ANNUAL HEALTH BULLETIN 2021-2022

DEPARTMENT OF HEALTH SERVICES
SOUTHERN PROVINCE

ANNUAL HEALTH BULLETIN
2021-2022

Compiled by

Planning Unit
Department of Health Services
Southern Province

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Preface

The Annual Health Bulletin is the annual publication of health statistics of the Department of Health, Southern Province. It is a comprehensive account of health related information pertaining to the whole spectrum of promotive, preventive, curative and rehabilitative healthcare services. Annual Health Bulletin 2021-2022 is the 12th consecutive publication of the series. Information presented in this publication reflects the health status of Southern Province during 2021 and 2022, and the trends of diseases and other important health indicators over the past years.

Annual Health Bulletin is structured to cover all aspects of healthcare provision including organization of services, quality management and financial management and presents information pertaining to all levels of care from primary to tertiary level. Information provided in this publication is of utmost importance to health planning, managing resources, monitoring and evaluation of development projects and health programmes as well as for research purposes.

Message from the Hon. Governor, Southern Province

It is with enormous pleasure that I would like to extend my heartiest gratitude to the Department of Health Services of the Southern Province for publishing the Annual Health Bulletin for the twelfth consecutive year. Improvement of health care services is greatly facilitated by the collection and timely publishing of accurate health statistics. Therefore, this Annual Health Bulletin even stands as a great resource to serve the residents of the Southern province.

I am proud of this comprehensive publication which provides an overview of the state health sector that could be used for the maximum benefit of the future health standards by managing all threats through proper planning.

I take this opportunity to appreciate the enormous dedication in providing services by the Department of Health Services of the Southern province under the excellent guidance of Dr. Chandima Sirithunga.

I am confident that the Annual Health Bulletin will be beneficial to accomplish the goals of the Department of Health Services of the Southern province and ensure the wellbeing of the residents of our province. I wish you every success in your future endeavors.

Dr. Willie Gamage
Hon. Governor,
Southern Province

Message from the Chief Secretary, Southern Province

The progress and the development of a country depends on the knowledge, abilities, qualities and skills of the life of general public. I firmly believe that the 12th issue of the Annual Health Bulletin 2021-2022 is rich in health data and information issued by the Southern Provincial Department of Health and will be highly supportive in making different types of plans and taking fruitful decisions which lead to the socio economic development of the Southern province. It's a pleasure for me to offer my warmest wishes on this purpose.

The Annual Health bulletin 2021-2022 will be highly supportive to the policy makers, planners and other needed personalities to engage in their successful and progressive working fields as data and information are a must in their works. I greatly appreciate such a responsible service which is rendered the betterment not only for the public of the Southern Province but also the whole population of the country.

My heartiest gratitude goes to the Secretary to the Ministry of Health, Southern Province and all the staff including The Provincial Director of Health who guides the process of compiling the Annual Health Bulletin 2021-2022 a success.

Sumith Alahakoon
Attorney at Law
Chief Secretary
Southern Province

Message from the Secretary, Chief Ministry and Ministry of Health, Southern Province

I am honoured to convey a message of my warm wishes for the issuing of the Annual Health Bulletin 2021-2022 by the Department of Health Services, Southern Province.

As the Ministry of Health, Southern Province, we are aligned towards achieving "Prosperous South with Dignity". Southern Provincial Council provides the necessary physical and financial facilities through Department of Health Services to deliver optimum healthcare services to all the residents in the province in order to achieve a healthy community.

The Annual Health Bulletin publishes data pertaining to provision of healthcare services in the Southern Province. Health statistics in this publication is vital for monitoring and evaluation of health programmes and related development projects as well as forecasting and planning to cater the health needs of people.

I wish to extent my gratitude to the team who were dedicated to compile data and write-up this publication under the guidance of Provincial Director, Southern Province. I wish you success in your future endeavours.

Krisantha W. Mahendra
Secretary
Chief Ministry and Ministry of Health
Southern Province

Message from the Provincial Director of Health Services, Southern Province

The Annual Health Bulletin of Southern Province is a comprehensive account of health statistics and information pertaining to provision of promotive, preventive and curative healthcare services to the population of Southern Province. Health statistics reflect the health status of population concerning demographic, socio-economic, vital indices, morbidity, mortality and service provision. Information published in the Annual Health Bulletin is beneficial to all the relevant stakeholders including administrators, policy makers and staff members to plan and deliver high quality, flawless health care services to the care-seekers by optimally utilizing the resources

It is a great honour for me to be involved in this virtuous process of publishing the Annual Health Bulletin of Southern Province for the 12th consecutive year. And I believe the Annual Health Bulletin would guide us to strengthen and improve the performance, responsiveness and accountability of our services within the province.

As the Department of Health Services, Southern province, we have been working through the challenges and scarce resources to reach our goals of providing optimum healthcare facilities to the population of Southern Province amidst COVID-19 pandemic and economic downturn. It is with my heartfelt respect that I appreciate all staff members of the institutions under my purview, for their untiring efforts in continuing quality healthcare services.

I wish to express my heartfelt gratitude to the team of the planning unit, Dr. Srimalie Fernando (Registrar in Community Medicine), Dr. Himashini Dias (Medical Officer Planning) and Mr. Oshan Perera (Development Officer), for their tremendous efforts in coordinating the whole process, under the guidance of Dr. B.C Mallawaarachchi (Consultant Community Physician-Planning), Dr. Niranjala Mudalige (Consultant Community Physician-Public Health Unit) and Dr. Jagath Chandana (Medical Officer Quality Management) for their contributions, to make this publication a success. Further, I am grateful to all Regional Directors of Health Services, Medical Superintendents, Heads of Institutions and all officers who provided timely and accurate data for this publication.

Dr. Chandima Siritunga
Specialist in Community Medicine,
Provincial Director of Health Services,
Southern Province

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ABBREVIATIONS

BH	Base Hospitals
BHT	Bed Head Ticket
BMI	Body Mass Index
BOR	Bed Occupancy Rate
CBG	Criteria Based Grant
DGH	District General Hospital
DH	Divisional Hospital
DMO	District Medical Officer
DOT	Direct Observe Treatment
DPT	Diphtheria, Pertussis, Tetanus
DT	Diphtheria Tetanus
ECG	Electrocardiogram
EPI	Expanded Programme of Immunization
EPTB	Extra Pulmonary Tuberculosis
ESP	Essential Services Package
ETU	Emergency Treatment Unit
FR	Financial Regulations
GI	Gastro-Intestinal
GIC	Glass Ionomer Cement
GMP	Growth Monitoring and promotion
GU	Genito Urinary
HE	Health Education
HLC	Healthy Lifestyle Clinics
HT	Hypertension
ICD	International Classification of Diseases
IMMR	Indoor Morbidity and Mortality Register
IPV	Inactivated Polio Vaccine
IUD	Intrauterine Devices
IYCF	Infant and Young Children Feeding
JE	Japanese Encephalitis
JMO	Judicial Medical Officer
LMF	Line Ministry Funds
MCH	Maternal and Child Health
MDT	Multi Drug Therapy
MLT	Medical Laboratory Technologist
MMR	Measles, Mumps, and Rubella
MMR	Maternal Mortality Rate
MOH	Medical Officer of Health

MR	Measles, Rubella
NCD	Non Communicable Diseases
NPTCCD	National Programme for Tuberculosis Control and Chest Diseases
NSACP	National STD/AIDS Control Programme
OHC	Occupation Health Centre
OPD	Out Patient Department
OPMD	Oral Potentially Malignant Disorders.
OPV	Oral Polio Vaccine
PDHS	Provincial Director of Health Services
PHI	Public Health Inspector
PHM	Public Health Midwife
PIH	Pregnancy Induced Hypertension
PMCI	Primary Medical Care Institutions
PMCU	Primary Medical Care Unit
PSDG	Provincial Specific Development Grant
PSSP	Primary Healthcare System Strengthening Project Funds
PTB	Pulmonary Tuberculosis
PHTC	Provincial Health Training Centre
PVV	Penta Valent Vaccine
QMU	Quality Management Unit
RDHS	Regional Director of Health Services
RDT	Rapid Diagnostic Test kits
RMO	Registered Medical Officer
RTC	Root Canal Treatment
SMI	School Medical Inspections
STD	Sexually Transmitted Disease
TB	Tuberculosis
TF	Temporary Filling
TH	Teaching Hospital
TT	Tetanus Toxoid
UHC	Universal Health Coverage
VOG	Visiting Obstetrician & Gynaecologist
WHO	World health organization
WWC	Well Women Clinic

Key Health Indicators – Southern Province

Indicator		Year	Data	Source
Demographic Indicators				
Total population (estimated, mid-year)		2022	2,702,000	Dept. of Census and statistics
Land area (sq. km)		1988	5,544	Survey Generals Department
Population density (persons per sq. km)		2012	460	Census of population and housing
Crude birth rate		2022	12.1	Registrar Generals Department
Crude death rate		2022	8.6	Registrar Generals Department
Sex ratio (estimated)		2022	93.27	Dept. of Census and statistics
Urban population		2012	10.56%	Census of population and housing
Socio - economic Indicators				
Dependency ratio	Total	2012	64.14	Census of population and housing
	Old dependency		23.01	
	Child dependency		41.13	
Head count index		2012	7.7	Household Income and Expenditure Survey
Vital Health Statistics				
Neonatal mortality rate		2022	6.4	Family Health Bureau
Maternal mortality ratio		2022	46.9	Family Health Bureau
Infant mortality rate		2022	9.4	Family Health Bureau
Under 5 mortality rate		2022	11.0	Family Health Bureau
Medical Officers per 100,000 population		2022	73.48	PDHS, Southern Province
Nursing Officers per 100,000 population		2022	206.39	PDHS, Southern Province

CHAPTER 01
GENERAL INFORMATION

1. GENERAL INFORMATION

CHAPTER 01

1.1 Background

Southern Province is situated in the Southern border of Sri Lanka, enclosed by the southern coastline, Western, Sabaragamuwa, and Eastern provinces. Southern Province consists of Galle, Matara and Hambantota districts. It is the seventh largest province in the country with a land area of 5,544 (including inland water which spread over 161 square kilometers) (1). Majority of the land area is situated at less than 100m from sea level and the highest elevation of 1000m is located in the northern most part of Galle and Matara districts bordering the Sabaragamuwa Province.

Province has a tropical climate. The temperature ranges from 27-30 ^{o}C in the lowlands of Galle and Matara districts. Hambantota district experiences a higher temperature ranging from 27-32.5 ^{o}C. Highest rainfall is experienced during the Southwest Monsoon (May-September). Galle and Matara districts are prone to floods and landslides around the basins of two major rivers 'Gin' and 'Nilvala' during this period. Hambantota district has the driest regions of the province which are prone to droughts due to erratic rainfall. Coastal belt also faces the threat of rising sea levels.

Estimated mid-year population of Southern Province for 2022 is 2,072,000 (2), which is calculated based on the population of 2,477,285 recorded during Census of polpulation and housing conducted in 2012 (3). Southern Province is the third most populated province in the country with an estimated population density of 502 per square kilometer for 2022. Majority of the population (87.76%) resides in the rural areas. Galle district has the highest number of urban residents and while majority of the estate population resides in Matara. Presence of the free trade zone in Koggala, Galle sea port, Mattala airport and southern expressway extending through the province has expanded avenues for employment, trade and travel. This leads to increased population mobility and alteration of population structures that give rise to social and health problems.

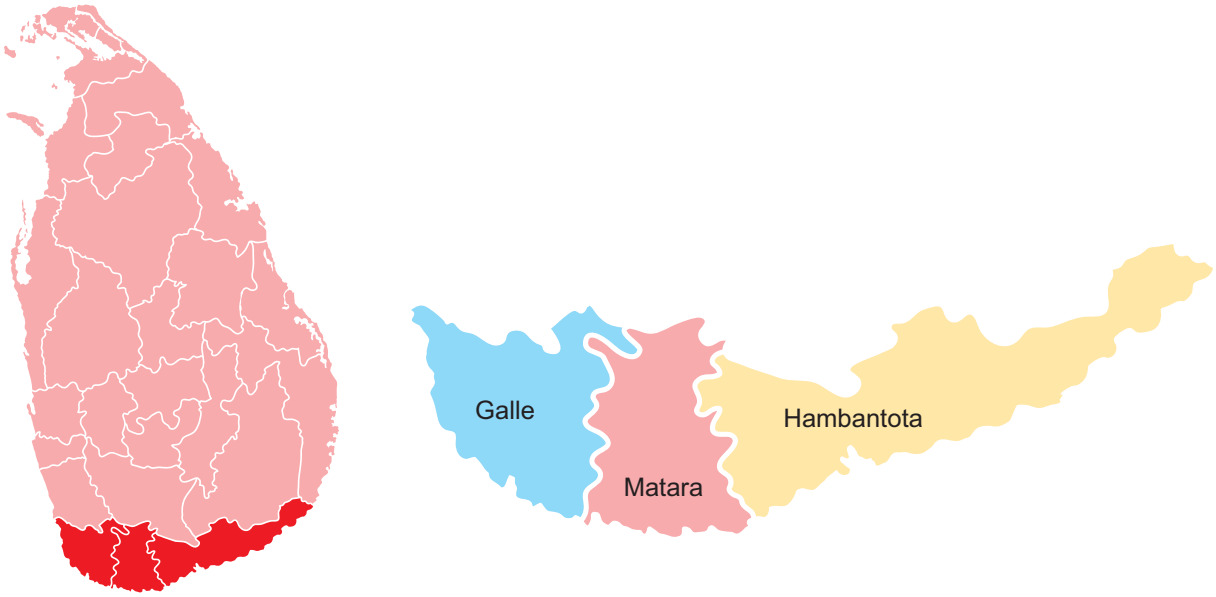


Figure 1.1: Map of Southern Province

Healthcare facilitities are provided through public and private sector institutions. Public sector caters for wide range of promotive, preventive, curative and rehabilitative care through a well established network of institutions. There are four institutions, Teaching Hospital Karapitiya and Teaching Hospital Mahamodara in Galle, District General Hospital Matara and District General Hospital Hambantota which are directly under the purview of ministry of health. There are eight Base Hospitals, fifty four Divisional Hospitals, fifty seven Primary Medical Care Units under PDHS Southern Province. Forty nine MOH divisions are providing promotive and preventive care. There is a chest clinic, STD clinic, vector borne disease control unit, mental health resource center, mobile laboratory and a mobile dental unit in each district. Dental care is provided through eleven Adolescent Dental Clinics and seventy one School Dental Clinics.

Climate change and economic crisis interfere with the planning and utilization of limited resources to face the challenges of emerging health issues. As the pioneer body responsible for health of the people of Southern province, Department of Health Services, is well prepared to face the challenges of health related matters efficiently and effectively.

1.2 Administrative Divisions

Each district is divided into Divisional Secretary areas which are further divided into Grama Niladari divisions for administrative purposes. These divisions assist the health sector in implementing health projects. Each district is also divided into local government bodies as Municipal Councils, Urban Councils and Pradeshiya Sabha which share the same territories as Medical Officer of Health divisions in the health sector. Local government bodies has legislative powers to implement some legislations which are crucial to ensure environmental safety and control communicable diseases.

Table 1.1: Administrative divisions of Southern Province

		Galle	Matara	Hambantota	Province	Sri Lanka
Divisional Secretary Areas		19	16	12	47	331
Grama Niladari Divisions		895	650	576	2,121	14,021
Villages		2,423	1,662	1,380	5,465	36,822
Local Government Bodies	Municipal Councils	1	1	1	3	23
	Urban Councils	2	1	1	4	41
	Pradeshiya Sabha	17	15	10	42	271

Source: Department of Census & Statistics

1.2.1 Galle District

Galle is the financial and administrative hub of the province. The total land extent of the Galle district is 1652 square kilometers. Galle is divided into 19 DS areas that are further divided into 895 GN divisions and 2,423 villages. There are 20 local government bodies which correspond to the 20 MOH areas.

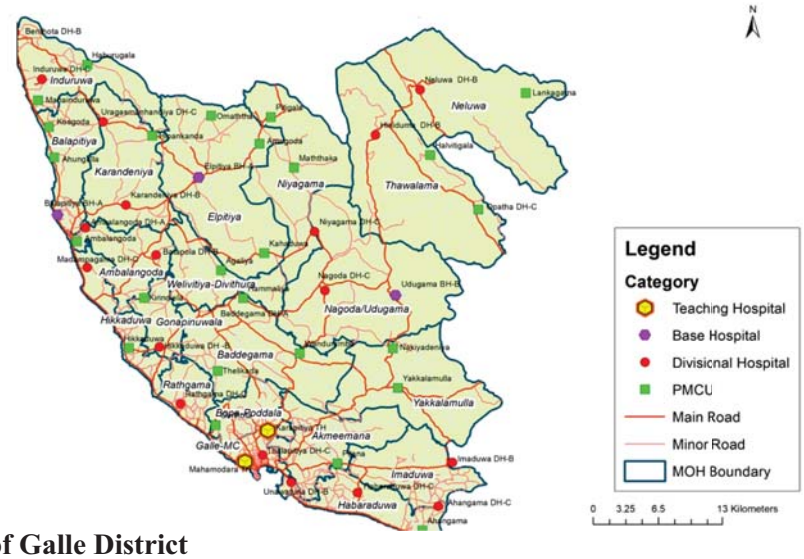


Figure 1.2: Map of Galle District

1.2.2 Matara district

Matara is the smallest district of the province which spreads over a land area of 1246 km^2. It is divided into 16 DS areas that are further divided into 650 GN divisions and 1662 villages. There are 17 local government bodies which correspond to the 17 MOH areas in the district.

Figure 1.3: Map of Matara district

1.2.3 Hambantota district

Hambantota owns the largest territory in the province. It stretches over a land area of 2,609 km^2. However it is the least populated among the three districts. Therefore, Hambantota is divided into 12 DS areas, 576 GN divisions and 1380 villages.

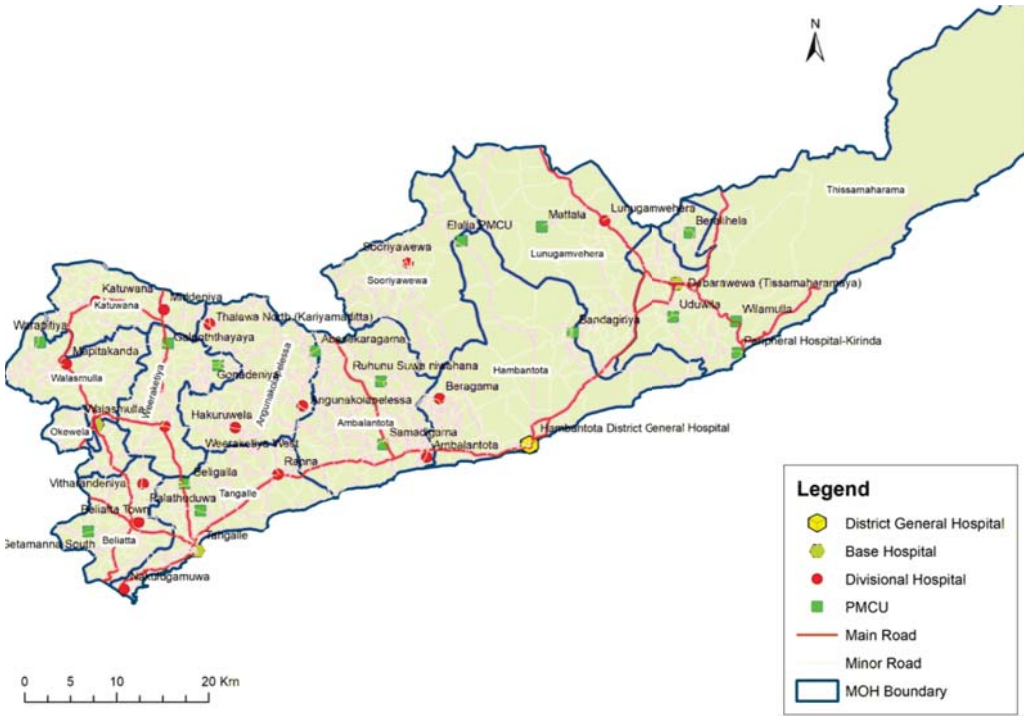


Figure 1.4: Map of Hambantota district

1.3 Population Characteristics

According to the census report 2012, Southern Province has a population of 2,477,285 which accounts for 12.1% of the total population in Sri Lanka. This population was estimated to increase to 2,702,000 by 2022 (2).

1.3.1 Population and Population Density

Galle is the most populated district. According to the last population census conducted in 2012, Galle is reported to have a total population of 1,063,334 with a 658 square kilometer density. Hambantota is the least populated district in the province which has a population density of 240 per square kilometer according to the 2012 census. Estimated mid-year population for 2022 depicts that population continued to rise in all three districts during the last two decades (2).

Table 1.2: Population and population density by districts, 2001-2022

	Population				
	2001		2012		Estimated Mid- year Population 2022
	Population	Populatio density	Population	Population density	
Galle	989,769	613	1,063,334	658	1,147,000
Matara	760,990	600	814,048	641	874,000
Hambantota	525,913	211	599,903	240	681,000
Province	2,276,672	410	2,477,285	460	2,702,000
Sri Lanka	18,797,257	300	20,359,439	325	22,181,000

Source: Department of Census & Statistics

1.3.2 Distribution of the population by sector of residence

Majority of the population (87.76%) in Southern Province reside in rural areas. Galle has the hightest proportion of urban residents while Hambantota has the highest number of rural residents. Less than 2% of the population live in estates.

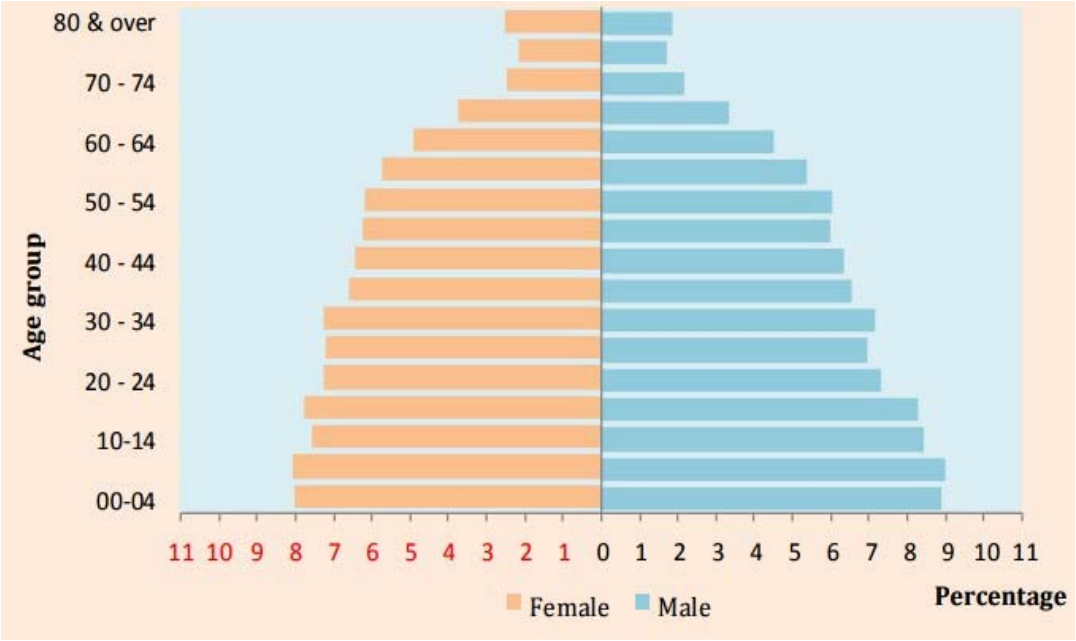
Table1.3: Distribution of Ppopulation by sector of residence, 2012

	Sector						Total
	Urban		Rural		Estate		
	No.	%	No.	%	No.	%	
Galle	133,398	12.5	911,159	85.7	18,777	1.8	1,063,334
Matara	96,570	11.9	694,948	85.4	22,530	2.8	814,048
Hambantota	31,709	5.3	568,194	94.7	-	-	599,903
Province	261,677	10.56	2,174,301	87.76	41,307	1.68	2,477,285
Sri Lanka	3,705,418	18.2	15,758,206	77.4	895,815	4.4	20,359,439

Source: Census of Population and Housing, 2012

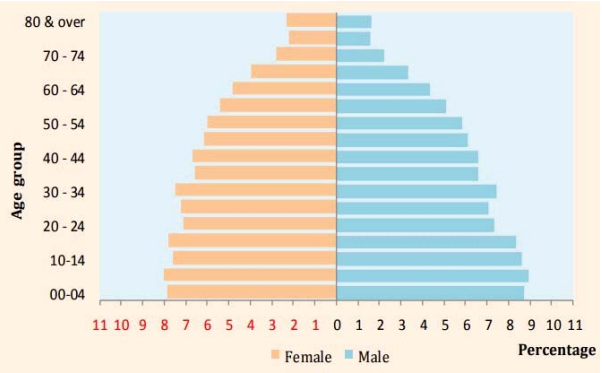
1.3.3 Age-sex structure

Age-sex structure illustrates the pattern of distribution of population according different age-sex categories. It reflects the important demographic compositions of sub populations such as child population, elderly population and working population. According to the age-sex strcutres of the three districts, the highest population is seen in 5-9 age group for both sexes in Galle and Matara districts while the highest is 0-4 age group in Hambantota district. The lowest population is seen in 75-79 age group for both sexes.

