennium Declaration. The target for MDG 4 is to reduce the under-5 mortality rate by two-thirds between 1990 and 2015, and the target for MDG 5 is to reduce the maternal mortality ratio by three-quarters.

With two years to 2015, progress towards MDGs 4 and 5 and their regional disparities need to be monitored by the health sector administrators. Geographical Information Systems (GIS) are widely becoming a standard tool for information management that can effectively be used to assess these dimensions.

Objective was to analyse the previous rates of maternal and child mortality, coverage of packages of interventions and access to maternal and child health services. Subsequently they were used to forecast the achievement and sustainability of MDG with regional disparities within the selected districts by 2015. Additionally it expected to analyse the perception on present effort by health managers of the selected districts.

Study design was a Descriptive; Retrospective-Pro prospective one. Study settings were Mannar, Vavuniya, Kurunegala, Puttalam and Anuradhapura Districts. Study utilized structured formats to collect coverage data from Medical Officer of Health (MOH) division level and access data from district level. Perception on present effort was obtained using an e-mailed questionnaire using a structured format developed by Ross

JA, and et.al, as Maternal and Neonatal Program Effort Index. Access and coverage data for each MOH division was utilized to develop the Sustainability Index using Causal Effect Model. Achievement of MDG targets in each MOH division was done by trend analysis using forecasting models. Finally, regional disparities in all these parameters were analysed using Geographical Information Systems.

Total of 33 MOH areas (53.23%) in selected districts will achieve the MDG target in relation to Maternal Mortality. MDG target of Neonatal Mortality will be achieved only by 21 MOH areas (33.87%). Infant Mortality target will be achieved by 26 MOH areas and this is 41.94% of the total MOH areas. Positive trends were noticed in majority (more than 50%) of the MOH areas in relation to all the ante-natal, peri-natal and family planning service coverage parameters except for Rubella Immunization. But postnatal and infant care service coverage parameters show negative trends.

Highest value of Coverage Sustainability Index (CSI) of Neonatal Mortality and Infant Mortality was for Madhu MOH. Highest CSI for Maternal Mortality was for the Vavuniya North MOH. The lowest CSI for all three parameters were from Karuwalagaswewa MOH. Highest Access Sustainability Index (ASI) for neonatal care was evident in the Marawila MOH and the lowest was observed in Madhu MOH. Similar results were observed in relation to ASI of infant care. In relation to ASI of maternal care highest was noticed in Chilaw MOH and the lowest was from the Padawiya MOH.

Perceptions of health managers on present effort indicates that, efforts in relation to skilled service provision at divisional hospital level, maintenance of partogram,

management of obstructed labour, management of post-partum haemorrhage at rural settings, post natal care and training arrangements for staff were comparatively low.

Therefore, it is recommended to concentrate efforts to low achievement areas, to natal and post natal care of service provision, to improve training of staff and to enhance quality and safety of service provision during the planning stages of maternal and child health services to improve MDG targets and to improve equity.