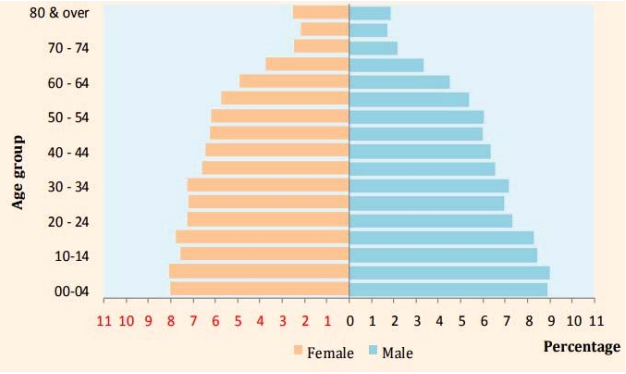


Source- Census of Population and Housing Final Report -Southern Province, 2012

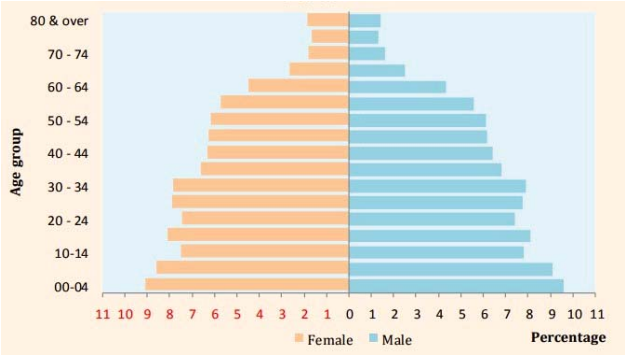
Figure 1.5: Population pyramid in Southern Province, 2012



Galle



Matara



Hambantota

Source- Census of Population and Housing Final Report –Southern Province, 2012

Figure 1.6: Population pyramids of Galle, Matara and Hambantota Districts, 2012

1.3.4 Sex Ratio

Sex ratio is the number of males per 100 females. Accodring to the estimated mid-year populations in 2022, approximately 92 males are there per 100 females in all the districts in the province. In general, in the Southern Province, the sex ratio is 93.27.

Table1.4: Estimated distribution of mid-year population by sex and sex-ratio, 2022

	Estimated mid-year population by Sex		Sex Ratio (per 100 females)
	Male	Female	
Galle	550,000	597,000	92.12
Matara	419,000	455,000	92.08
Hambantota	335,000	346,000	92.19
Province	1,304,000	1,398,000	93.27
Sri Lanka	10,740,000	11,441,000	93.87

Source- Mid-year Population Estimates by District & Sex, 2014-2023 - Department of Census & Statistics

1.3.5 Dependency ratio

Dependency ratio is defined as the average number of dependent population per 100 economically productive population. It implies the potential dependency burden on economically productive population. Changes in the dependency ratio provide an indication of the potential social support requirements resulting from changes in population age structures. During the 2012 census, children under 15 years and elders over 60 years were considered as dependents. The population of those of 60 years and above for the province surpasses the national figures that drawing attention to the upcoming challenges of ageing which calls for the need of involving elderly dependents to actively contribute to the economy of the province.

Table 1.5: Child and old dependents and dependency ratio by districts, 2012

	Population	Child Dependents (Below 15)		Elderly Dependents (60 and over)		Total Dependents	
Galle	1,063,334	259,453	40.13	157,373	24.34	416,826	64.47
Matara	814,048	205,954	42.17	119,665	24.5	325,619	66.67
Hambantota	599,903	155.375	41.51	70,188	18.75	225,563	60.26
Southern Province	2,477,285	620,782	41.13	347,226	23.01	968,008	64.14
National	20,359,439	5,150,938	40.61	2,524,570	19.9	7,675,508	60.51

Source- Census of Population and Housing, 2012

1.3.6 Distribution of Population by Ethnicity and Religion

Ethnic background and religious beliefs affect the health related decision making in populations. According to the 2012 census report, in Sri Lanka, nearly 74% of the population are Sinhalese and 70% are Buddhists. In Southern province and all three districts vast majority of the population is Sinhalese and Buddhists while Sri Lanka moor and Indian Tamil ethinicities, and Islam and Hindu religions account for less than 4% of the population. Hambantota has the highest propotion of Sinhalese (97.1%) and Buddhists (96.7%).

Table 1.6: Percentage distribution of population by Ethnicity and Religion 2012

	Ethnicity							Religion					
	Sinhalese	Sri Lankan Tamil	Indian Tamil	Sri Lankan Moor	Burgher	Malay	Other	Buddhists	Hindus	Islam	Roman Catholics	Other Christians	Others
Galle	94.5	0.9	1.4	3.2	0.1	-	0.1	93.9	1.5	3.7	0.4	0.5	0.0
Matara	94.5	0.7	2.2	2.5	-	-	-	94.1	2.0	3.1	0.3	0.4	0.0
Hambantota	97.1	0.6	0.1	1.2	-	1.0	-	96.7	0.2	2.5	0.2	0.3	0.1
Sri Lanka	73.9	12.7	5.5	7.1	0.3	0.3	0.2	70.1	12.6	9.7	6.2	1.4	0.0

Source: Census of Population and Housing, 2012

1.4 Vital Statistics

Vital Statistics are quantitative information about a population's vital events such as births, marriages, divorces and deaths (4). According to the current legislations, it is mandatory to register every live birth within 3 months and every death within 5 days, under the Registrar Generals Department. District level figures of Crude births and death rates are calculated based on the usual residence.

1.4.1 Crude Birth Rate (CBR)

Crude Birth Rate is defined as the number of live births per 1000 mid-year population in a given year. CBR is one important indicator which determines the population growth. Highest CBR is observed in Hambantota district in both years (15.8 and 14.2) while Matara reported the lowest (10.8 and 10.1).

Table 1.7: Crude Birth Rates by District 2021-2022

	Crude Birth Rate	
	2021	2022
Galle	13.2	12.4
Matara	10.8	10.1
Hambanthota	15.8	14.2
Province	13.1	12.1
Sri Lanka	12.9	12.4

Source: Registrar Generals Department (5)

1.4.2 Crude Death Rate (CDR)

Crude Death Rate is defined as the number of deaths per 1000 mid-year population in a given year. CDR is another important indicator in determining population growth. Highest CDRs observed in Galle district (8.2 and 9.6) while lowest was obervesed in Hambantota district (6.2 and 7.3) in both years. Higher CDRs were observed in 2022 in national and provincial figures which is propoably attributed to increased number of deaths due to COVID-19 pandemic.

Table 1.8: Crude Death Rates by District 2021-2022

	Crude Death Rate	
	2021	2022
Galle	8.2	9.6
Matara	7.1	8.4
Hambanthota	6.2	7.3
Province	7.4	8.6
Sri Lanka	7.4	8.1

Source: Registrar Generals Department (5)

1.4.3 Maternal Mortality Ratio (MMR)

As defined in the 10th revision of International Classification of Diseases of the WHO, maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (6). MMR is the number of maternal deaths per 100,000 live births in a given year. Data on maternal deaths is compiled by the Family Health Bureau through a special surveillance system (7). Galle district has reported the lowest MMR (13.1) in 2021 due to reporting of a single death. Six maternal deaths reported in Matara districts has lead to the highest MMR of 55.9 in 2022.

Table 1.9: Maternal Mortality Ratio by District 2021-2022

	Maternal Mortality Ratio	
	2021	2022
Galle	13.1	43.6
Matara	40.3	55.9
Hambanthota	44.6	41.5
Province	30.9	46.9
Sri Lanka	29.5	29.0

Source: Family Health Bureau

1.4.4 Neonatal Mortality Rate (NMR)

Neonatal Mortality Rate is the number of deaths among neonates within 28 days of birth per 100 live births in a given year. There is a special data collection mechanism of the Family Health Bureau to collect data on neonatal and infant deaths (8). Galle and Hambantota has reported highest NMRs in 2021 and 2022 respectively.

Table 1.10: Neonatal Mortality Rate by District 2021-2022

	Neonatal Mortality Rate	
	2021	**2022**
Galle	6	6.5
Matara	5.4	5.9
Hambanthota	5.7	6.7
Province	5.7	6.4
Sri Lanka	6.5	7.0

Source: Family Health Bureau

1.4.5 Infant Mortality Rate (IMR)

Infant Mortality Rate is defined as the number of deaths among children less than 1year of age per 1000 live births in a given year. Matara and Galle districts has reported the highest IMR in 2021 and 2022 respectively.

Table 1.11: Infant Mortality Rate by District 2021-2022

	Infant Mortality Rate	
	2021	**2022**
Galle	8.2	9.2
Matara	8.6	9.2
Hambanthota	7.5	10
Province	8.1	9.4
Sri Lanka	9.0	10.1

Source: Family Health Bureau

1.5 Socio –Economic Indicators

1.5.1 Literacy rate

Literacy is considered as the ability to both read and write a short statement with understanding in a persons day to day life. Literacy rate is the literate population expressed as a percentage of the corresponding mid-year population in a given year. Literacy rate represents the potentails for socio-economic and cultural development of a population. According to the Labour Force Survey 2021, population aged 10 years and above who can both read and write a short statement with understanding in at least one of three languages Sinhala, Tamil or English was was considered as 'literate' (9). Male literacy rate is slightly higher compared to that of females. Female literacy is an important factor which defines the health and nutrition status of families.

Galle district reports comparatively higher literacy rates within the province and from national figures. Matara district reports the lowest female literacy rate which is marginally lower than national average.

Table 1.12: Distribution of literacy rate by sex and districts, 2021

	Male	Female	Total
Galle	95.6	94.5	95
Matara	94.1	92.1	93
Hambantota	93.8	92.5	93.1
National	94.3	92.3	93.3

Source- Sri Lanka Labor Force Survey, 2021

1.5.2 Level of education

According to the population census 2012, level of education is assessed among the population aged over 25 years since it is considered as the age when majority of the Sri Lankan population completes their education. In the national level and three districts, majority has had education upto grade 10.

Table 1.13: Distribution of the level of education among population aged over 25 years by districts, 2012

	1-5 grades passed	6-10 grades passed	G.C.E O/L or equivalent	G.C.E. A/L or equivalent	Never attended
Galle	17.6	41.3	18.7	18.6	3.9
Matara	18.9	39.7	18.3	17.5	5.6
Hambantota	21.9	41.4	16.5	14	6.1
National	18.4	39.6	19.1	18.2	4.7

Source: Census of Population and Housing, 2012

1.5.3 Principal Source of lighting

Percentage of people using electricity from the national grid in in the province is higher than the national level.

Table 1.14: Distribution of principal type of lighting by districts, 2012

	Electricity		Other			
	Electricity from National Grid	Electricity from rural hydro power project	Kerosene	Solar power	Bio gas	Other
Galle	93.51%	0.16%	6.17%	0.09%	0.003%	0.07%
Matara	93.51%	0.10%	6.24%	0.09%	0.001%	0.06%
Hambantota	88.35%	-	11.32%	0.11%	0.000%	0.22%
National	86.96%	0.16%	12.16%	0.64%	0.003%	0.08%

Source: Census of Population and Housing, 2012

1.5.4 Principal type of Cooking Fuel

Firewood is the principal type of cooking fuel followed by Gas in all three districts, which is similar to the national picture.

Table 1.15: Distribution of principal type of cooking fuel by districts, 2012

	Fire wood	Kerosene	Gas	Electricity	Saw Dust/Paddy Husk	Other
Galle	83.64%	0.56%	15.36%	0.07%	0.06%	0.31%
Matara	86.66%	0.37%	12.61%	0.07%	0.06%	0.23%
Hambantota	93.01%	0.20%	6.47%	0.07%	0.01%	0.24%
Sri Lanka	78.35%	2.47%	18.53%	0.19%	0.14%	0.32%

Source: Census of Population and Housing, 2012

1.5.5 Level of Poverty

Both Head count index and poverty gap index in the province is higher than that of national level. Galle district reports the highest figures while Hambantota reports the lowest, which are lower than the national level, in both indices.

Table 1.16: Distribution of Poverty level according to head count index and poverty gap index by districts, 2012/2013

	Head Count Index (%)	Poverty Gap Index (%)
Galle	9.9	1.8
Matara	7.1	1.2
Hambantota	4.9	0.9
Province	7.7	1.4
National	6.7	1.2

Source- Household Income and Expenditure Survey - 2012/13

1.5.6 Household Income and Expenditure

According to the household Income and Expenditure Survey (HIES), income is defined as the total income received by all individuals from the household, either in cash or income in-kind (non-monetary) such as values for freely received goods and services while expenditure is assessed based on the expenditure for food, non-food items/services and, expenditure incurred by boarders and domestic servants (10).

Table 1.17: Distribution of Mean and median household income and expenditure per month by districts, 2019

	Mean income (Rs.)	Median Income (Rs.)
Galle	70,681	49,719
Matara	65,323	52,509
Hambantota	68,528	48,621
Province	68,410	50,270
Sri Lanka	76,414	53,333

Source- Household Income and Expenditure Survey,2019 (10)

CHAPTER 02

ORGANIZATION OF HEALTHCARE SERVICES

2. ORGANIZATION OF HEALTHCARE SERVICES

CHAPTER 02

2.1 Introduction

Healthcare comprise of a wide range of promotive, preventive, curative, rehabilitative and palliative services which caters to the health needs of individuals, families and communities at different stages of life. In Southern Province, Allopathic (western) is the mainstream health system. Ayurweda system is commonly used supplementary to western medicine. This chapter elaborates on the organization of allopathic healthcare system.

With the establishment of the 13th amendment to the constitution in 1987, the executive power of the provincial administration was entrusted to the Governor appointed by His Excellency the President of Sri Lanka. In par with this, the responsibility of managing government health services was devolved to Provincial Councils. National level health ministry hold the responsibility of managing national health facilities, medical education, formulation of health policies and bulk purchase of drugs and medical supplies. Provincial Department of Health Services headed by the Provincial Director of Health Services (PDHS) is the authority for management and effective implementation of health services in the respective provinces.

Government sector provide the whole range of healthcare services through a well-established system, while private sector focuses on curative, rehabilitative services and limited preventive care services such as immunization and disease screening.

2.2 Provincial Health Strategy

As the Department of Health Services, we aim at achieving the best possible health status in Southern Province through prevention of risk factors and diseases and by providing a quality patient management with empowered and satisfied workforce and recipients.

VISION

"To be the center of excellence in governing health care services in Southern Province"

MISSION

"Ensuring a healthiest nation through provision of high-quality curative, preventive, promotive and rehabilitative health care services in Southern Province"

2.2.1 Values

Collectivism

We practice the principle of giving a group priority than each individual in it.

Compliance

We adhere to the organizational rules, regulations and norms

Discipline

We are able to control ourselves and always keep the obedience

Responsivenes

We practice the quality of reacting quickly and positively

Mutual respect

We care for each other's thoughts and feelings.

Empowerment

We are granted the authority to perform our duties correctly.

Humanity

We are with great compassion to serve the people

Strategies

We possess a plan of action designed to achieve our goal

2.2.2 Objectives

1. To co-ordinate and cooperate with all central and provincial administrative bodies in health and health related activities
2. To utilize available resources optimally to render a quality patient care service
3. To deliver preventive and promotive health care services to reduce risk factors and diseases
4. To establish and maintain rehabilitation services
5. To sustain and improve productivity of the Southern province
6. To identify priority needs and implement interventions accordingly for a better health status in the Southern province

2.2.3 Key Strategic Areas and Goals

Southern province is working towards 10 goals under two main functional areas in order to reach the ultimate goal of improving overall health and wellbeing of the population.

1. Improving preventive care services
2. Improving curative care services

2.2.3.1 Improving preventive care services

Goal 1: Improve maternal and child health in Southern Province

Objective 1: To ensure all newly married couples receive a comprehensive package of pre pregnancy care
Objective 2: To reduce the unmet need of family planning from current level to 5% by 2025
Objective 3: To reduce the maternal mortality ratio 20 per 100000 live births
Objective 4: To reduce the neonatal mortality to 4 per 1000 live births by 2024
Objective 5:To reduce all forms of malnutrition including underweight, stunting and wasting among children less than 5 years of age

Goal 2: Improve the health status of school children

Objective 1: To improve the health and well-being of school children with creating a healthy school environment

Goal 3: Improve the health and well-being of adolescents

Objective 2: To improve the health and well-being of adolescents for the highest possible achievements in life

Goal 4: Optimum well-being of the elderly with minimum burden to the society

Objective 1: To reduce burden of rehabilitation and minimize the disability and improved quality of life of elders

Goal 5: Primary, secondary and tertiary prevention of non-communicable diseases

Objective 1: Reduction in premature mortality from cardiovascular disease, cancer, diabetes

Goal 6: Prevention and control of communicable diseases to ensure that they are no more public health problems in Southern Province

Objective 1: Eliminate measles and rubella by 2020
Objective 2: Maintain the elimination status of CRS
Objective 3: Reduce the dengue incidence to <100/100,000 population by 2023 in the province
Objective 4: Maintain zero indigenous cases of malaria
Objective 6: < 1 rabies deaths for the whole province by 2025
Objective 7: Maintain the elimination status of Neonatal tetanus
Objective 8: Prevention and control of Tuberculosis

2.2.3.2 Improving curative care services

Goal 7: To have sustain and continuous quality improvement of health services

Objective 1: Creating the organizational culture within the health care institutions for the provision of customer focused quality care service
Objective 2: Improving the quality of care through close monitoring mechanism

Goal 8: To ensure adequate supportive services for lifesaving conditions readily available

Objective 1: To ensure adequate provision of quality assured safe blood and blood products and related laboratory and therapeutic services to the entire province
Objective 2: To improve the capacity of health care institutions to cater the needs of critically ill patients for better outcomes

Objective 3: To increase the strength of response to disasters of all levels health care institutions (Provincial, District and at divisional level) by the year 2024
Objective 4: Availability and accessibility to high sophisticated technology for patient diagnosis and treatment

Goal 9: To improve primary health care facilities covering the whole population

Objective 1: To improve availability and accessibility to primary health care facilities
Objective 2: Improving the services offered through primary health care institutions

Goal 10: Incorporation of information technology in line with global trends for better outcomes related to health care services

Objective 1: Use of information technology replacing traditional methods for easy and advance system

2.3 Organizational structure

Provincial department of health services was established under the Southern Provincial Council and lies under the provincial health ministry. It is the pioneer governing health authority of the province for all the health care institutions except two Teaching Hospitals and two District General Hospitals. The Provincial Director of Health Services is the head of the Provincial Department of Health Services.

Initially the department was accommodated at the district secretariat office of Galle with only a few staff members. In 1990 the office was shifted to a section of the E-Coates building where the Filaria control unit was housed. Subsequently office was shifted on a temporary basis to the building complex of the teaching hospital at Mahamodara. With the passage of time, the provincial council system got better established and activities of the department widened and the staffs increased in numbers. Provincial Department of Health Southern Province is permanently housed at its current location in the Lower Dickson Road, Galle since 18th of June 1996.

Following provincial directors steered the provincial health services of the Southern province. At present Dr. Chandima Siritunga is leading the team efficiently and effectively towards its goal.

	Name of the PDHS	Period
1.	Mr. Paul Soysa	From 01.05.1989 to 26.08.1989
2.	Dr. Loyed Wijemanne	From 27.08.1989 to 03.09.1992
3.	Mr.D.G. Punchihewa	From 04.09.1992 to 21.10.1993
4.	Dr.(Mrs.) D.S. de Silva	From 22.10.1993 to 16.03.1998
5.	Dr. J.B. Senarath (Acting)	From 17.03.1998 to 31.01.1999
6.	Dr.S.W.Pathinayake	From 01.02.1999 to 30.06.2006
7.	Dr. J.B.Senerath	From 01.07.2006 to 16.11.2010
8	Dr. Hemachandra Edirimanne	From 17.11.2010 to 13.02.2015
9.	Dr. G. Wijesuriya	From 02.10.2015 to 29.11.2019
10.	Dr. Chandima Siritunga	From 03.12.2019 to date

The Department of Health Services, Southern Province works in accordance with the national health policies and national strategic plans as well as provincial strategic plan and charters. Periodic reviews, monitoring and supervisions are carried out by both provincial authorities and the central government. The provincial department exerts its functions through seven units namely Administration, Establishment, Finance, Planning, Public Health, Quality Management and Health Information. Southern Province is divided into three main health administrative divisions as Regional directorates of Health Services Galle, Matara and Hambantota focusing on general administration, financial management, human resource management, handling all establishment issues and facilitating the preventive and curative health services.

Curative services are provided through a network of primary and secondary care institutions. Preventive health care services are executed through Medical officers of Health and district units of vertical campaigns for some selected diseases of national control programmes. The Provincial Health Training Centre, Provincial Engineering Unit and Bio Medical Engineering Unit are established in separate locations but still come under the direct administration of the Provincial Directorate. The provincial public health laboratory was newly established in 2018 and it also functions under the direct administration of Provincial Director.

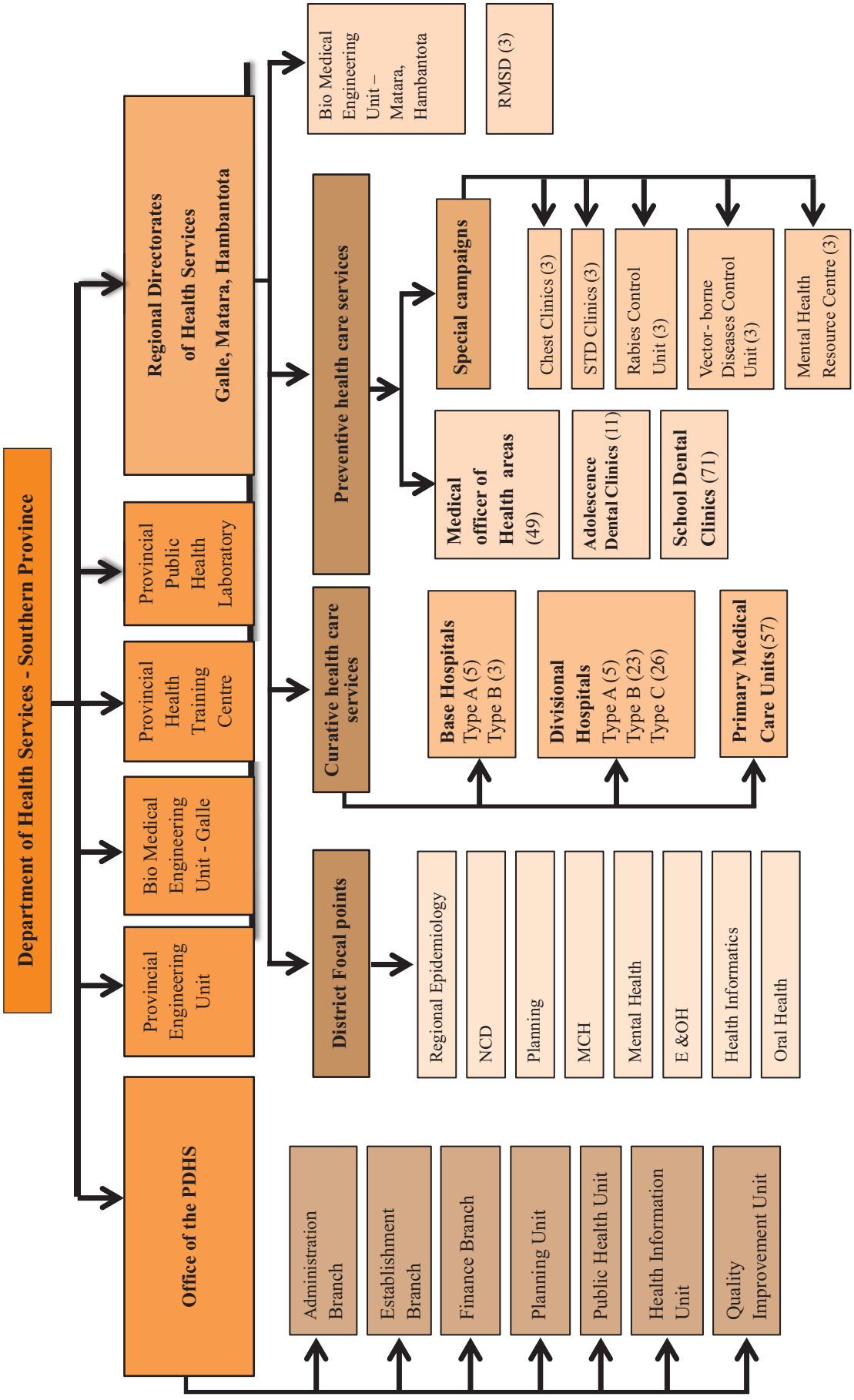


Figure 2.1 : Organogram of the Department of Health Services, Southern Province

2.3.1 Curative Care Network

There is an extensive network of public sector curative health institutions within Southern Province. There are 118 primary and secondary care institutions under provincial administration and 2 tertiary care institutions and 2 secondary care institutions under the central government. Primary Medical Care Units (PMCU) and Divisional Hospitals (DH) provide primary care services while Base Hospitals (BH) and District General Hospitals (DGH) provides secondary care. People have the liberty to choose the level of first contact curative care, from a Primary Medical Care Unit to a Teaching Hospital.

Table 2.1: Curative Care Health Institutions in Southern Province, 2022

		Galle	Matara	Hambantota	Province
Base Hospitals	Type A	3	1	1	5
	Type B	0	1	2	3
Divisional Hospitals	Type A	2	3	0	5
	Type B	8	6	9	23
	Type C	11	7	8	26
Primary Medical Care Units		25*	18	14	57

*PMCU Aluththanayamgoda is not functioning at present.

Primary Medical Care Units (PMCU) : Primary Medical Care Units (PMCU) were previously known as Central Dispensaries and they provide mainly outpatient care including OPD consultations, clinics for non-communicable diseases, wound care and dispensing drugs. Some PMCUs have dental services. Selected PMCUs are connected to a satellite laboratory system where they collect the samples and send to an institution with laboratory facility for analysis and reports. The staff of PMCU is usually consisted of Medical Officers or Registered Medical Officers (RMO), dispenser and Saukya Karya Sahayaka. Some PMCUs in the province host MOH field centres, where preventive staff provides family planning, maternal care and immunization.

Divisional Hospitals (DH): Divisional Hospitals (DH) are primary medical care institutions with inpatient facilities. There are 3 types of divisional hospitals named Type A, B and C. The bed strength, human resources and other facilities varies according to the type of the divisional hospital. These hospitals provide 24 hour emergency and inpatient care, wound and trauma care, basic maternal and new born care. There are OPD services and clinics for non-communicable diseases. Majority of divisional hospitals provide oral health services through dental surgeons, some provide mental health services and occasional outreach clinics conducted by medical specialists of nearby secondary/tertiary hospitals. Some of the divisional hospitals in the province provide laboratory facilities.

Base Hospitals (BH) : Base hospitals (BH) of different levels (A,B) are secondary level institutions that provide at least the four main specialties of General Medicine, Paediatrics, Obstetrics and Gynaecology, and Surgery, delivered by medical specialists. These hospitals provide additional specialist services such as Radiology, Histopathology, Haematology, Cardiology, Anaesthesiology and Forensic Medicine, depending on the resource availability.

2.3.2 Preventive Care Network

The majority of preventive care services (including family health, environmental health, epidemiological services, food and water safety, health promotions, health sector disaster preparedness and response etc.) are being delivered by Medical Officers of Health (MOH) and their staff in the community. In addition, there are 12 units that stand for the control of major communicable diseases.

Table 2.2: Preventive Care Institutions in Southern Province, 2022

	Galle	Matara	Hambantota	Province
MOH Offices	20	17	12	49
Rabies Control Units	1	1	1	3
Vector- borne Diseases Control Unit	1	1	1	3
STD Clinics	1	1	1	3
Chest Clinics	1	1	1	3

Preventive health services of the province are structured in 49 well-defined Medical Offices of Health (MOH) areas that coincide with the Divisional Secretariat areas. Each MOH office serves a population of approximately 60,000-100,000 people. The core team of the MOH office is composed of MOH as the team leader (with Additional AMOH), Public Health Nursing Sister (PHNS), Supervising Public Health Inspector (SPHI) and Supervising Public Health Midwife (SPHM) as middle level supervising officers and Public Health Midwives (PHM) and Public Health Inspectors (PHI) as the grass root level service providers.

The MOH provide a wide range of reproductive, maternal, newborn, child and adolescent health services as well as other preventive services such as immunization, control and prevention of communicable diseases, oral health, environmental health, and occupational health. The services are provided by the MOH through an extensive network of field clinics, and a number of other settings. In addition domiciliary care is provided for services such as antenatal, postnatal, family planning, infant, and child care. Preventive health team also delivers the school health programme and the newly established adolescent-friendly services. Oral health services are delivered by Dental Surgeons in adolescent dental clinics and School Dental Therapists (SDT) in school dental clinics. The MOH is in charge of coordinating and implementing a range of public health interventions for the prevention and control of communicable diseases, including outbreak response, disease surveillance for mandatory notifiable diseases, vector control initiatives, to tracking of contacts. Implementation of National Immunization Programme through life course vaccination for the elimination and eradication of vaccine preventable diseases is carried out as a main strategy for communicable disease prevention. Other tasks include environmental health, control of water safety, inspections to ensure food safety, reduction of occupational health hazards and health related preparedness and response to disasters.

2.3.3 Health Promotion

Health promotion is engaging and empowering individuals and communities to choose healthy behaviours, and make changes that reduce the risk of developing chronic diseases and other morbidities. These services are being delivered through MOH offices through their teams consist of Medical officers, Public Health Nursing Sister, Public Health Midwives and Public Health Inspectors. There are Health Education Officers attached to RDHS offices who conduct health education and promotion programmes in the community. Focal Point Medical Officers at RDHS offices such as Medical Officer – Non Communicable Diseases, Medical Officer – Maternal and Child Health, Medical Officer – Mental Health, Medical Officer – Environmental and Occupational Health, Medical Officer – Quality Management and Regional Epidemiologist carry out health

promotion activities in their respective disciplines. Consultant Community Physician of the Public Health Unit of Provincial Department of Health along with the Regional Consultant Community Physicians provide directions and guidance to health promotive activities while continuing monitoring and evaluation.

2.3.4 Oral Health Services

Oral health services are catered to the population of the Southern province from a network of dental care institutions comprising 57 hospital dental clinics, 72 School Dental Clinics (SDC), 12 Adolescent Dental Clinics (ADC) and 3 mobile dental buses. Regional Dental Surgeons that are attached to the Offices of Regional Directors of Health Services coordinate oral health services in each district. School dental clinics are manned by school dental therapists while dental surgeons provide services in other clinics and units. Specialized oral health services units such as OMF, Orthodontic and Restorative dentistry with advanced treatment modalities are available in tertiary care hospitals within the province.

Table 2.3: Availability of Oral Health Services in Southern Province, 2021-2022

	Dental Clinics in PMCI		School Dental Clinics		Adolescent Dental Clinics		Mobile Dental Bus	
	2021	2022	2021	2022	2021	2022	2021	2022
Galle	19	21	39	39	08	08	01	01
Matara	20	20	18	21	02	02	01	01
Hambantota	16	16	12	12	02	02	01	01
Province	55	57	69	72	12	12	03	03

In 2022, two new dental clinics were established in Niyagama and Opatha divisional hospitals in Galle and three new SDCs had been established in Schools in Matara to expand dental care network in Southern Province.

2.3.5 Engineering Services

Considering the needs of the Provincial Health Services, Provincial Engineering Unit was established in year 2014. Though it is a separate unit under Department of Health Services, Engineering Unit was established at the Biomedical Engineering Unit premises. Only the Civil Engineer was attached to this unit in the year 2014. It was gradually expanded and in the year 2016 it consisted of a Civil Engineer, Mechanical Engineer and Civil, Electrical & Mechanical Technical Officers. In addition to the staff attached to the provincial Unit Civil, Electrical & Mechanical Technical officers are attached to district offices to widened the services.

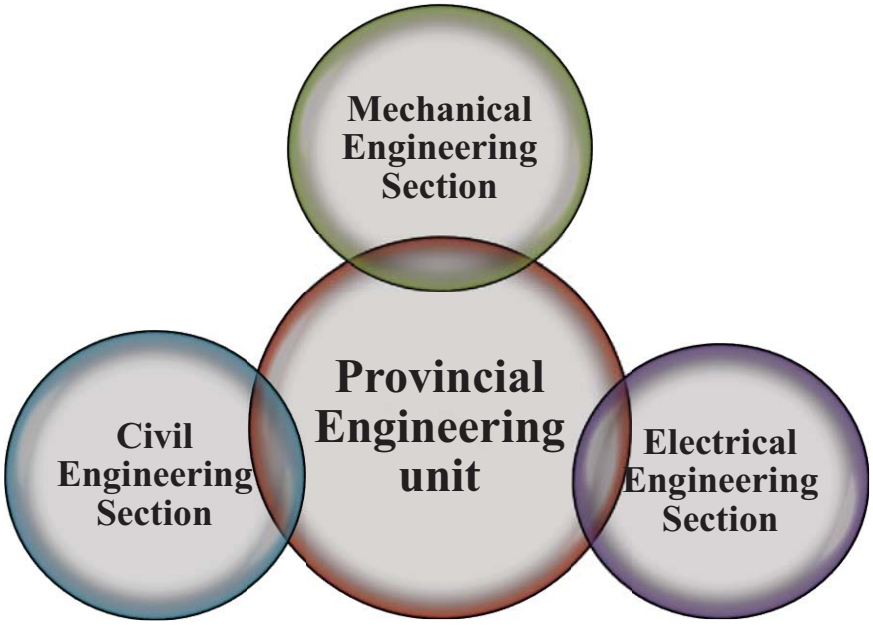


Figure 2.2: Divisions of the Provincial Engineering Unit

Civil Engineering Section

Civil engineering section involves in new constructions & renovations of buildings in institutions under the purview of Health Department. Functions of the civil engineering section are as follows.

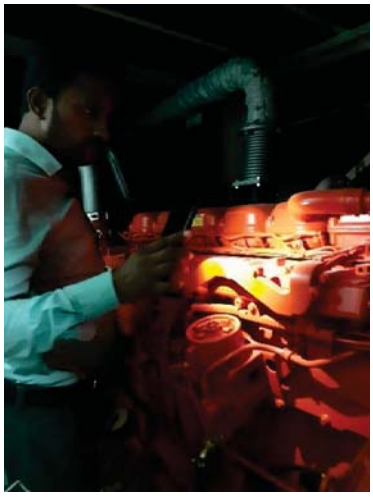
- Preparing estimates for new constructions & renovations
- Undertaking technical and feasibility studies including site investigations
- Resolving design and development problems
- Ensuring that projects run smoothly and structures are completed within budget and on time
- Submitting recommendations for payments after completing jobs
- Contributing to Technical Evaluation Committees.

Mechanical Engineering Section

Mechanical engineering section is responsible for maintaining the non-biomedical equipment and its' functions are;

- Inspection of the equipment and submission the recommendations for the repairs in the early stage and final stage.

- Executing jobs such as installing Air Conditioning systems, Installing mortuary Coolers etc. and supervising and offering technical assistance to install new systems such as Medical Pipe Gas System, LPG Systems
- Supervising of the vehicle maintaining process and fuel usage.
- Offering technical support for the equipment procurement process by contributing to the Technical Evaluation Committees.
- Submitting condemning reports to mechanical equipment.
- Issuing valuation reports for non-biomedical equipment.
- Submitting specification for the equipment for the health institutions as per the requirements.



Electrical Engineering Section

Electrical Engineering section is mainly involved in the management of electrical systems

- Offering Technical support for the equipment procurement process by contributing to the Technical Evaluation Committees.
- Evaluating and supervising electrical systems, products, components, and applications.
- Preparing estimates for electrical work and submitting recommendations after completing jobs for payments
- Submitting condemning reports to electrical equipment.

2.3.6 Bio-Medical Engineering Services

Biomedical Engineering is the application of engineering principles to the fields of biology and health care. Southern province Biomedical Engineering Unit established in Year 2005. Since its inception, this unit has provided its services to over two hundred health institutions in the Southern Provincial Health Department under resource constraints. Now it has been gradually developed and expanded to two district units in Matara and Hambantota districts. The Matara District Unit is located in the old Matara District Office Building and the Hambantota Unit is located in the Beliatta Hospital. The provincial Biomedical engineering Unit is under the Provincial Department of Health Services and it serves Galle District also. In Year 2019 three biomedical Engineers were recruited for the Biomedical Engineering Units.

Functions of BME Unit,

- Set up, adjust, maintain, repair or provide technical support for biomedical equipment under medical institutions of Southern Provincial Health Department
- Evaluate the safety, efficiency and effectiveness of biomedical equipment
- Training of health personnel on the proper use/ functions of the equipment
- Offering technical support for procurement process of medical equipment
- Offering installation reports for newly purchased medical equipment
- Preparing Valuation Reports for Biomedical equipment
- Submitting condemning reports for biomedical equipment

Table 2.4: Number of repairs carried out by the Bio Medical Engineering unit, 2021-2022

2021	Hospital Category	No of Repairs Done Galle District	No of Repairs Done Matara District	No of Repairs Done Hambantota District
1	Base Hospitals	471	151	312
2	Divisional Hospitals	187	124	173
3	Primary Medical Care Units	37	27	11
4	MOH Offices	40	24	54
5	SDC/ADC	26	-	8
6	Other Institutions	16	16	4
	Total	**777**	**342**	**562**

2022	Hospital Category	No of Repairs Done Galle District	No of Repairs Done Matara District	No of Repairs Done Hambantota District
1	Base Hospitals	373	151	388
2	Divisional Hospitals	152	105	170
3	Primary Medical Care Units	37	25	16
4	MOH Offices	103	20	49
5	SDC/ADC	44	-	7
6	Other Institutions	22	32	5
	Total	**746**	**333**	**635**

2.3.7 Provincial Health Training Centre

Regional Training Centre was initially established in an old building located on Peddler Street, in the ancient Galle Fort in February 1968. At the beginning, this unit provided services to the trainee Public Health Midwives, but later the services were expanded for the training activities of Public Health Inspectors & Dispensers as well .This centre initially was under the line Ministry of Health, but later on, with the establishment of the provincial council, it was renamed as Provincial Health Training Centre (PHTC) of the Southern province. After being shifted to two temporary locations, training centre was permanently established in the 3rd floor of the new building constructed for the office of the RDHS Galle at Unawatuna, in 2013.

Most of the basic needs of training centre were met with the implementation of' GAVI project, including facilities such as an auditorium which can accommodate 100 persons at a time, 2 classrooms and a library. Preliminary training programmes of Public Health Midwives, Public Health Inspectors are carried out routinely. In addition auditorium of the training centre facilitate to conduct in-service training programmes to the staff members. It's an auditorium that is open not only for the in-service but also for conducting outstation programmes on request. Since the beginning about 1529 Public Health Midwives, 289 Public Health Inspectors, 187 Dispensers, 42 Public Health Field Officers, 335 Attendants, and 09 Lab Orderly have been trained. There is an ongoing preliminary training programme for 35 Public Health Inspectors. The Health Information Unit of the PDHS office has been contributing since 2015 to the Information Technology programmes conducted. When considering in-services training programmes about 1864 officers have been trained in the fields of computer software, hardware, internet, email, MCH training etc. to uplift their performance.

The Provincial Health Training Centre comprises a permanent staff of one Medical Officer, one Planning and Programming Assistant, three Matrons, two PHI tutors , one Management Assistant, one Cinema Operator, two Saukya Karya Sahayaka-Ordinary and two Saukya Karya Sahayaka-Junior.

2.4 Human Resources

Human resource is the most valuable resource that is necessary to execute duties within the department's framework with maximum utilisation of financial and physical assets. To ensure the achievement of national health policy, the field of health needs to deal with issues related to human resources such as workforce planning, distribution and management, capacity building, employee retention, maintaining cadre information and research on human resources for the healthcare sector. As a global trend, raising awareness of the critical role of human resources in the health sector is placed on high priority to ensure the strengthening of health system performance and improve public health outcomes. Besides, community expectations on health needs are changing over time. Hence, determining the workforce in order to achieve the health objectives of the province is one of the formidable challenges for the Department of Health Services of Southern Province because the workforce must have reasonable balance in terms of number, diversity, and competencies.

2.4.1 Human Resource Management

Human Resource Management is a strategic approach to the effective management of human resources to achieve the strategic goals of an organization. The Department of Health Services in Southern Province is mainly responsible for establishing the cadre for the health services in the province, facilitating recruitment and selection, training and development, remuneration and benefits, and performance management.

In the department of health services, the required cadre is identified from the grass root level in accordance with the prevailing health needs. The cadre is identified as a prerequisite for achieving the final outcomes of the health sector. Yearly, each Regional Director's office prepares cadre requirements for the respective institutions and forwards them to the office of the Provincial Director of Health Services of the Southern province. At the provincial level the final requirement is decided considering the performance of the institutions and cadre norms prepared by the line ministry for yearly cadre projections.

For approval, the cadre requirement report, duly filled financial regulations 71(FR71) forms, the respective justification reports and job descriptions are forwarded to the Department of Management Services through the Secretary to the Provincial Health Ministry and the Chief Secretary in the Southern province.

The last cadre revision was initiated in 2016 considering the scope of the provincial councils. Essential posts have been identified to meet the policies and development objectives of the country. In addition, unnecessary posts have been suppressed during this revision in order to create essential posts that need to achieve future development goals. New cadre for the department was approved on December 31, 2018 and the total number of cadre positions was increased from 9058 to 9859. From time to time, amendments to the existing cadre are requested in order to fulfil the requirements of health services and achieve the objectives of Sustainable Development Goals (SDG). According to the approved cadre by the department of management services by December 31st, 2022, there are 108 designated posts for which recruitments are made by both the line ministry and the provincial council. As at December 31st, 2022 the department of health services in the southern province had 8934 employees in position.

Table 2.5: Approved and In Position cadre as at 31.12.2022

	Designation	Services	Grade/Class	Approved cadre	In Position at 31-12-2022				
					PD Office	Galle	Matara	Hambantota	Total
1	Provincial Director of Health Service	SLMS	SnrMA	1	1				1
2	Deputy Provincial Director of Health Service	SLMS	SnrMA	1	0				0
3	Regional Director of Health Service	SLMS	Snr MA	3		0	1	0	1
4	Deputy Regional Director of Health Service	SLMS	Dty MA	3		0	1	1	2
5	Medical Consultant	SLMS	Special	125	2	43	22	37	104
6	Consultant Dental Surgeon	SLMS	Special	6	0	1	0	1	2
7	Medical Superintendent	SLMS	Deputy	8	0	0	2	3	5
8	Medical officer	SLMS	Prelim/II/I	1081	5	352	265	308	930
9	Medical officer - Relief	SLMS	Prelim/II/I	12	0	2	5	3	10
10	Regional Dental Surgeon	SLMS	Prelim/II/I	3	0	1	1	1	3
11	Dental Surgeon	SLMS	Prelim/II/I	103	0	38	27	24	89
12	Chief Accountant	SLAcS	I	1	1				1
13	Deputy Director (Admin)	SLAS	11	1	1				1
14	Accountant	SLAcs	111/11	10	1	2	1	1	5
15	Bio Medical Engineer	Dept	111/11	3	1	0	1	1	3
16	Engineer (Civil)	SLEgS	III/II	1	1	0	0	0	1
17	Engineer (Mechanical)	SLEgS	III/II	1	1	0	0	0	1
18	Engineer (Electrical)	SLEgS	III/II	1	0	0	0	0	0
19	Chemist	SLSS	III/II	2	0	0	0	0	0
20	Entomologist	SLSS	III/II	3	0	1	1	1	3
21	Regional Medical Officer /Assistant Medical Officer*	AMO/ RMO	II/I/Spl	112	0	44	23	7	74
22	Administrative Officer	PPMAS	Supra	12	1	4	2	4	11
23	Regional Supervisory Public Health Nursing Officer	SLNS	Special	6	1	1	2	0	4
24	Matron	SLNS	Special	12	0	5	3	3	11
25	Supervisory Public Health Inspector (Special)	ParaMS	Special	2	1	1	0	1	3
26	School Dental Therapist	ParaMS	Special	3	0	0	0	0	0
27	Divisional Pharmacist	PSM	Special	3	0	1	1	1	3
28	Public health Field officer	SLTS	Special	3	0	0	0	0	0
29	Dispenser (Special Grade)	SLTS	Special	0	0	0	1	0	1
30	Public Health Nursing Tutor	SLNS	Special	4	1	0	0	0	1
31	Pharmacist (Special Grade)	PSM	Special	0	0	2	0	0	2

	Designation	Services	Grade/Class	Approved cadre	In Position at 31-12-2022				
					PD Office	Galle	Matara	Hambantota	Total
32	Medical Laboratory Technologist (Special Grade)	PSM	Special	0	0	1	0	0	1
33	Entomological Officer (Special Grade)	ParaMS	Special	3	0	1	0	1	2
34	Public Health Midwife (Special Grade)	ParaMS	Special	1	0	0	0	0	0
35	Tutor Public Health Inspector (Special Grade)	ParaMS	Special	2	0	0	0	0	0
36	Public Health Laboratory Technician (Special Grade)	ParaMS	Special	3	0	1	0	0	1
37	Translator	TS	II/I	1	0	0	0	0	0
38	Health Education Officer	Dept.	II/I	8	1	4	3	2	10
39	Psychologist	Dept.	II/I	6	0	0	0	0	0
40	Information and Communication Technology Officer	PICTS	II/I	4	1	0	0	0	1
41	Psychiatric Social Worker	Dept.	III/II/I	6	0	2	0	0	2
42	Planning and Programme Officer*	Dept.	II/I	4	1	0	0	0	1
43	Supervisory Public Health Inspector - Grade I	ParaMS	I	49	0	14	16	11	41
44	Public Health Inspector	ParaMS	III/II/I	269	2	103	85	67	257
45	Development Officer	DOS	III/II/I	489	51	229	212	177	669
46	Planning & Programme Assistant *	Dept	III/II/I	13	3	8	16	3	30
47	Programme Assistant		III/II/I	0	0	7	4	0	11
48	Development Assistant		III/II/I	0	0	1	1	0	2
49	Medical Record Officer	Dept	III/II/I	1	0	0	0	0	0
50	Medical Record Assistant	Dept	III/II/I	9	0	0	0	0	0
51	Technical Officer (Civil)	SLTS	III/II/I	4	1	1	1	1	4
52	Technical Officer (Electrical)	SLTS	III/II/I	4	1	1	1	1	4
53	Technical Officer (Mechanical)	SLTS	III/II/I	4	1	1	1	1	4
54	Technical Officer (Bio Medical)	Dept.	III/II/I	13	5	0	1	2	8
55	Public health Field officer	SLTS	III/II/I	54	0	16	22	22	60
56	Dispenser	SLTS	III/II/I	205	0	67	55	57	179
57	Management Service Officer	PPMAS	III/II/I	334	27	116	94	92	329
58	Public Health Nursing Sister	SLNS	I/Supra	50	0	20	14	9	43
59	Public Health Nursing Sister	SLNS	III/II/I/Supra	1	0	0	0	0	0
60	Ward Sister	SLNS	I/Supra	107	0	30	19	21	70
61	Nursing Officer	SLNS	III/II/I/Supra	1870	0	736	459	679	1874
62	Pharmacist	PSM	III/II/I/Supra	116	0	32	26	35	93
63	Medical Laboratory Technologist	PSM	III/II/I/Supra	89	2	33	23	29	87

	Designation	Services	Grade/Class	Approved cadre	In Position at 31-12-2022				
					PD Office	Galle	Matara	Hambantota	Total
64	Radiographer	PSM	III/II/I/Supra	30	0	7	4	7	18
65	Physiotherapist	PSM	III/II/I/Supra	19	0	8	5	6	19
66	Occupational Therapist	PSM	III/II/I/Supra	9	0	2	0	1	3
67	Ophthalmic Technologist	ParaMS	III/II/I/Supra	14	0	5	4	4	13
68	School Dental Therapist	ParaMS	III/II/I/Supra	81	0	24	16	7	47
69	Health Entomological Officer	ParaMS	III/II/I/Supra	24	0	8	8	7	23
70	Food And drug Inspector	ParaMS	III/II/I/Supra	6	0	1	2	2	4
71	Supervisory Public Health Midwife	ParaMS	III/II/I/Supra	49	0	19	9	8	36
72	Public Health Midwife	ParaMS	III/II/I/Supra	1206	0	366	274	261	901
73	ECG Recordist	ParaMS	III/II/I/Supra	27	0	4	5	6	15
74	Public Health Laboratory Technician	ParaMS	III/II/I/Supra	37	0	12	14	8	34
75	Speech Therapist	PSM	III/II/I/Supra	7	0	3	2	2	7
76	Information and Communication Technology Assistant	PICTS	III/II/I	6	2	1	1	1	5
77	Diet Stewards	Dept.	III/II/I	7	0	1	2	1	4
78	House Warden	Dept.	III/II/I	6	0	0	0	2	2
79	Medical Supplies Assistant	Dept.	III/II/I	9	0	1	1	0	2
80	Vaccinating Field Assistant	Dept.	III/II/I	30	0	6	4	3	13
81	Ward Clerk	Dept.	III/II/I	20	0	7	5	7	19
82	Bio Medical Technician	Dept.	III/II/I/Spl	11	0	0	0	0	0
83	Driver	PDS	III/II/I/Spl	227	11	82	68	71	232
84	Cinema Machine Operator *	Dept.	III/II/I/Spl	4	1	1	0	1	3
85	Electrician	Dept.	III/II/I/Spl	16	0	2	1	1	4
86	Technician	Dept.	III/II/I/Spl	2	0	0	0	0	0
87	Attendant	Dept.	III/II/I/Spl	612	0	160	134	156	450
88	Attendant*	Dept.	III/II/I/Spl	2	0	0	1	0	1
89	Seamstress	Dept.	III/II/I/Spl	11	0	4	0	3	7
90	Telephone Operator	Dept.	III/II/I/Spl	28	0	6	5	5	16
91	Carpenter	Dept.	III/II/I/Spl	11	0	2	1	0	3
92	Cook	Dept.	III/II/I/Spl	51	0	13	4	6	23
93	Hospital Overseer	Dept.	III/II/I/Spl	27	0	3	2	5	10
94	Mason	Dept.	III/II/I/Spl	11	0	2	0	1	3
95	Plant Operator*	Dept.	III/II/I/Spl	1	0	0	0	0	0
96	Plumber/ Pump Machine Operator	Dept.	III/II/I/Spl	12	0	2	0	0	2

97	Laboratory Orderly	Dept.	III/II/I/Spl	18	0	4	3	6	13
98	Karyala Karya Sahayaka	Dept.	III/II/I/Spl	19	2	2	1	3	8
99	Watcher	Dept.	III/II/I/Spl	54	0	14	7	4	25
100	Watcher*	Dept.	III/II/I/Spl	30	0	11	1	3	15
101	Storemen*	Dept.	III/II/I/Spl	1	0	0	0	0	0
102	Packer*	Dept.	III/II/I/Spl	2	0	1	1	0	2
103	Lift Operator	Dept.	III/II/I/Spl	4	0	2	1	0	3
104	Welder	Dept.	III/II/I/Spl	12	0	4	2	1	7
105	Saukya Karya Sahayaka (Junior)	Dept.	III/II/I/Spl	1079	11	568	295	358	1232
106	Saukya Karya Sahayaka (Ordinary)	Dept.	III/II/I/Spl	819	7	333	118	149	607
107	Saukya Karya Sahayaka (Ordinary)/(Junior)*	Dept.	III/II/I/Spl	107	0	0	0	0	0
108	Spray Machine Operator	Dept.	III/II/I/Spl	87	0	19	17	12	48
	Total			**10090**	**148**	**3632**	**2429**	**2725**	**8934**

* Personal to the holder

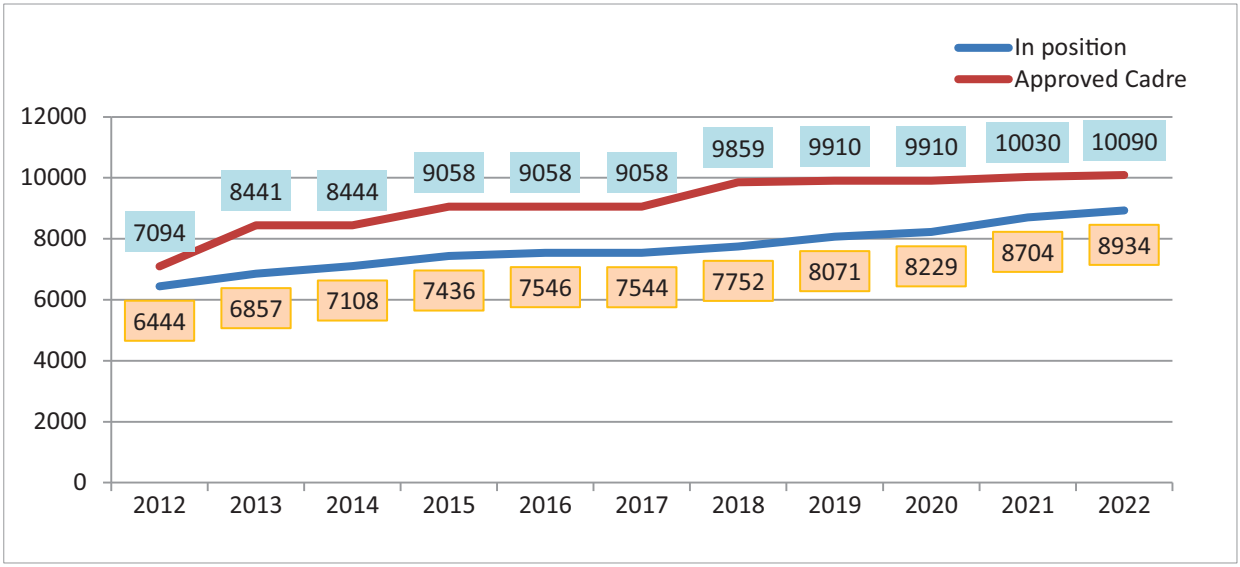


Figure 2.3: Approved and in position cadre 2012-2022

Generally, the workforce of the department includes a vast range of service categories, which can be mainly classified into technical and non-technical. The recruitment to fill up vacancies is done according to the Management Services Circular numbers 36 and 36(1), which are dated as 01.08.2007 and 15.10.2017, respectively. Further, by circular no. 03/2005 of the Public Service Commission of the Southern Provincial Council, the authority to recruit has been delegated to the Chief Secretary, Ministry Secretaries, and other provincial government heads. Authority of recruiting and selecting staff was delegated to the provincial council and line ministry of health as follows:

- MN, MT, SL salary categories – Line Ministry or Chief Secretary of the Province
- PL salary categories –Secretary, Health Ministry of the Province

The inadequacy of staff recruitment by the line ministry of health is a considerable challenge for the provincial health department in achieving the final health outcome in the province. However, the number of vacancies has been reduced more gradually than in previous years.

Table 2.6: Distribution of selected categories of health workforce by institutions, as at 31.12.2022

Designations	Galle				Matara			Hambantota			Total of Southern Province	Rate per 100,000 Population for Province
	TH - Karapitiya	TH - Mahamodara	Provincial managed District Curative care Institutions	Total Of Galle District	DGH - Matara	Provincial managed District Curative care Institutions	Total Of Matara District	DGH-Hambantota	Provincial managed District Curative care Institutions	Total Of Hambantota District		
Medical Consultant	99	14	45	158	42	22	64	30	37	67	289	10.86
Consultant Dental Surgeon	4	0	1	5	3	0	3	1	1	2	10	0.38
Medical Officer	461	115	359	935	317	270	587	123	311	434	1,956	73.48
Dental Surgent	32	2	38	72	12	27	39	11	24	35	146	5.48
Nursing officer	1,784	296	736	2,816	1,007	459	1,466	533	679	1,212	5,494	206.39
Hospital Midwife	1	71	52	124	58	42	100	27	58	85	309	11.61
Pharmacist	58	9	32	99	38	26	64	28	35	63	226	8.49
Dispenser	4	4	67	75	0	55	55	2	57	59	189	7.10
Medical Laboratory Technologist	55	12	35	102	40	23	63	18	29	47	212	7.96
EEG Recordist	7	0	0	7	3	0	3	3	0	3	13	0.49
ECG Recordist	15	3	4	22	9	5	14	7	6	13	49	1.84
Physiotherapist	35	2	8	45	11	5	16	9	6	15	76	2.85
Speech Therapist	6	0	3	9	3	2	5	3	2	5	19	0.71
Occupational Therapist	8	0	2	10	6	0	6	4	1	5	21	0.79
Radiographer	25	3	7	35	10	4	14	9	7	16	65	2.44
Ophthalmic Technologist	8	0	5	13	4	4	8	3	4	7	28	1.05

2.4.2 Capacity Building

Capacity building is development of essential skills required for a certain job that provides background to improve their existing knowledge, attitudes and skills. Skill development is being done through training. Preliminary as well as in-service training programmes provide opportunities to enhance their knowledge and skills. The Provincial Health Training Centre (PHTC) provides the preliminary training for public health midwives, public health inspectors and dispensers as well as in-service training for other categories of health workers. In addition to that, Management Development and Training Institute of the Southern Province in Wackwella, Galle offers training opportunities for government officers of the province. It functions under the supervision of the Chief Secretariat of the Southern Province.

2.4.3 Performance Evaluation

Duties and responsibilities of each and every officer in the Provincial Health Department align with the annual action plan for the particular year to achieve the expected targets. Each officer is evaluated under predefined Key Performance Indicators (KPI) pertaining to their job roles. The KPIs defined based on their targets according to the annual action plan and the five year strategic plan of the Provincial Health Department. In addition, quality management unit carry out internal audits to evaluate certain processes that are being identified to improve the quality of service offered. In addition, there are several reviews conducted from the national level to evaluate the performance of different health personnel.

CHAPTER 03

CURATIVE CARE SERVICES

3. Curative Care Services

CHAPTER 03

Curative care services refer to treatments and therapies provided to a patient with the goal of curing a disease or illness. The Southern Province's curative care services are provided through a network of institutions that includes two tertiary care hospitals, ten secondary care hospitals (Provincial Base Hospitals and District General Hospitals), and 111 Primary Medical Care Institutions (PMCI –Divisional Hospitals and Primary Medical Care Units) that cover the whole geographical territory of the province, ensuring that curative care services are accessible to the entire population in the province.

In curative care, patient actively demands treatment. Since the healthcare system enables self-referral for the population, they tend to by-pass the PMCI for minor ailments which can be managed at that level. This has led to unnecessary overcrowding of secondary and tertiary care institutions and underutilization of primary care resources. Unavailability of emergency facilities, essential drugs and laboratory facilities has made the PMCI less attractive. As a country, Sri Lanka has adopted a 'Policy on Healthcare Delivery for Universal Health Coverage' in 2018 with the goal of ensuring Universal Health Coverage (UHC) for all citizens through a well-integrated, comprehensive and efficient health care system (11). Under this policy an Essential Services Package (ESP) was developed as a tool to benchmark the types of facilities and services that should be available across each level of care in both curative and preventive sectors (12). Primary Healthcare Systems Strengthening Project (PSSP) has funded the development of PMCI in the Province by adding laboratory facilities, Emergency treatment Units and Healthy Lifestyle Clinics for Non-Communicable Disease screening to achieve the standard level of health care delivery according to ESP. Secondary care service provision also has been enhanced by developing facilities including new specialized units in Base Hospitals.

3.1 Primary care services

In Southern Province, primary care services are delivered through 54 Divisional Hospitals and 57 Primary Medical Care Units. The Divisional hospitals provide both outpatient and inpatient care including the provision of basic health facilities for the treatment of minor ailments, referral to secondary and tertiary care institutions for further treatment, provision of perinatal care, dental care and follow up of patients referred from secondary or tertiary care institutions. On the other hand Primary Medical Care Units provide outpatient and emergency treatment.

3.1.1 Emergency Care Services

Identification and stabilization of emergency cases, resuscitation with basic life support, management of minor emergencies and communication and transportation of major cases after initial stabilization and resuscitation have been identified as essential emergency care facilities that should be available in PMCIs in order to achieve UHC (2).

Emergency Treatment Units (ETU) has been established in Divisional Hospitals to provide the essential emergency care services. This has facilitated the provision of basic life support and management, which allows transportation of patients who needs advanced care after stabilization.

Table 3.1: ETU facilities in PMCI in Southern Province, 2021-2022

	Galle		Matara		Hambantota		Southern Province	
	2021	2022	2021	2022	2021	2022	2021	2022
Number of institutions with ETU	16	16	9	11	15	15	40	42
Total number of ETU admissions	36,236	36,243	15,957	27,321	34,526	37,116	86,719	100,680

3.1.2 Outpatient Services

All the PMCI in the province has Out-Patient Departments (OPD) which functions during working hours in weekdays and only during the morning hours in weekends and public holidays. OPDs cater for the needs of patients with minor ailments who do not need admission. Divisional Hospitals conduct medical clinics to continue the management of patients who are being referred from specialized clinics in secondary and tertiary care institutions. All DHs in Southern Province conduct medical clinics.

Table 3.2: Outpatient care facilities in PMCI in Southern Province, 2021-2022

	Galle		Matara		Hambantota		Southern Province	
	2021	2022	2021	2022	2021	2022	2021	2022
Number of institutions with OPD	44	46	35	35	30	30	109	111
Total number of OPD attendance	784,104	1,602,436	766,293	1,445,015	721,054	1,258,481	2,271,451	4,305,932
Number of institutions with medical clinic facility	42	44	35	35	30	30	107	109
Total number of clinic attendance	211,304	291,170	127,293	309,132	193,767	232,788	532,364	833,090

In 2021, OPD and clinic attendance in primary health care institutions in all three districts has remarkably decreased when compared to previous years most probably due to COVID-19 pandemic and travel restrictions. By 2022, there is a rapid incline of outpatients but the numbers are slightly reduced than pre-pandemic years except for OPD attendance in Matara district and clinic attendance in Galle district.

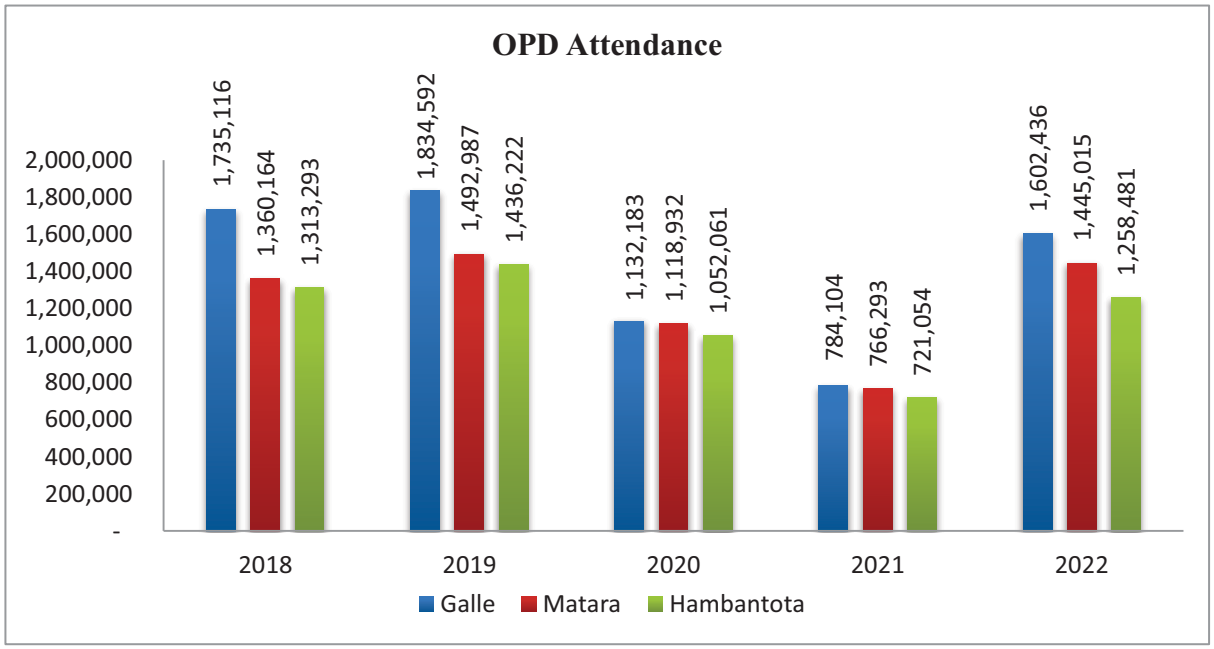


Figure 3.1: OPD attendance in PMCI by district, Southern Province, 2018-2022

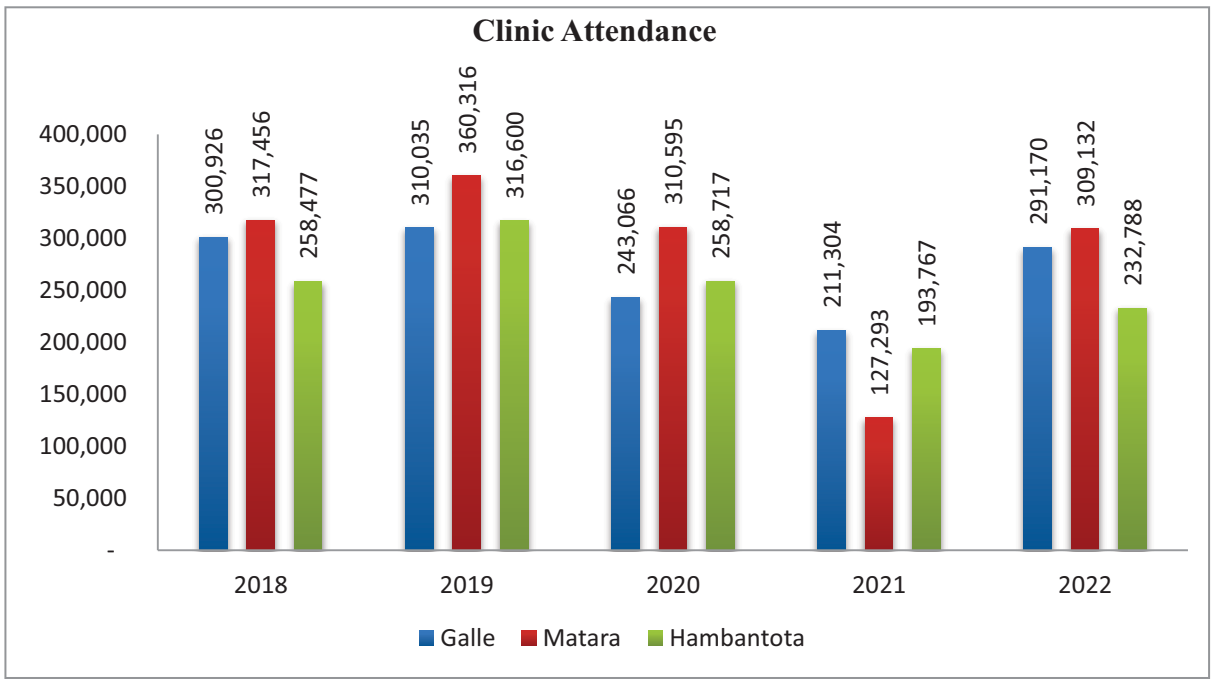


Figure 3.2: Clinic attendance in PMCI by district, Southern Province, 2018-2022

3.1.3 Inpatient Services

By 2022, 48 DHs in the Southern Province provide inward care. Out of these institutions, 35 have inward facilities for paediatric age group and 40 have maternity ward facilities. However, there are only 32 functioning maternity wards with a PHM in service. Total of 180,775 admissions have been recorded in the province while Galle district reports the highest number.

Table 3.3: Inward facilities in Divisional Hospitals in Southern Province, 2021-2022

	Galle		Matara		Hambantota		Southern Province	
	2021	2022	2021	2022	2021	2022	2021	2022
Number of Institutions with Inward facilities	18	19	12	12	17	17	47	48
Number of admissions	56,513	71,399	39,511	50,210	48,986	59,166	145,010	180,775
Number of inpatients days	114,589	50,242	99,766	72,206	63,923	20,654	278,278	143,102
Number of Institutions functioning maternity wards	8	9	9	9	15	14	32	32
Number of deliveries	59	50	106	93	39	36	204	179
Number of institutions with paediatric wards	14	14	10	10	11	11	35	35
Transfers	6,300	10,341	3,911	6,117	9,526	11,981	19,737	28,439

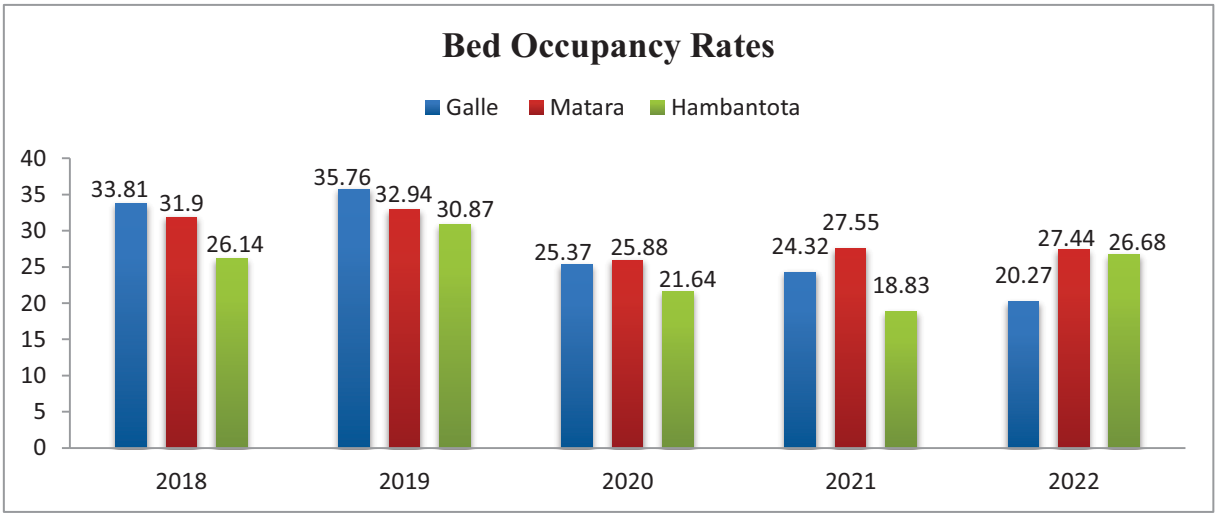


Figure 3.3: Bed Occupancy Rates of Divisional Hospitals by district, Southern Province, 2018-2022

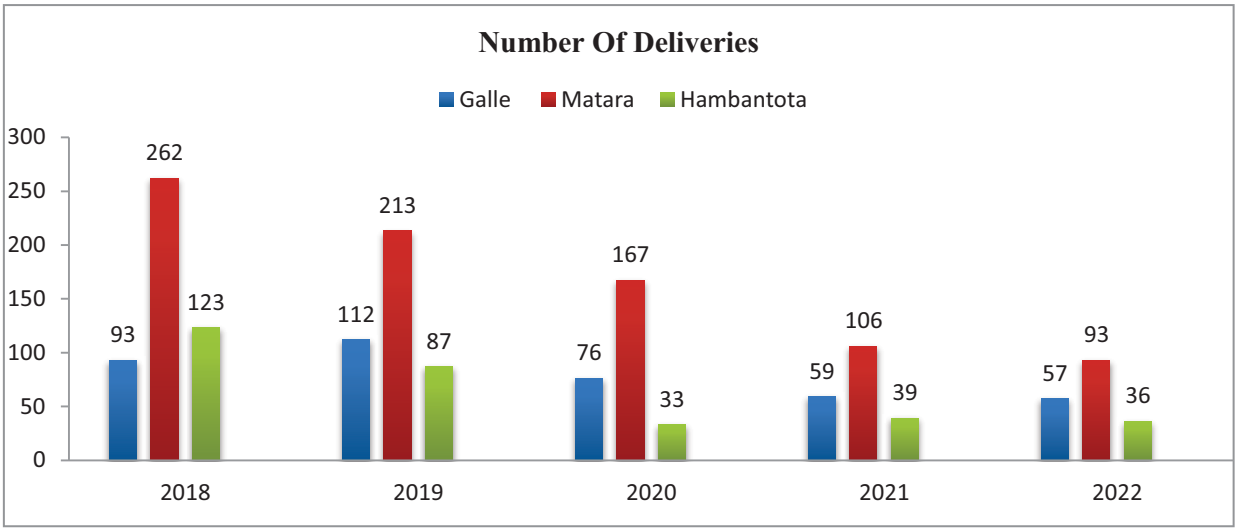


Figure 3.4: Number of deliveries in Divisional Hospitals by district, Southern Province, 2018 -2022

Bed occupancy rates and number of deliveries in PMCI have been declining over the last five years. This may be due to the improved facilities of secondary care institutions including specialized care which attracts more patients to these institutions.

3.1.4 Laboratory Services

There are 31 laboratories established in primary health care institutions in the province. Permanent Medical Laboratory Technologists (MLTs) were located in eight institutions while others are covered by neighbouring institutions on a covering up basis. Investigations carried out in these laboratories have been confined to basic investigations. There are two mobile laboratory services in Galle and Hambantota districts functioning to provide services on a roster basis to PMCI which do not have laboratory facilities.

Table 3.4: Laboratory investigations carried out in PMCI in Southern Province, 2021-2022

		2021	2022
Galle	DH Ambalangoda	10,812	8,615
	DH Baddegama	12,749	16,030
	DH Batapola	6,731	3,042
	DH-Bentota	1,328	3,353
	DH Ahangama	2,940	5,509
	DH Imaduwa	499	2,342
	DH-Hiniduma	6,222	9,352
	DH-Karandeniya	7,543	10,310
	DH-Unawatuna	-	260
	Occupational Health Centre - Habaraduwa	926	4,160
Matara	DH Weligama	7,450	12,555
	DH Akuressa	7,447	12,879
	DH Dickwella	5,122	9,099
	DH Thalalla	149	625
	DH-Morawaka	6,214	8,708
	DH-Narawelpita	3,141	3,662
	DH-Gangodagama	113	5,446
	DH-Mawarala	-	1,336
	DH-Deiyandara	4,472	6,301
	DH Urubokka	3,909	5,086
Hambantota	DH-Ambalanthota	699	2,590
	DH Beliatta	-	2,417
	DH Angunukolapelessa	975	6,000
	DH Kariyamaditta	1,325	10,273
	DH Katuwana	1,706	19,469
	DH Weeraketiya	1,398	3,390
	DH-Lunugamwehera	3,150	18,582
	DH-Sooriyawewa	1,645	9,102
	DH- Ihala Beligalle	248	404
	DH- Kirama	-	2,155
	DH-Kirinda	-	1,450

3.2 Secondary Care Services

There are 2 District General Hospitals (DGH) and 8 Base Hospitals (BH) offering secondary care services in Southern Province. These institutions provide specialized care under medical consultants. Out of the BHs, 5 are type A hospitals, including BH Udugama which was upgraded in December 2021.

3.2.1 Emergency Care Services

All secondary care institutions in Southern Province have well equipped ETUs. Highest number of ETU admissions was reported in DGH Matara followed by BH Udugama.

Table 3.5: ETU admissions in secondary care institutions in Southern Province, 2021-2022

	DGH Matara	DGH Hambanthota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
2021	18,291	14,981	8,179	2,871	13,303	3,681	2,825	6,318	1,288	4,504	76,241
2022	26,660	11,316	7,563	11,323	15,234	4,717	3,595	7,306	1,738	10,474	99,926

3.2.2 Outpatient Services

Apart from the OPD, BHs conduct specialized outpatient clinics to cater for the needs of patients who should be managed under specialized care. A total of 683,819 attendances are recorded for OPDs in the province. Majority of clinic attendance is observed in medical clinics followed by surgical clinics.

Table 3.6: Outpatient services in secondary care institutions in Southern Province, 2021-2022

2021	DGH Matara	DGH Hambanthota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
OPD Attendance	117,478	72,796	58,137	93,006	44,762	69,678	31,519	60,011	81,267	55,165	683,819
Clinics											
Surgical	15,650	7,158	7,757	3,976	12,733	27,651	9,950	31,306	19,225	15,108	150,514
Medical	42,717	27,599	45,874	27,809	2,808	3,249	1,657	7,385	1,204	2,879	163,181
Gynaecology/ Obstetric	10,210	6,908	2,027	1,609	538	1,656	1,085	2,515	1,463	443	28,454
Paediatrics	3,078	2,797	8,557	713	1,066	1,497	1,836	3,859	1,288	1,779	26,470
Eye	17,520	14,053	16,243	6,799	344	14,383	886	2,022	1,444	705	74,399
Psychiatric	18,028	6,318	5,331	4,487	2,470	3,767	1,752	7,842	2,873	2,552	55,420
Dermatology	14,319	NR	3,311	4,121	2,709	NR	2,374	8,340	505	4,489	40,168

2022	DGH Matara	DGH Hambanthota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
OPD Attendance	173,655	158,734	103,029	128,461	72,909	118,508	54,262	135,220	104,605	115,145	1,164,528
Clinics											
Surgical	23,115	9,763	10,616	5,488	16,052	29,266	13,898	30,508	35,548	21,434	195,688
Medical	58,589	30,456	68,082	39,036	2,834	8,693	2,528	10,308	1,810	3,101	225,437
Gynaecology/ Obstetric	9,807	7,934	2,369	2,663	634	1,837	1,121	3,406	2,219	760	32,750
Paediatrics	6,548	4,644	1,991	1,779	1,316	2,170	1,773	4,280	2,138	2,129	28,768
Eye	27,537	25,450	19,437	10,700	1,177	21,980	1,589	4,578	1,178	1,562	115,188
Psychiatric	24,371	7,124	1,935	5,895	5,144	4,797	908	10,501	3,707	2,191	66,573
Dermatology	20,889	NR	6,067	4,696	1,881	1,537	2,892	11,228	1,863	4,897	55,950

3.2.3 Inpatient Services

Secondary care institutions are well equipped to provide inpatient services. DGH Matara serves as the largest secondary care institution in the Province. Hence, it has the highest number of wards and therefore highest number of admissions. Highest bed occupancy rate is observed in BH Walasmulla in 2022. All BOR are shown to be increased in 2022 when compared to 2021.

Table 3.7: Basic information on inpatient services in secondary care institutions in Southern Province, 2021-2022

		DGH Matara	DGH Hambantota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
Number of wards	2021	35	22	13	13	7	9	9	12	8	9	80
	2022	36	24	13	11	6	9	9	13	8	7	76
Number of beds	2021	1,075	771	462	372	150	322	165	311	218	200	2,200
	2022	1045	899	477	358	150	315	160	318	217	180	2,175
Number of admissions	2021	92,133	71,733	33,613	36,815	13,303	26,220	12,746	35,794	22,098	17,086	197,675
	2022	112,600	71,248	40,258	43,222	15,234	30,301	13,859	37,445	26,817	22,039	229,175
Number of inpatients days	2021	196,368	192,285	74,516	66,440	33,293	52,665	24,052	76,316	29,897	47,204	404,383
	2022	224,915	173,595	80,409	78,345	41,167	50,486	24,607	83,259	42,419	58,202	458,894
Bed Occupancy Rate	2021	50.05	59.64	44.19	48.93	60.81	44.81	39.94	67.23	37.57	64.66	50.36
	2022	58.97	59.1	46.18	59.96	75.19	43.91	42.14	71.73	53.56	88.59	57.80

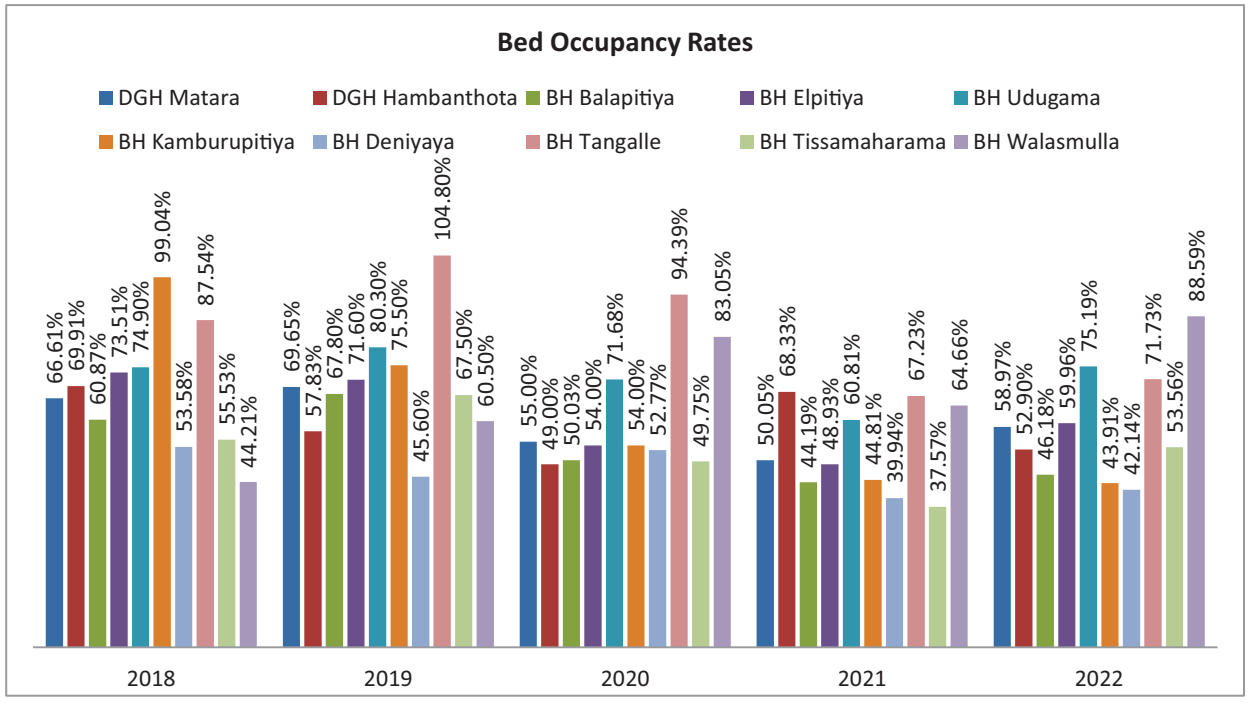


Figure 3.5: Bed occupancy rates by secondary care institutions in Southern Province, 2018-2022

Table 3.8: Number of deliveries in secondary care institutions in Southern Province, 2021-2022

		DGH Matara	DGH Hambantota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
Number of Maternity Wards	2021	03	02	01	01	01	01	01	01	01	01	13
	2022	03	02	01	01	01	01	01	01	01	01	13
Number of Live Births	2021	5,584	3,841	2,829	2,079	626	2,328	247	3,246	1,232	797	22,809
	2022	4,855	3,559	2,423	2,107	590	1,919	215	2,637	1,008	781	20,094
Total Number of Deliveries	2021	5,748	3,861	2,844	2,124	651	2,321	260	3,218	1,229	2,446	24,702
	2022	4,947	3,547	2,436	2,203	608	1,906	219	2,606	1,013	795	20,280
Number of Normal Deliveries	2021	2,789	1,917	1,647	1,122	346	1,055	203	1,626	790	481	11,976
	2022	2,230	1,735	1,388	1,189	393	904	157	1,242	547	425	10,210
Number of Caesarean sections	2021	2,775	1,898	1,158	925	275	1,205	53	1,493	397	316	10,495
	2022	2,607	1,735	1,003	915	202	969	58	1,238	428	347	9,502
Number of forcep Deliveries	2021	09	03	06	45	05	08	03	16	01	Nil	96
	2022	26	09	23	10	Nil	05	02	03	01	03	79
Number of Vaccum Deliveries	2021	175	43	33	32	25	53	01	83	41	23	509
	2022	84	68	22	89	13	28	02	123	37	06	472

All secondary care institutions in the province provide maternal care facilities. DGHs Matara and Hambantota has 3 and 2 maternity wards respectively. Highest number of live births is reported in DGH Matara. Total number of deliveries has reduced to 20,280 by 2022 from 24,702 in 2021. Highest number of deliveries per maternity unit was observed in BH Tangalle.

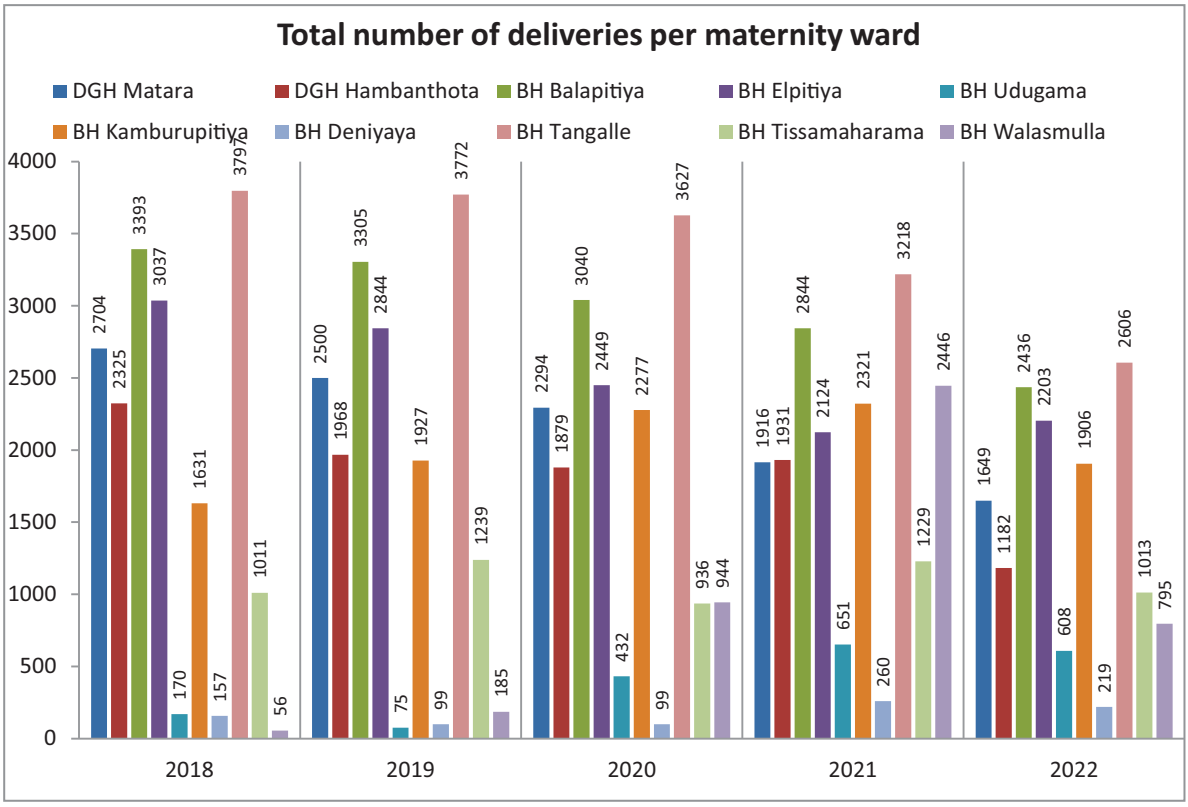


Figure 3.6: Total number of deliveries per maternity ward in secondary care institutions in Southern Province, 2021-2022

Highest number of ECG recordings were taken in DGH Matara which has the highest number of wards. Total number of ECG taken in the secondary care has increased in 2022.

Table 3.9: Number of ECG recordings taken in secondary care institutions in Southern Province, 2021-2022

	DGH Matara	DGH Hambanthota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
2021	66,186	37,755	17,619	23,432	2,758	10,983	5,621	26,645	4,643	3,476	199,118
2022	159,440	30,344	25,996	25,082	3,502	18,169	3,551	30,816	17,054	7,757	321,711

3.2.4 Surgical Procedures

Theatre facilities are available in all secondary care institutions in Southern Province. Number of surgeries performed includes surgeries of all specialities.

Table 3.10: Major surgeries performed in secondary care institutions in Southern Province, 2021-2022

	DGH Matara	DGH Hambantota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
2021	7,723	4,740	2,697	2,268	473	2,493	607	2,639	640	201	24,481
2022	9,038	5,572	2,959	3,050	465	2,795	1,051	990	666	785	27,371

Table 3.11: Minor surgeries performed in secondary care institutions in Southern Province, 2021-2022

	DGH Matara	DGH Hambanthota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
2021	11,889	5,501	4,497	5,407	2,104	3,603	1,213	5,045	3,286	802	43,347
2022	15,352	5,708	5,728	3,462	3,237	4,137	4,128	4,660	2,658	1,695	50,765

3.2.4.1 Endoscopy

Gastro Intestinal (GI) endoscopy facilities are available in all secondary care institutions by 2022. GI endoscopies are used to examine the gastrointestinal tract in the body.

Table 3.12: Endoscopies conducted in secondary care institutions in Southern Province, 2021-2022

		BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
Upper GI	2021	25	-	231	-	95	271	93	159	874
	2022	127	231	97	179	251	285	57	125	1,352
Lower GI	2021	106	-	167	-	164	289	86	183	995
	2022	117	85	152	157	211	41	148	134	1,045

3.2.4.2 Laparoscopy

Laparoscopy is a surgical diagnostic procedure used to examine the organs inside the abdomen. Some base hospitals namely Balapitiya, Elpitiya Kamburupitiya , Tangalle and Tissamaharama have been providing the services since 2016 whereas Udugama, Deniyaya and Walasmulla hospitals have started laparoscopic examinations in 2019. Laparoscopy is not available in BH Deniyaya.

Table 3.13: Laparoscopic procedures conducted in secondary care institutions in Southern Province, 2021-2022

	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
2021	60	95	80	63	NA	339	50	21	708
2022	112	62	83	77	NA	521	82	0	937

3.2.5 Physiotherapy

Physiotherapy is a very important paramedical service in improving recovery and reducing disability, especially in patients with trauma and various neurological conditions, including cerebral vascular accidents. Also, this service facilitates the improvement and rehabilitation of patients suffering from rheumatological disorders. Long-term bedridden immobilized patients and intensive care patients also benefit from this supportive care.

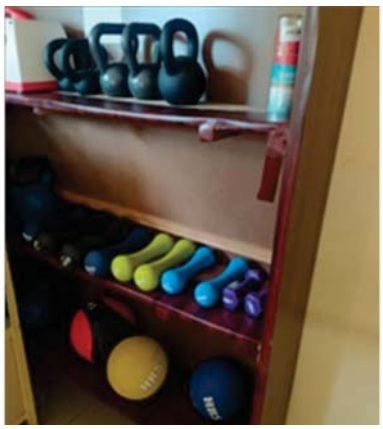


Table 3.14: Total number of patient visits for physiotherapy in secondary care institutions in Southern Province, 2021-2022

	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla	Province
2021	4,573	11,300	1,543	2,906	606	13,696	1,505	2,397	38,526
2022	8,970	4,752	1,016	4,332	2,227	12,440	1,785	4,465	39,987

3.2.6 Laboratory Services

During the last two years, the facilities of the laboratories in secondary care institutions had been improved with automated analysers and advanced equipment to increase the number of tests that could be carried out. Inadequacy of manpower is the main rate limiting factor in providing laboratory services in the province. To overcome this problem, internal arrangements have been made to cover histopathological services through nearby district general hospitals or Type "A" base hospitals.

Table 3.15: Number of laboratory investigations carried out in secondary health care institutions in Southern Province, 2021-2022

		DGH Matara	DGH Hambanthota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Thissamaharama	BH Walasmulla	Province
Biochemistry	2021	550,727	428,494	296,690	281,863	70,403	138,456	24,126	524,876	102,161	100,150	2,517,946
	2022	409,531	351,254	286,775	282,301	63,677	154,231	32,178	316,602	96,853	41,368	2,034770
Histopathology	2021	19,417	73,938	17,720	19,348	-	774	-	2,446	-	-	133,643
	2022	18,127	6,153	12,212	17,912	-	842	-	9,166	-	594	65,006
Bacteriology	2021	-	71,151	22,512	-	7,709	2,689	-	13,922	-	-	117,983
	2022	-	13,801	16,254	3,324	262	3,886	-	18,387	-	1,240	57,154
Haematology	2021	161,290	644,999	210,398	67,298	64,547	139,784	29,129	107,584	31,657	66,630	1,523,316
	2022	174,077	126,196	255,251	260,723	82,464	170,512	33,687	69,544	39,479	46,552	1,258,485
Other	2021	90,540	-	3,493	1,222	-	37,734	10,210	16,434	-	-	159,633
	2022	95,144	11,707	1,923	10,016	-	34,706	8,375	31,003	-	40	192,914

Table 3.16: Provision of laboratory services in secondary care institutions in Southern Province, 2021-2022

		DGH Matara	DGH Hambantota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Tissamaharama	BH Walasmulla
2021	Total number of Tests	821,974	1,218,582	550,813	368,509	142,659	339,437	63,528	665,262	133,818	166,780
	Number of MLT	34	17	9	10	3	10	4	11	4	4
	Average test per MLT	24,176	71,681	61,201	36,851	47,553	33,944	15,882	60,478	33,455	41,695
2022	Total number of Tests	696,879	509,111	572,415	574,276	146,403	364,177	74,240	444,702	136332	87,920
	Number of MLT	40	18	10	10	3	10	4	9	4	4
	Average test per MLT	17,422	28,284	57,242	57,428	48,801	36,418	18,560	49,411	34,083	21,980

3.2.7 Radiological Investigations

X-ray and Ultrasonography (US) facilities are available in all secondary care institutions while Computed Tomography (CT) facilities are available only in DGHs. Consultant radiologists are providing specialized care in all secondary care institutions in the province.

Table 3.17: Number of radiological investigations carried out in secondary health care institutions in Southern Province, 2021-2022

		DGH Matara	DGH Hambanthota	BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Thissamaharama	BH Walasmulla	Province
No of Xrays	2021	73,106	136,393	21,402	12,699	4,119	7,385	3,832	34,241	2,734	5,755	301,666
	2022	67,526	133,974	24,673	8,431	5,087	8,949	3,211	11,532	4,801	5,179	273,363
No of US Scans	2021	16,632	13,118	6,084	4,013	8,100	3,778	6,452	8,003	1,956	1,869	70,005
	2022	23,025	13,054	8,440	4,968	10,366	5,025	5,642	11,499	3,769	1,479	87,267
No of CT Scans	2021	5,905	9,844	NA	NA	NA	NA	NA	NA	NA	NA	15,749
	2022	4,224	9,692	NA	NA	NA	NA	NA	NA	NA	NA	13,916

3.2.8 Blood bank services

All secondary care institutions in Southern province have a blood bank within their premises. The main role of blood banks is to provide life-saving blood and blood products for needy patients as quickly as possible. Apart from the provision of blood and blood products, they also provide grouping and anti-body testing specially for pregnant mothers.

Table 3.18: Blood bank services provided in secondary health care institutions in Southern Province, 2021-2022

		BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Thissamaharama	BH Walasmulla	Province
2021	No of donors donated blood	1,693	791	106	310	0	3,107	730	0	6,737
	No of blood pints taken from other blood banks	753	1,310	1,363	1,260	798	2,563	1,077	775	9,899
	No of blood pints issued	1,428	1,576	544	781	395	2,598	753	626	8,701
	No of blood pints discarded	151	188	4	8	208	0	3	0	562
2022	No of donors donated blood	1,598	1,228	227	156	0	2,859	469	559	7,096
	No of blood pints taken from other blood banks	914	1269	1,353	1,460	1,140	281	1,230	1,098	8,745
	No of blood pints issued	1720	1826	715	1125	490	3265	963	673	10777
	No of blood pints discarded	145	79	6	0	641	0	1	2	874

3.2.9 Medico-legal Services

Medico-legal system in the province has been operating with a severe shortage of skilled manpower and other resources for several years. Medical Officers- Medico-legal (MO-ML) who have been trained to perform medico legal services and District Medical Officers (DMOO) working in the divisional hospitals provide the medico legal services of the province. Medical Officers Medico-Legal and DMOO handle routine medico-legal work and refer cases with difficult judgements to consultant JMOs in the nearest medico-legal unit in secondary and tertiary care institutions. During 2021-2022, consultants JMOs were available in base hospitals at Balapitiya, Elpitiya and Tangalle.

Table 3.19: Medico-legal services in secondary care institutions in Southern Province, 2021-2022

		BH Balapitiya	BH Elpitiya	BH Udugama	BH Kamburupitiya	BH Deniyaya	BH Tangalle	BH Thissamaharama	BH Walasmulla	Province
2021	Number of Post mortems conducted	578	199	0	0	9	230	129	0	1145
	Availability of Consultant JMO	1	1	0	0	0	1	0	0	3
	Availability of MO Medico Legal	1	2	0	1	1	2	1	0	8
2022	Number of Post mortems conducted	437	252	0	78	11	239	100	1	1118
	Availability of Consultant JMO	1	1	0	0	0	1	0	0	3
	Availability of MO Medico Legal	1	1	1	1	1	2	1	1	9

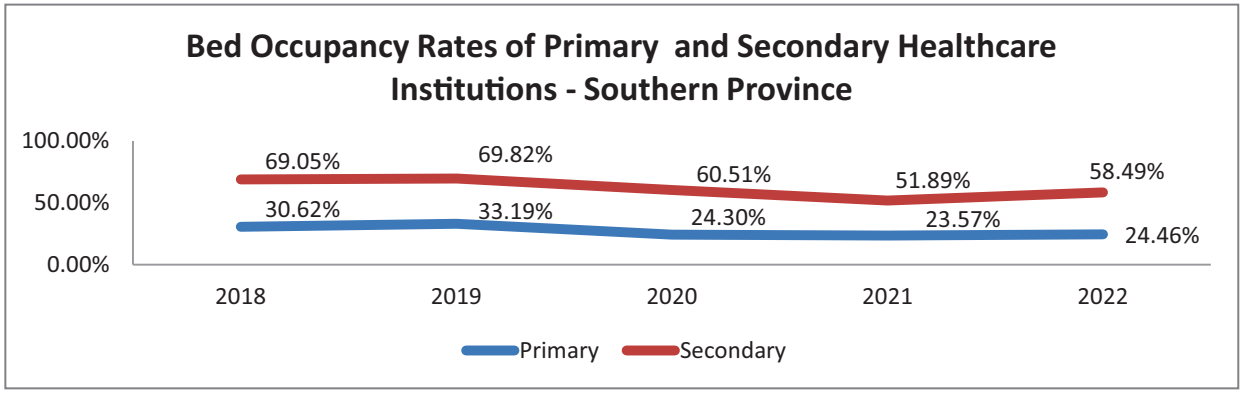
3.3 Utilization of Primary and Secondary Care Services

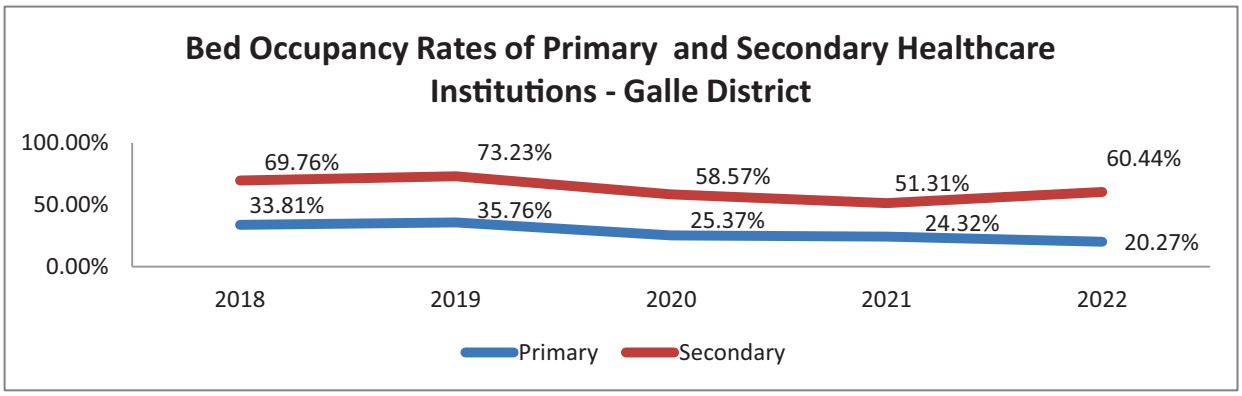
In Sri Lanka, patients have the liberty to choose the level of healthcare they approach for first contact care. Therefore, it observed that some minor ailments which can be managed at primary care level are self-referred to secondary and tertiary care facilities. Absence of a proper referral system leads to overburdening of secondary and tertiary care facilities while primary care remains underutilized. A comparison of the utilization of primary and secondary care facilities is presented below.

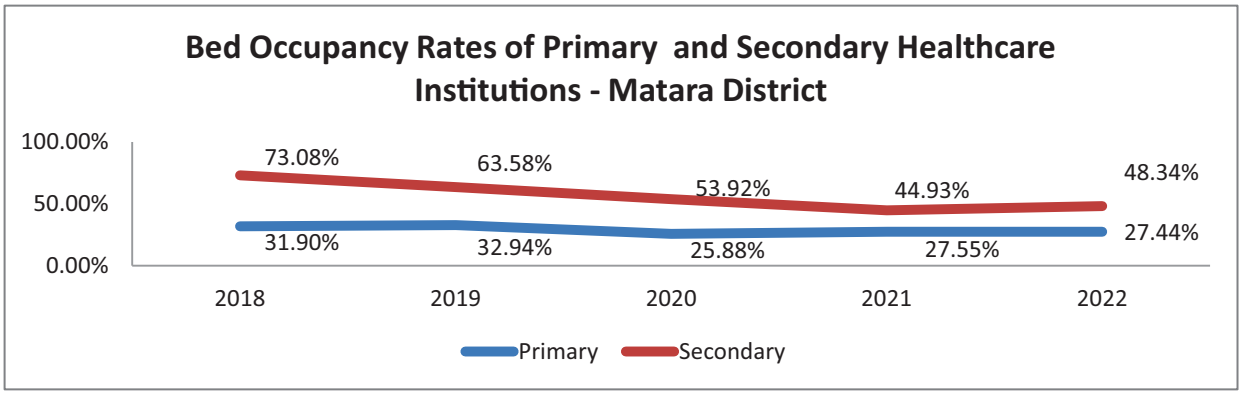
3.3.1 Bed Occupancy Rate

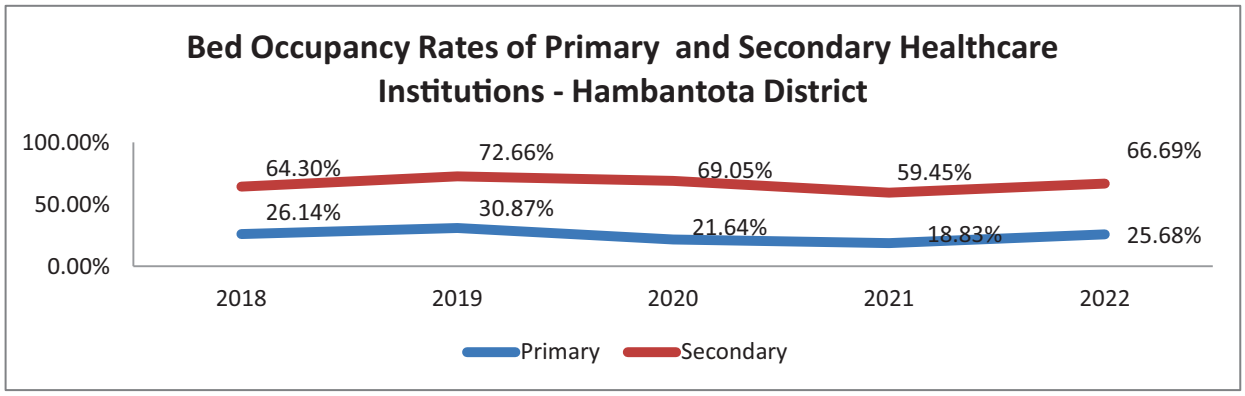
Higher Bed occupancy is observed in secondary care institutions. It is clear that BOR in secondary care institutions is as twice as that of primary care institutions. Availability of specialists and advanced care facilities attracts the patients to secondary care institutions.

Figure 3.7: Trends of Bed Occupancy Rates in primary and secondary care institutions, 2018-2022





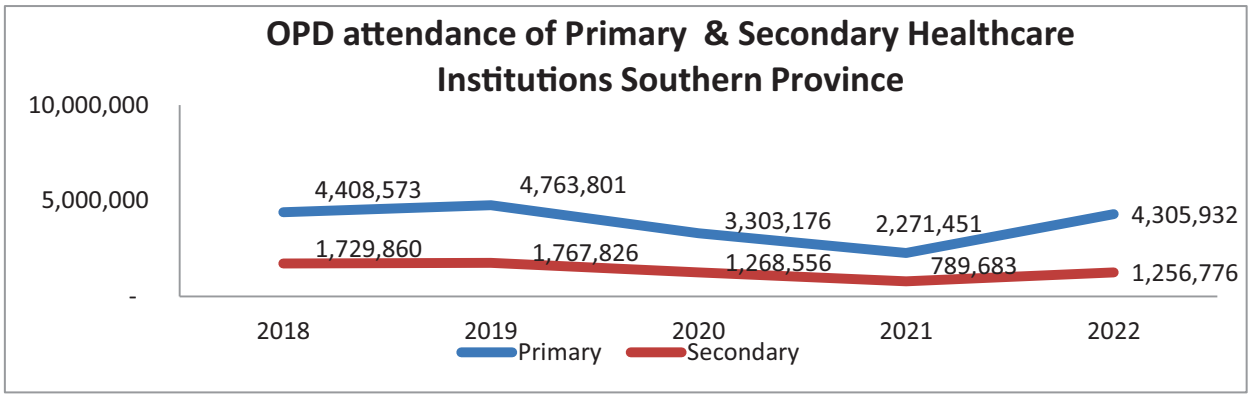


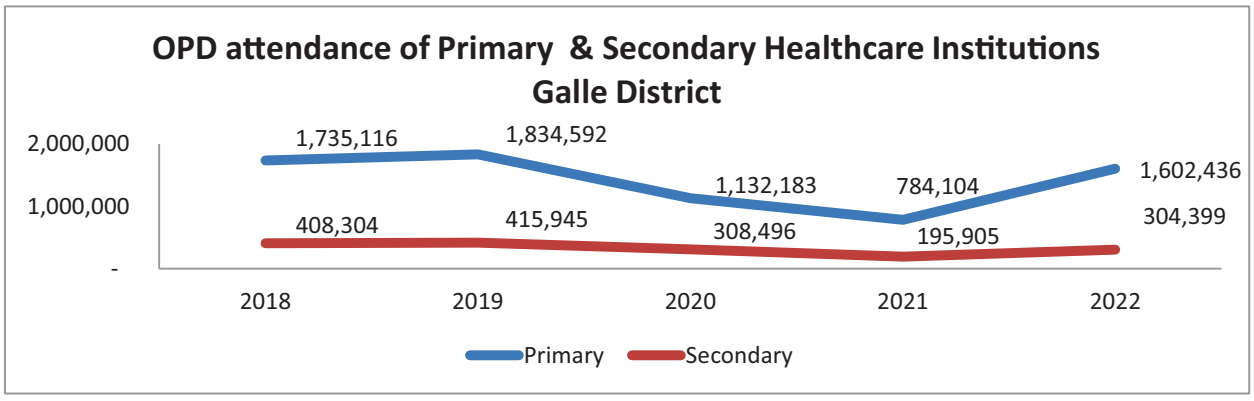


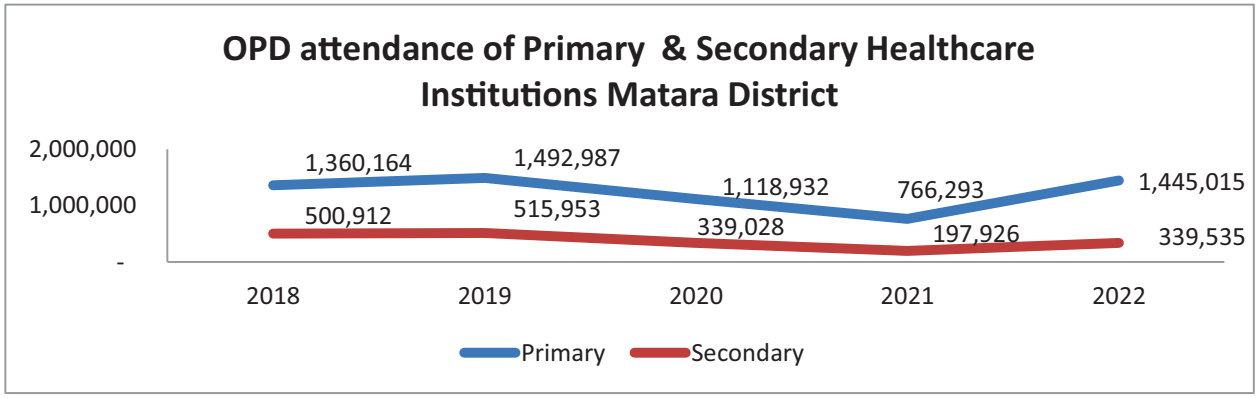
3.3.2 OPD Attendance

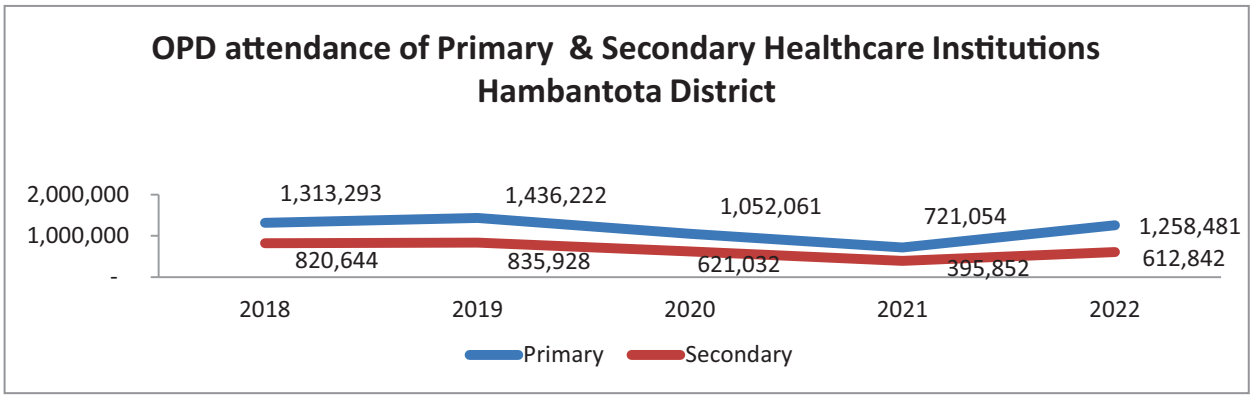
Overall, total number of OPD attendance, is reported to be higher in primary care institutions. A narrower gap is observed in Hambantota district due its higher number of OPD attendance in secondary care institutions.

Figure 3.8: Trends of OPD attendance in primary and secondary care institutions, 2018-2022





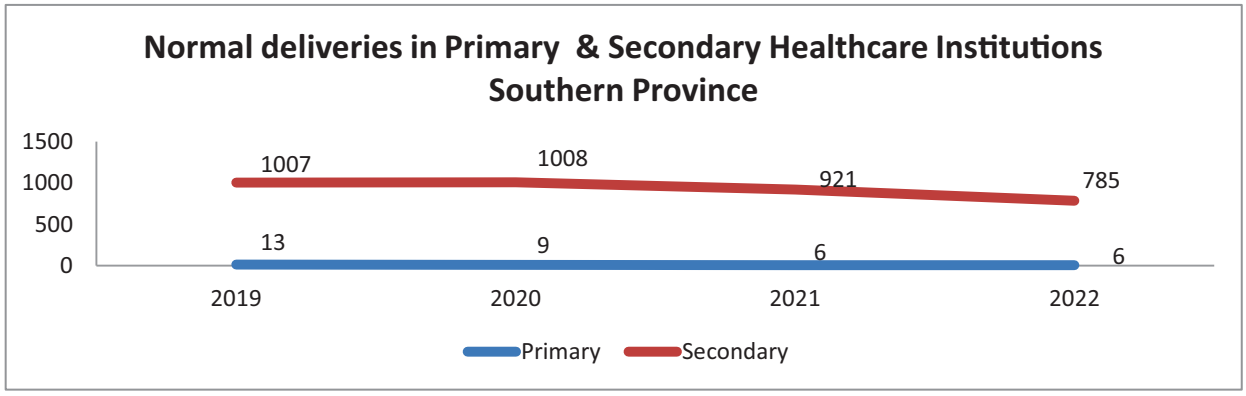


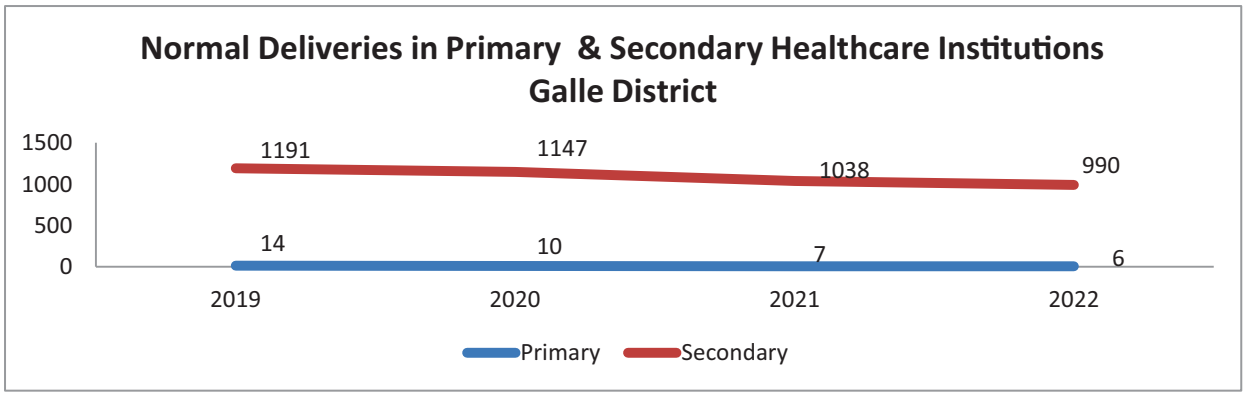


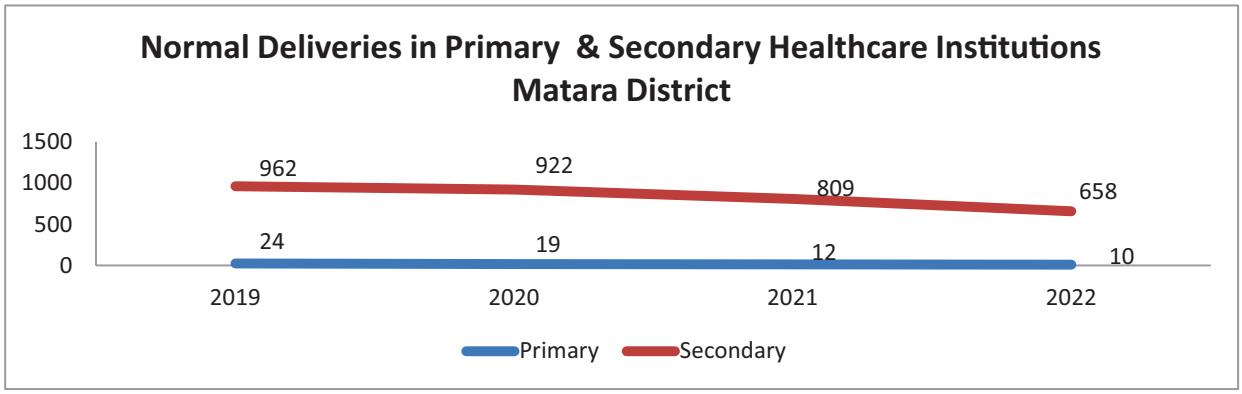
3.3.3 Normal Deliveries

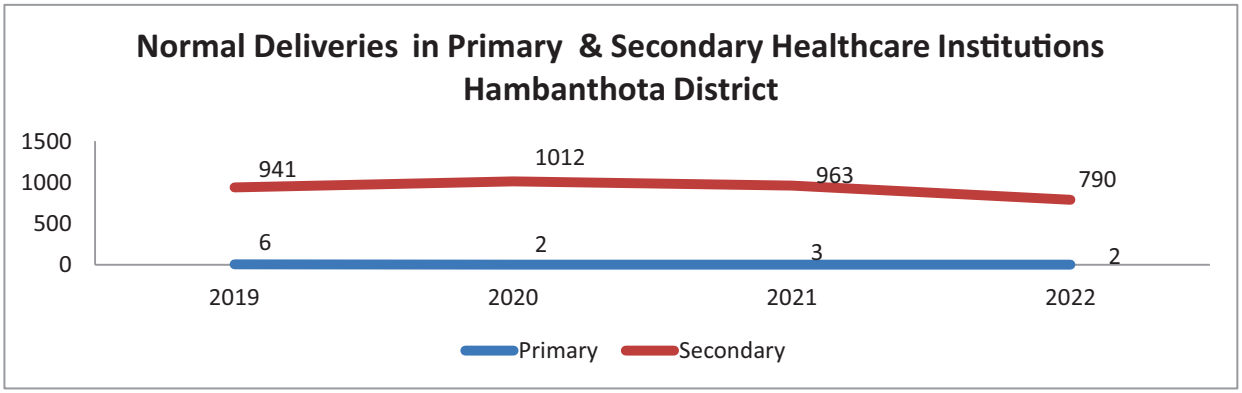
Number of normal deliveries per functioning maternity wards seems to have a slight declining trend in both types of institutions overall in the province. However, the number of deliveries performed in the primary care units have reduced to less than 10 by 2022 with Matara reporting the highest of 10. Maternity wards in DHs provide the basic skilled attendance for deliveries therefore, unless in an emergency only the uncomplicated cases are directed to these units.

Figure 3.9: Trends of normal deliveries per functioning maternity wards in primary and secondary care institutions, 2018-2022









3.4 Tertiary Care Services

Teaching hospitals, Karapitiya and Mahamodara are the tertiary care institutions in the Southern province. The Teaching Hospital Karapitiya (THK) is the largest curative care service provider of the Southern province, and was established in 1982 with the vision to provide health care services of highest quality and safety to meet the expectations of the people. Their mission is to develop the hospital into a fully-fledged modern health care centre par excellence that receives referrals from all health care centres in the southern province, as well as to effectively improve the level of resources and facilities for training, teaching, and research activities, while upgrading the infrastructure to international standards. Karapitiya Teaching Hospital is sophisticated, with a wide range of specialized consultative services and medical equipment. It is a centre for under graduate and post graduate, medical education, nursing and paramedical training and a multi-disciplinary research centre in medicine. Maliban Rehabilitation Hospital which provides rehabilitative services is

also under the purview of Director, TH Karapitiya. Teaching Hospital Mahamodara functions as specialized maternity hospitals in Sri Lanka. As the only maternity teaching hospital in the Southern province, it provides maternal care, neonatal care and training for medical students, student nurses, student mid-wives and doctors who engaged in their postgraduate studies on obstetrics, gynaecology, and neonatology and sub fertility.

Table 3.20: Basic Information on tertiary care services in Southern Province, 2021-2022

Description	TH Karapitiya		TH Mahamodara	
	2021	2022	2021	2022
Number of wards	62	69	8	8
Number ofbeds	1,890	2,003	366	366
Number of admissions	139,265	169,631	20,234	20,737
Number of inpatients days	396,779	471,912	70,472	68,179
Bed occupancy rate	55.3	64.5	52	51
Number of OPD attendance	168,593	309,996	47,991	89,695
Number of clinic attendance	405,520	551,107	56,890	63,566
No. of Transfers to other Hospitals	444	716	NR	108
Total Hospital Death	2,935	3,434	68	72
Number of deliveries	-	-	8,970	8,214
Number of Normal Deliveries	-	-	5,261	4,940
Number of Caesarean sections	-	-	3,547	3,115
No.of Still Births	-	-	85	52
No.of Live Births	-	-	9,055	8,281
No.of Maternal Death	06	04	03	Nil
No. of Infant deaths among born in the Hospital	-	-	07	71
No. of Major Surgeries	10,508	13,205	1,280	4,874
No. of Minor Surgeries	27,187	22,972	1,805	1,942
No. of Laboratory Test	2,652,897	170,6757	294,003	196,782
No. ECG Taken	80,356	90,527	4,594	3,570
No.of Xray taken	130,320	13,079	2,376	2,834
No.of US Scan taken	12,694	18,055	18,565	
No.of MRI Scan Taken	10,950	8,300	NA	NA
No. of CT Scan taken	34,393	33,738	NA	NA

3.5 Curative care provided by the private healthcare institutions

The contribution of the private sector in catering to the health needs of the population in Southern province has been accelerated over the last few years. The capacity of these institutions is ranging from highly sophisticated multi specialized hospitals to small-scale medical centres. Availability if Healthcare Insurance schemes, convenient access to facilities and improved affordability of the populations have contributed to the growing private sector. There are 10 private healthcare institutions providing inpatient facilities while there are numerous other institutions providing outpatient and laboratory services. These hospitals accommodate the inward treatment service, outdoor patient service, laboratory, other diagnostic services and physiotherapy services.

Table 3.21: List of private hospitals in Southern Province

District	Name of the hospital
Galle District	Asiri Hospital Galle
	Cooperative Hospital
	Roseth Private Hospital
	Queensbury Hospitals (Pvt) Ltd
	Ruhunu Private Hospital
	Suwana Suwamediya Private Hospital
Matara District	Matara Co-Op Hospital
	Mohotti Hospital
	Asiri Private Hospital - Nupe
	Asiri Private Hospital - Uyanwatta
Hambantota District	Ruhunu Medi Hospital
	Arogya Health Care Service Private Hospital
	Southern Lanka Private Hospital

CHAPTER 04

MORBIDITY AND MORTALITY

4. Morbidity and Mortality

CHAPTER 04

Morbidity and mortality data is routinely gathered only from curative institutions where inpatient facilities are available. Morbidity data of outpatients is not collected routinely. Indoor Morbidity and Mortality Return (eIMMR), maintained by the Medical Statistics Unit (MSU), is the electronic based quarterly return that collects morbidity and mortality data. Steps have been taken to include all curative institutions including ayurvedic and private sectors in the eIMMR. Final diagnosis recorded in the patients Bed Head Ticket (BHT) is entered in the eIMMR according to the coding system of International Classification of Diseases (ICD). This enables a uniform analysis and comparison of morbidity and mortality data in the country. MSU process the eIMMR data and generates returns which presents the trends in hospital morbidity and mortality. Other than the limited information collected through surveys and routine records maintained by the special campaigns on disease control, eIMMR is the whole source of morbidity data in the country.

Accuracy and timeliness of data have been improved through training of Medical Recording Officers (MRO) and other categories involved in eIMMR data over the years. However, there are few drawbacks in the information generated for morbidity. As eIMMR records data from BHTs, repeated visits, transfers and re-admissions of the same patient during the same course of illness are recorded as additional cases.

4.1 Morbidity

4.1.1 Leading Causes of Hospitalization

Traumatic injuries category (S00-T19, W54) is the commonest cause of hospitalization in both 2021 and 2022 in Southern Province as well as all districts. Galle reports the majority of admissions due to the availability of tertiary level trauma care facilities in Teaching Hospital Karapitiya.

Table 4.1: Leading Causes of Hospitalization, Southern province, 2021

Disease and ICD-10 Code	Southern Province		Galle		Matara		Hambantota	
	Hospitalisations	Rank	Hospitalisations	Rank	Hospitalisations	Rank	Hospitalisations	Rank
Traumatic injuries (S00-T19, W54)	100,640	1	46,009	1	27,938	1	26,693	1
Viral diseases (A80-B34)	76,348	2	36,860	2	22,392	2	17,096	3
Signs, symptoms and abnormal clinical findings (R00-R99)	60,771	3	26,364	3	17,265	3	17,142	2
Diseases of the urinary system (N00-N39)	29,548	4	11,181	6	8,949	4	9,418	4
Diseases of the gastrointestinal tract (K20-K92)	27,718	5	11,728	5	7,150	6	8,840	5
Other obstetric conditions	25,357	6	10,818	7	8,168	5	6,371	6
Neoplasms (C00-D48)	19,683	7	14,002	4	2,938	13	2,743	13
Diseases of skin ad subcutaneous tissue (L00-L08,L10-L98)	17,844	8	8,238	8	4,635	9	4,971	8
Diseases of the respiratory system excluding upper respiratory tract, pneumonia and influenza (J20-J22, J40-J98)	15,615	9	6,954	9	3,644	12	5,017	7
Diseases of the eye and adnexa (H00-H59)	13,676	10	6,255	10	6,257	7	1,164	25
Disorders of the musculoskeletal system (M00-M99)	13,503	11	5,929	11	3,965	10	3,609	10
Ischaemic heart disease (I20-I25)	12,682	12	5,836	12	3,765	11	3,081	11
Effects of unspecified external causes... (T33-T35,T66-T79)	8,579	13	3,024	16	1,814	15	3,741	9
Disorders of female genito-urinary sys. (N70-N98, N99.2, N99.3)	8,480	14	4,713	13	2,315	14	1,452	19
Other infectious and parasitic diseases	8,370	15	304	40	6,205	8	1,861	14
Hypertensive diseases (I10-I15)	6,962	16	2,665	18	1,522	18	2,775	12
Cerebrovascular disease (I60-I69)	6,500	17	3,309	15	1,537	17	1,654	16
Diseases of the nervous system (G00-G98)	5,659	18	3,315	14	1,064	26	1,280	23
Other bacterial diseases (A20-A49)	5,301	19	2,947	17	1,114	24	1,240	24
Diabetes mellitus (E10-E14)	5,255	20	2,076	22	1,381	19	1,798	15
Other conditions originating in the perinatal period (P00-P04, P08-P96)	5,199	21	2,589	19	1,548	16	1,062	27
Abortions (O00-O08)	5,100	22	2,323	20	1,265	23	1,512	18
Toxic effects of other substances other than pesticides (T36-T59,T61-T62,T63.1-T65)	4,778	23	1,929	24	1,298	22	1,551	17
Intestinal infectious diseases (A00-A09)	4,679	24	1,897	26	1,366	21	1,416	20
Dis of the ear.. (H60-H61,H65-H74,H80-H83,H90-H95)	4,448	25	1,772	27	1,380	20	1,296	22
Oth eno, nutr and metabo... (E00-E07,E15-E34,E58-E89)	4,025	26	2,248	21	752	31	1,025	29

Disease and ICD-10 Code	Southern Province		Galle		Matara		Hambantota	
	Hospitalisations	Rank	Hospitalisations	Rank	Hospitalisations	Rank	Hospitalisations	Rank
Other diseases of the upper respiratory tract (J00-J06,J30-J39)	3,985	27	1,927	25	1,106	25	952	31
Other diseases of the circulatory system (I70-I99)	3,936	28	1,950	23	930	28	1,056	28
Snake bites (T63.0)	3,401	29	1,307	29	732	32	1,362	21
Mental and behavioural disorders (F00-F99)	3,223	30	1,256	31	889	29	1,078	26
Haematological conditions and other diseases of blood and ... (D51-D89)	2,872	31	963	32	951	27	958	30
Diseases of the male genital organs (N40-N50)	2,372	32	1,588	28	441	34	343	36
Other heart diseases (I26-I51)	2,278	33	1,273	30	479	33	526	32
Complications of surgical and medical care... (T80-T88)	1,521	34	433	38	826	30	262	39
Diseases of breast (N60-N64)	1,505	35	879	33	338	37	288	38
Pneumonia (J12-J18)	1,319	36	745	34	179	40	395	34
Diseases of teeth and supporting structure (K00-K014)	1,268	37	596	36	366	35	306	37
Burns and corrosion (T20-T32)	1,124	38	536	37	341	36	247	40
Congenital malformations deformations... (Q00-Q99)	891	39	652	35	194	39	45	43
Slow fetal growth, fetal malnutrition and... (P05-P07)	819	40	341	39	286	38	192	41
Toxic effects of pesticides (T60.0,T60.1-T60.9)	654	41	118	42	91	42	445	33
Iron deficiency anaemia (D50)	576	42	80	43	115	41	381	35
Tuberculosis (A15-A18)	359	43	228	41	56	43	75	42
Sterilizations (Z30.2)	158	44	67	44	52	44	39	44
Rheum. fever and rheum. heart dis. (I00-I02,I05-I09)	60	45	22	45	26	45	12	46
Malnutrition and vitamin deficiencies (E40-E46,E50-E56)	46	46	9	48	2	48	35	45
Infections with sexual mode of transmission (A50-A64)	33	47	18	47	6	46	9	47
Sequelae of injuries, poisoning and of other... (T90-T98)	22	48	19	46	1	50	2	49
Influenza (J10-J11)	9	49	3	49	4	47	2	49
Helminthiases (B76,B77,B79,B80)	7	50	-		-		7	48
Malaria (B50-B54)	3	51	2	50	1	49	-	

Source : Medical Statistics Unit

Table 4.2:-Leading Causes of Hospitalization, Southern Province, 2022

Disease and ICD -10 Code	Southern Province		Galle		Matara		Hambantota	
	Hospitalizations	Rank	Hospitalizations	Rank	Hospitalizations	Rank	Hospitalizations	Rank
Traumatic injuries (S00-T19, W54)	113,858	1	47,710	1	33,960	1	32,188	1
Signs, symptoms and abnormal clinical findings (R00-R99)	91,826	2	35,342	2	26,578	2	29,906	2
Diseases of the respiratory system excluding upper respiratory tract, pneumonia and influenza (J20-J22, J40-J98)	47,141	3	21,270	3	11,711	3	14,160	3
Diseases of the urinary system (N00-N39, N99.0, N99.1, N99.4,N99.5)	37,141	4	13,809	7	10,572	5	12,760	4
Diseases of the gastrointestinal tract (K20-K92)	36,615	5	15,285	5	9,674	6	11,656	5
Viral diseases (A80-B34)	34,708	6	13,949	6	11,641	4	9,118	6
Diseases of skin ad subcutaneous tissue (L00-L08,L10-L98)	25,534	7	11,435	8	6,945	9	7,154	7
Other obstetric conditions	24,123	8	9,590	9	7,813	8	6,720	8
Neoplasms (C00-D48)	21,732	9	15,527	4	3,845	13	2,360	14
Diseases of the eye and adnexa (H00-H59)	19,385	10	8,902	10	8,373	7	2,110	17
Disorders of the musculoskeletal system (M00-M99)	18,956	11	8,685	11	5,231	11	5,040	9
Ischaemic heart disease (I20-I25)	16,072	12	7,296	12	4,602	12	4,174	10
Disorders of female genitourinary system (N70-N98, N99.2, N99.3)	10,482	13	5,831	13	2,338	17	2,313	15
Effects of unspecified external causes... (T33-T35,T66-T79)	9,792	14	3,283	18	2,412	16	4,097	11
Other diseases of the upper respiratory tract (J00-J06,J30-J39)	9,415	15	3,771	15	3,615	14	2,029	19
Hypertensive diseases (I10-I15)	8,880	16	3,128	19	2,114	19	3,638	12
Intestinal infectious diseases (A00-A09)	8,836	17	3,634	16	2,781	15	2,421	13
Diseases of the nervous system (G00-G98)	7,942	18	4,483	14	1,529	22	1,930	20
Other infectious and parasitic diseases (A02.1-A02.9, A65-A79, B35-B49, B55- B73, B74, B75, B78, B81-B85, B86, B87-B89, B90-B94, B95-B99)	7,921	19	520	38	6,223	10	1,178	31
Dis of the ear.. (H60-H61,H65-H74,H80-H83,H90-H95)	7,040	20	2,625	23	2,169	18	2,246	16
Cerebrovascular diseases (I60-I69)	6,658	21	3,364	17	1,577	21	1,717	23
Diabetes mellitus (E10-E14)	5,847	22	2,295	27	1,823	20	1,729	22
Other conditions originating in the perinatal period (P00-P04, P08-P96)	5,766	23	3,002	20	1,193	28	1,571	25
Other diseases of the circulatory system (I70-I99)	5,670	24	2,415	25	1,365	25	1,890	21
Other endocrinal nutritional and metabolic disorders (E00-E07,E15-E34,E58-E8	5,658	25	2,969	21	1,196	27	1,493	28

Disease and ICD -10 Code	Southern Province		Galle		Matara		Hambantota	
	Hospitalizations	Rank	Hospitalizations	Rank	Hospitalizations	Rank	Hospitalizations	Rank
Toxic effects of other substances other than pesticides (T36-T59,T61-T62,T63.1-T65)	5,463	26	2,002	29	1,410	24	2,051	18
Other bacterial diseases (A20-A49)	5,299	27	2,387	26	1,453	23	1,459	29
Abortions (O00-O08)	5,078	28	2,150	28	1,272	26	1,656	24
Mental and behavioural disorders (F00-F99)	5,049	29	2,573	24	936	31	1,540	26
Snake bites (T63.0)	4,066	30	1,629	30	914	32	1,523	27
Diseases of the male genital organs (N40-N50)	3,695	31	2,655	22	549	34	491	35
Haematological conditions and other diseases of blood (D51-D89)	3,588	32	1,231	32	1,139	29	1,218	30
Other heart diseases (I26-I51)	3,074	33	1,556	31	874	33	644	33
Pneumonia (J12-J18)	2,515	34	1,126	33	489	36	900	32
Diseases of breast (N60-N64)	1,961	35	956	34	458	37	547	34
Diseases of teeth and supporting structure (K00-K014)	1,837	36	876	35	501	35	460	37
Complications of surgical and medical care (T80-T88)	1,827	37	415	39	940	30	472	36
Burns and corrosion (T20-T32)	1,290	38	590	37	437	38	263	40
Congenital malformations deformations (Q00-Q99)	1,082	39	832	36	183	40	67	44
Slow foetal growth, foetal malnutrition and... (P05-P07)	778	40	357	40	280	39	141	41
Iron deficiency anaemia (D50)	687	41	162	42	126	41	399	38
Toxic effects of pesticides (T60.0,T60.1-T60.9)	566	42	119	43	67	44	380	39
Tuberculosis (A15-A19)	543	43	321	41	114	42	108	43
Sterilizations (Z30.2)	320	44	103	45	80	43	137	42
Influenza (J10-J11)	133	45	115	44	5	48	13	46
Infections with sexual mode of transmission (A50-A64)	80	46	16	48	8	46	56	45
Rheum. fever and rheum. heart dis. (I00-I02,I05-I09)	64	47	33	46	24	45	7	49
Malnutrition and vitamin deficiencies (E40-E46,E50-E56)	38	48	21	47	6	47	11	48
Sequela of injuries, poisoning and of other... (T90-T98)	26	49	9	49	4	49	13	46
Helminthiases (B76,B77,B79,B80)	8	50	1	50	-	-	7	49
Malaria (B50-B54)	3	51	1	50	1	50	1	51

Source : Medical Statistics Unit

The second most common condition of hospitalization is the Signs, symptoms and abnormal clinical findings and laboratory findings not elsewhere classified.

This group consists of:

a. cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;
b. signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
c. provisional diagnoses in a patient who failed to return for further investigation or care;
d. cases referred elsewhere for investigation or treatment before the diagnosis was made;
e. cases in which a more precise diagnosis was not available for any other reason;
f. Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

4.1.2 Non-communicable Diseases

Non communicable diseases including diabetes mellitus, hypertension, ischaemic heart diseases are also among the leading causes of hospital admissions.

Table 4.3: Total number of admissions under selected NCDs by districts in Southern Province, 2018-2022

Disease	District	2018	2019	2020	2021	2022
Traumatic Injuries	Galle	66,047	64,561	59,971	46,009	47,710
	Matara	40,296	41,052	36,810	27,938	33,960
	Hambantota	38,098	36,988	35,826	26,693	32,188
Neoplasms	Galle	14,814	15,441	15,045	14,002	15,527
	Matara	1,001	923	1,720	2,938	3,845
	Hambantota	681	693	1,430	2,743	2,360
Diabetes Mellitus	Galle	2,940	3,379	2,883	2,076	2,295
	Matara	2,295	2,620	2,278	1,381	1,823
	Hambantota	3,047	3,247	2,774	1,798	1,729
Essential Hypertension	Galle	3,725	3,798	3,203	2,593	3,099
	Matara	2,343	2,152	2,194	1,464	2,095
	Hambantota	3,521	4,175	4,073	2,497	3,469
Ischaemic Heart Disease	Galle	7,332	7,245	6,799	5,836	7,296
	Matara	4,169	4,399	4,322	3,765	4,602
	Hambantota	4,253	3,848	3,548	3,081	4,174
Cerebrovascular Disease	Galle	3,742	3,648	3,644	3,309	3,364
	Matara	1,777	2,178	2,051	1,537	1,577
	Hambantota	1,020	1,073	1,233	1,654	1,717

Source: Medical Statistics Unit

The multiple hospital admissions of a patient due the same disease, which is most of the time common to all chronic non-communicable diseases, have to be taken into consideration when interpreting the data of the above table.

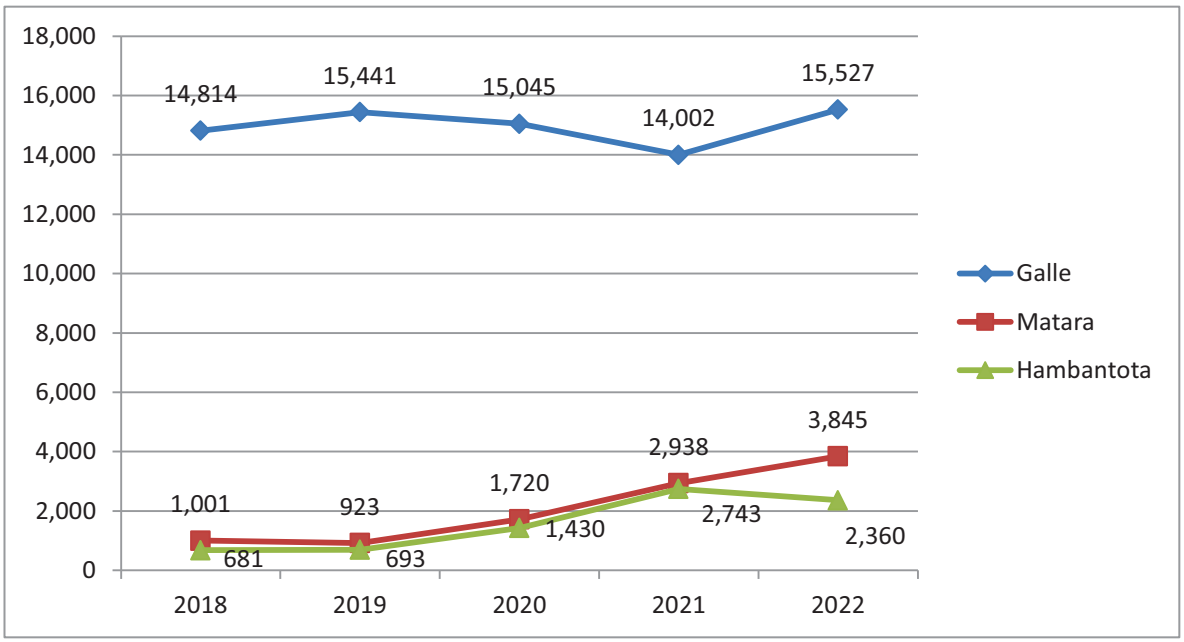


Figure 4.1: Trend in total number of admissions due to neoplasms by districts, 2018-2022

Galle district shows an exponentially high number of admissions due to neoplasms compared to other districts. This is due to the availability of Cancer Unit with advanced care facilities in TH Karapitiya. Patients from neighbouring provinces also drain to this unit. Therefore, this trend does not depict the true epidemiology of neoplasms in Southern Province.

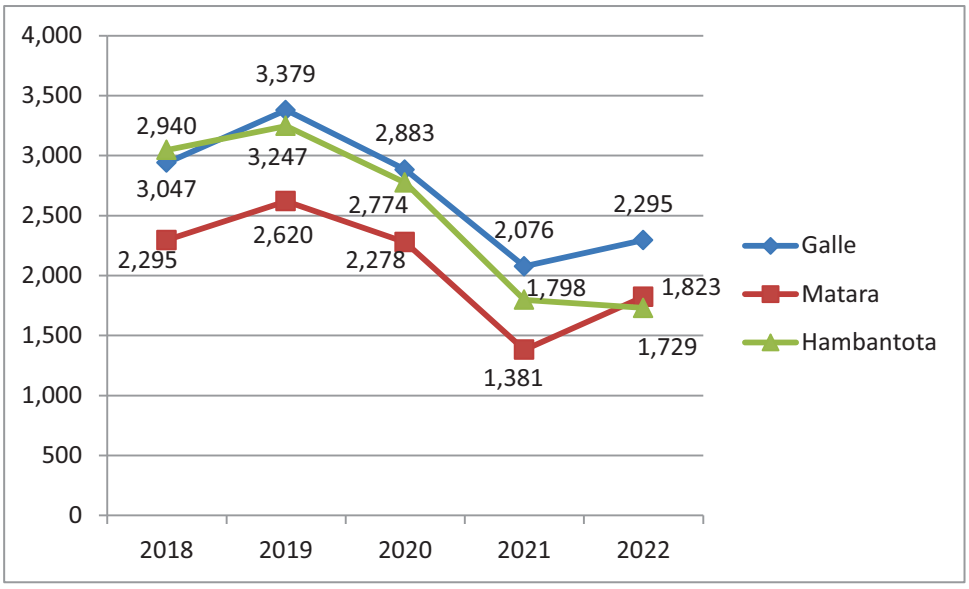


Figure 4.2: Trend in total number of admissions due to Diabetes Mellitus by districts, 2018-2022

Prevalence of diabetes in Sri Lanka has gradually increased over the last two decades. This is evident from many studies conducted over the last 20 years. One in five adults in Sri Lanka has pre-diabetes or diabetes, and one third of them were found to be undiagnosed. However, a fluctuating trend with a recent rise has been observed in the total number of admissions in Galle and Matara, while a declining trend with a reduced slope is observed in Hambantota. These trends are due to the COVID-19 pandemic and reduce access to healthcare facilities to the population

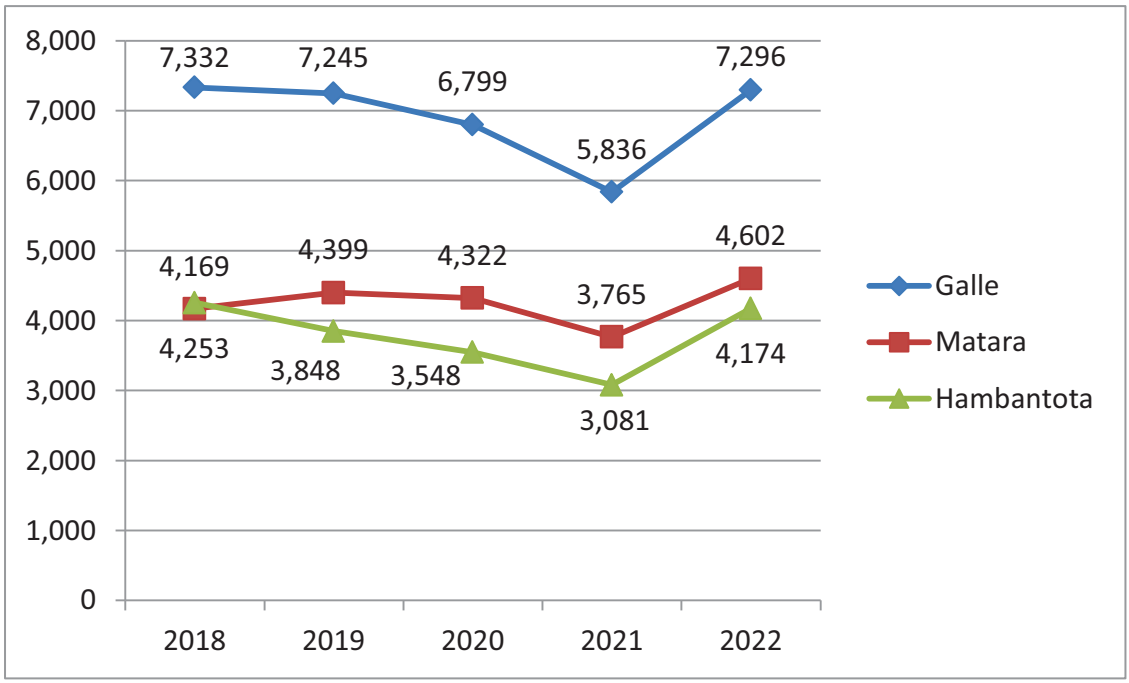


Figure 4.3: Trend in total number of admissions due to IHD by districts, 2018-2022

Three-fourths of global deaths due to Ischaemic Heart Disease (IHD) occurred in the low and middle-income countries. The rapid rise in IHD burden in most of the low and middle income countries is due to socio-economic changes, increase in life span and acquisition of lifestyle related risk factors. Total number of admissions due to IHD is shown to have risen back after a fall in 2020 and 2021 due to the COVID-19 pandemic. Galle district reports a higher number of cases due the availability of advanced cardiac and cardiothoracic care facilities in TH Karapitiya which drains patients from neighbouring provinces too.

Table 4.4:- Total number of admissions of selected NCD by age groups, Southern Province,

2021	District	Age Group						
		<1	1-4	5-16	17-49	50-69	70+	Not specified
Traumatic Injuries	Galle	170	2,405	6,108	22,352	10,636	4,243	95
	Matara	138	1,653	3,658	13,777	6,207	2,486	19
	Hambantota	149	1,548	3,484	13,451	6,041	2,005	15
Neoplasms	Galle	12	47	97	3,389	7,735	2,720	2
	Matara	5	8	25	644	1,569	685	2
	Hambantota	5	12	57	624	1,392	653	0
Diabetes Mellitus	Galle	0	1	39	462	1,088	484	2
	Matara	1	1	16	283	719	361	0
	Hambantota	1	3	26	620	789	358	1
Essential Hypertension	Galle	0	0	15	455	1,115	1,008	0
	Matara	0	0	7	220	689	547	1
	Hambantota	0	0	6	531	1,140	819	1
Ischaemic Heart Disease	Galle	0	0	1	923	3,027	1,884	1
	Matara	0	1	3	541	1,800	1,418	2
	Hambantota	0	0	2	679	1,488	910	2
Cerebrovascular Disease	Galle	0	4	7	439	1,391	1,466	2
	Matara	0	0	2	137	643	754	1
	Hambantota	0	0	2	201	757	694	0

2022	District	Age Group						
		<1	1-4	5-16	17-49	50-69	70+	Not specified
Traumatic Injuries	Galle	153	2,569	6,795	22,189	11,058	4,885	61
	Matara	130	1,735	4,890	15,912	7,737	3,530	26
	Hambantota	188	1,771	4,623	15,419	7,298	2,861	28
Neoplasms	Galle	11	30	87	3,311	8,983	3,105	0
	Matara	2	13	28	825	1,932	1,045	0
	Hambantota	3	5	26	667	1,177	482	0
Diabetes Mellitus	Galle	1	2	28	512	1,186	566	0
	Matara	0	7	20	381	863	552	0
	Hambantota	1	3	38	459	857	369	2
Essential Hypertension	Galle	0	0	7	589	1,298	1,205	0
	Matara	0	0	1	371	883	840	0
	Hambantota	0	0	6	654	1,565	1,244	0
Ischaemic Heart Disease	Galle	0	0	2	1,166	3,724	2,403	1
	Matara	0	2	2	748	2,102	1,746	2
	Hambantota	1	3	6	793	2,116	1,252	3
Cerebrovascular Disease	Galle	0	0	4	445	1,498	1,414	3
	Matara	0	3	0	141	642	787	4
	Hambantota	0	0	1	175	737	804	0

Source: Medical Statistics Unit

4.2 Mortality

Table 4.5: Leading causes of hospital deaths in southern Province, 2021

Disease and ICD-10 Code	Southern Province		Galle		Matara		Hambantota	
	No. of Deaths	Rank	No. of Deaths	Rank	No. of Deaths	Rank	No. of Deaths	Rank
Viral diseases (A80-B34)	1589	1	1026	1	347	1	216	1
Ischaemic heart disease (I20-I25)	948	2	519	2	292	2	137	3
Other bacterial diseases (A20-A49)	651	3	328	6	178	3	145	2
Neoplasms (C00-D48)	620	4	485	3	73	8	62	6
Cerebrovascular disease (I60-I69)	571	5	405	4	116	4	50	8
Diseases of the respiratory system exclu. upper respiratory tract, pneumonia and influenza (J20-J22, J40-J98)	541	6	395	5	113	5	33	9
Other heart diseases (I26-I51)	397	7	204	10	78	7	115	4
Traumatic injuries (S00-T19, W54)	372	8	317	7	27	12	28	11
Pneumonia (J12-J18)	367	9	209	9	67	9	91	5
Diseases of the urinary system (N00-N39)	359	10	224	8	80	6	55	7
Diseases of the gastrointestinal tract (K20-K92)	275	11	187	11	58	10	30	10
Hypertensive diseases (I10-I15)	171	12	134	12	9	17	28	11
Diabetes mellitus (E10-E14)	107	13	84	13	7	18	16	14
Other conditions originating in the perinatal period (P00-P04, P08-P96)	90	14	62	14	13	14	15	15
Diseases of the nervous system (G00-G98)	76	15	52	15	13	14	11	16
Congenital malformations deformations... (Q00-Q99)	65	16	44	16	13	14	8	19
Signs, symptoms and abnormal clinical findings (R00-R99)	60	17	23	17	18	13	19	13
Slow fetal growth, fetal malnutrition and... (P05-P07)	60	17	23	17	29	11	8	19
Toxic effects of other substances other than pesticides (T36-T59,T61-T62,T63.1-T65)	36	19	19	19	6	20	11	16
Other diseases of the circulatory system (I70-I99)	32	20	19	19	2	26	11	16
Burns and corrosion (T20-T32)	23	21	14	21	6	20	3	22
Toxic effects of pesticides (T60.0,T60.1 - T60.9)	22	22	11	24	7	18	4	21
Effects of unspecified external causes... (T33-T35,T66-T79)	20	23	13	22	4	25	3	22
Tuberculosis (A15-A18)	15	24	12	23	2	26	1	25
Other endocrinal nutritional and metabolic disorders (E00-E07,E15-E34,E58-E8	13	25	6	28	6	20	1	25
Haematological conditions and other diseases of blood (D51-D89)	11	26	8	25	1	28	2	24
Intestinal infectious diseases (A00-A09)	10	27	4	29	5	24	1	25
Complications of surgical and medical care (T80-T88)	8	28	2	31	6	20	-	
Disorders of the musculoskeletal system (M00-M99)	8	28	7	26	1	28		
Diseases of skin ad subcutaneous tissue (L00-L99)	7	30	7	26	-		-	

Source: Medical Statistics Unit (Analysed all deaths excluding undiagnosed/uncoded)

Table 4.6: Leading causes of hospital deaths in southern Province, 2022

Disease and ICD-10 Code	Southern Province		Galle		Matara		Hambantota	
	No. of Deaths	Rank	No. of Deaths	Rank	No. of Deaths	Rank	No. of Deaths	Rank
Diseases of the respiratory system exclu. upper respiratory tract, pneumonia and influenza (J20-J22, J40-J98)	1119	1	724	1	284	2	111	4
Ischaemic heart disease (I20-I25)	1098	2	585	2	327	1	186	3
Other bacterial diseases (A20-A49)	859	3	380	4	245	3	234	1
Pneumonia (J12-J18)	641	4	254	7	176	4	211	2
Neoplasms (C00-D48)	599	5	455	3	89	9	55	10
Cerebrovascular disease (I60-I69)	484	6	304	5	115	6	65	8
Other heart diseases (I26-I51)	440	7	205	10	136	5	99	5
Diseases of the urinary system (N00-N39)	407	8	218	8	114	7	75	7
Diseases of the gastrointestinal tract (K20-K92)	381	9	214	9	105	8	62	9
Traumatic injuries (S00-T19, W54)	337	10	275	6	35	11	27	12
Viral diseases (A80-B34)	315	11	159	11	79	10	77	6
Hypertensive diseases (I10-I15)	119	12	85	12	11	15	23	13
Signs, symptoms and abnormal clinical findings (R00-R99)	117	13	55	14	21	13	41	11
Diseases of the nervous system (G00-G98)	98	14	59	13	26	12	13	15
Other conditions originating in the perinatal period (P00-P04, P08-P96)	73	15	46	18	11	15	16	14
Diabetes mellitus (E10-E14)	72	16	51	17	8	18	13	15
Congenital malformations deformations... (Q00-Q99)	70	17	52	16	10	17	8	19
Persons encountering health services (Z00-Z13,Z40-Z54)	54	18	53	15	1	31	0	
Slow foetal growth, foetal malnutrition and... (P05-P07)	47	19	30	19	12	14	5	21
Toxic effects of other substances other than pesticides (T36-T59,T61-T62,T63.1-T65)	44	20	29	20	6	20	9	17
Effects of unspecified external causes (T33-T35,T66-T79)	31	21	25	21	3	25	3	25
Other endocrinal nutritional and metabolic disorders (E00-E07,E15-E34,E58-E8	29	22	13	24	7	19	9	17
Tuberculosis (A15-A18)	20	23	15	23	4	23	1	29
Haematological conditions and other diseases of blood and ... (D51-D89)	19	24	11	25	2	27	6	20
Other diseases of the circulatory system (I70-I84)	19	24	16	22	2	27	1	29
Burns and corrosion (T20-T32)	18	26	9	27	5	21	4	22
Toxic effects of pesticides (T60.0,T60.1-T60.9)	17	27	8	28	5	21	4	22
Diseases of skin ad subcutaneous tissue (L00-L08,L10-L98)	14	28	10	26	2	27	2	26
Intestinal infectious diseases (A00-A09)	12	29	8	28	0	-	4	22
Complications of surgical and medical care... (T80-T88)	8	30	4	31	4	23	0	-

Source: Medical Statistics Unit (Analysed all deaths excluding undiagnosed/uncoded)

In 2021, viral diseases was the most common cause of hospital deaths which is attributed to the deaths due to COVID-19 and IHD has acquired the second rank in province as well as Galle and Matara districts. By 2022, diseases of the respiratory system excluding upper respiratory tract, pneumonia and influenza has become the commonest cause of hospital deaths in Southern Province and Galle district while IHD and other bacterial diseases is the commonest cause in Matara and Hambantota districts respectively.

Table 4.7: Total Number of hospital deaths due to selected NCDs by districts in Southern Province, 2018-2022

Disease	District	2018	2019	2020	2021	2022
Neoplasms	Galle	458	502	507	485	455
	Matara	66	75	70	73	89
	Hambantota	43	38	58	62	55
Diabetes Mellitus	Galle	84	77	48	84	51
	Matara	09	8	6	7	8
	Hambantota	24	31	24	16	13
Essential Hypertension	Galle	76	58	80	130	82
	Matara	22	29	14	9	10
	Hambantota	34	30	28	28	23
Ischaemic Heart Disease	Galle	501	585	495	519	585
	Matara	312	306	255	292	327
	Hambantota	99	147	178	137	186
Cerebrovascular Disease	Galle	333	332	341	405	304
	Matara	155	143	154	116	115
	Hambantota	37	43	42	50	65
Traumatic Injuries	Galle	333	288	208	317	275
	Matara	35	32	33	27	35
	Hambantota	33	29	19	28	27

Source : Medical Statistics Unit

Higher number of are deaths reported in all NCDs in Galle district compared to other Districts. This is due to the availability of TH Karapitiya which drains patients with severe conditions for advanced tertiary care facilities from nearby districts. Highest number of deaths in Galle district is observed under Neoplasms because the cancer unit in TH Karapitiya drains patients in terminal stages. Therefore, this data do not depict the true mortality patterns of the Southern Province.

Table 4.8:- Total hospital deaths due to NCDs by age groups, Southern Province, 2021-2022

2021	District	Age Group						
		<1	1-4	5-16	17-49	50-69	70+	Not specified
Neoplasms	Galle	0	0	3	75	244	162	1
	Matara	0	0	0	8	32	32	1
	Hambantota	0	0	0	12	22	28	0
Diabetes Mellitus	Galle	0	0	0	11	45	28	0
	Matara	0	0	0	2	4	1	0
	Hambantota	0	0	0	1	9	6	0
Essential Hypertension	Galle	0	0	0	9	53	68	0
	Matara	0	0	0	0	4	5	0
	Hambantota	0	0	0	1	10	17	0
Ischaemic Heart Disease	Galle	0	0	0	32	211	276	0
	Matara	0	0	0	15	89	188	0
	Hambantota	0	0	0	11	51	73	2
Cerebrovascular Disease	Galle	0	0	0	52	172	181	0
	Matara	0	0	0	8	38	70	0
	Hambantota	0	0	1	4	20	25	0
Traumatic Injuries	Galle	0	2	1	104	111	84	15
	Matara	0	0	0	8	9	9	1
	Hambantota	0	0	0	11	8	6	3

2022		<1	1-4	5-16	17-49	50-69	70+	Not specified
Neoplasms	Galle	0	1	3	57	229	165	0
	Matara	0	1	1	8	37	42	0
	Hambantota	0	0	1	8	30	16	0
Diabetes Mellitus	Galle	0	0	0	7	25	19	0
	Matara	0	0	0	2	3	3	0
	Hambantota	0	0	0	0	7	6	0
Essential Hypertension	Galle	0	0	0	8	21	53	0
	Matara	0	0	0	1	1	8	0
	Hambantota	0	0	0	1	8	14	0
Ischaemic Heart Disease	Galle	0	0	0	42	224	318	1
	Matara	0	0	0	20	106	200	1
	Hambantota	0	0	0	7	75	103	1
Cerebrovascular Disease	Galle	0	0	0	37	134	132	1
	Matara	0	0	0	5	36	72	2
	Hambantota	0	0	0	3	27	35	0
Traumatic Injuries	Galle	0	3	6	94	94	73	5
	Matara	0	0	1	5	13	14	2
	Hambantota	0	0	1	6	8	11	1

Source: Medical Statistics Unit

CHAPTER 05

PREVENTIVE CARE SERVICES

5. Preventive Care Services

CHAPTER 05

5.1 Introduction

Preventing diseases and their risk factors, detecting disease at early stages, are important strategies to lead a healthy life. This will lower the health care costs as it reduces the burden and overall expenditure for the investigations and treatment of diseases. Minimizing the lost working days due to illness may have positive impact to the country's economy. Goal of the preventive health care services is to protect, promote, and maintain health and well-being of the community through preventing diseases, disabilities, and deaths. Number of different kinds of preventive health care strategies is offered by the organized efforts of the public health work force.

Public health interventions include family health services, activities related to prevention of communicable diseases (disease surveillance, outbreak response, and immunization), prevention of non-communicable diseases and strengthening of environmental and occupational health. Family health concept covers a broad spectrum of services comprising of maternal care (antenatal, intra natal and post-natal care), infant and child care, care of school children, adolescent health, reproductive health, family planning, well women services and care for elderly.

These services are carried out successfully by the team headed by the medical officer of health (MOH) at the grass root level. Technical support, monitoring and evaluation are provided at district level, provincial level and national level respectively to make this package a success.

5.2 Maternal and Child Health

Table 5.1: Population data for 2021-2022

	Galle		Matara		Hambantota		Southern Province	
	2021	2022	2021	2022	2021	2022	2021	2022
Estimated Population	1,140,249	1,158,411	869,755	879,047	674,330	684,641	2,684,334	2,722,099
No. of Eligible Families Registered **	188,600	189,224	148,465	147,680	120,003	120,239	457,068	457,143
%. of Eligible Families Registered**	89.4	88.3	92.3	90.8	96.2	94.9	92	90.8
No. of Live Birth Registered	12,590	11,502	10,109	8,743	9,173	7,856	31,872	28,161
%. of Newly Married Couples Registered	39.6	54.0	59.1	64.8	58.4	56	50.6	58
Estimated Birth	17,331	16,565	11,393	10,724	11,396	11,433	39,996	38,653

Source: Register general department

**Registered by Public Health Midwives

Total population of the province for 2021 and 2022 was 2,684,000 and 2,722,099 respectively. The district breakdown is tabulated in table 5.1. Eligible family, registered with the Public Health Midwife (PHM) is the service unit for the Maternal and Child Health programme to deliver maternal, child health, family planning and adolescent care services in the Medical Officer of Health (MOH) area. Registered number of eligible families for the province is 92.0% against the estimate in 2021 and it has been reduced to 90.8% in 2022.

5.2.1 Antenatal care

Table 5.2: Details of pregnant mothers under care

Indicator	2021		2022	
	Number	%	Number	%
Pregnant mothers registered by PHMM	36,250	82.3	32,552	76.5
Pregnant mothers (over 35 Years) registered by PHMM	5,811	16	4,795	14.7
Pregnant mothers registered before 8 weeks POA	31,461	86.8	27,724	85.2
Pregnant mothers registered after 12 weeks	3,414	3.8	3,328	4.6
Primi mothers registered	10,908	30.9	10,988	33.7
Pregnant mothers with at least one clinic visit	32,493	89.6	29,474	90.5
Mothers with gravida 5 or more	927	2.5	728	2.23
Pregnant mothers with BMI< 18.5	4,817	15.9	4,586	16.9
Pregnant mothers tested for VDRL at field clinic	32,994	78	17,805	54.7
Pregnant mothers tested for HIV at field clinic	28,130	77.6	17,512	53.8
Mothers screened for HIV at delivery	32,996	99.4	28,951	99.2
Mothers protected Tetanus at delivery	33,063	99.6	29,097	99.7
Mothers Tested for grouping & Rh	33,113	91.3	29,075	89.3
Pregnant mothers protected with Rubella	35,854	98.9	32,236	99
Teenage pregnancies registered	1,235	3.4	1,147	3.52
No. of couples in consanguineous marriage	86	0.23	60	0.18

Table 5.2 shows some of the indicators of care provided for pregnant mothers during the antenatal period. Registrations of pregnant mothers should be done by the public health midwife (PHM) before 8 weeks of POA for the provision of care to be started as early as possible. Greater majority of mothers (82.3%) out of the estimate, have been registered before 8 weeks of POA in 2021 and the percentage has reduced to 76.5% by 2022. This trend can be seen all over the country after the COVID-19 pandemic and the major economic constrains encountered in 2022. This data is further supported by the deliveries reported from the hospitals while the home deliveries remain low as previous years. Slight reduction was seen with the proportion of registration of pregnancy before 8 weeks of POA from 2021 to 2022.

Becoming pregnant during teen years carries a greater risk to both mother and offspring endangering their lives. Teenage pregnancies were 3.4% from the total registration of pregnancies in the year 2021 and 3.5% in 2022. Programmes such as life skills, awareness programmes on reproductive health targeting adolescent groups has

to be carried out in

Becoming pregnant during teen years carries a greater risk to both mother and offspring endangering their lives. Teenage pregnancies were 3.4% from the total registration of pregnancies in the year 2021 and 3.5% in 2022. Programmes such as life skills, awareness programmes on reproductive health targeting adolescent groups has to be carried out in order to get a further improvement. Data analysis by MOH and PHM levels will help to identify the specific localities and root causes for the teenage pregnancies where specific programmes can be implemented. During the years of consideration the adolescents missed the opportunities to attend schools regularly to a greater extent, due to temporary closure of schools subsequent to the country level lockdown for COVID-19 movement restrictions.

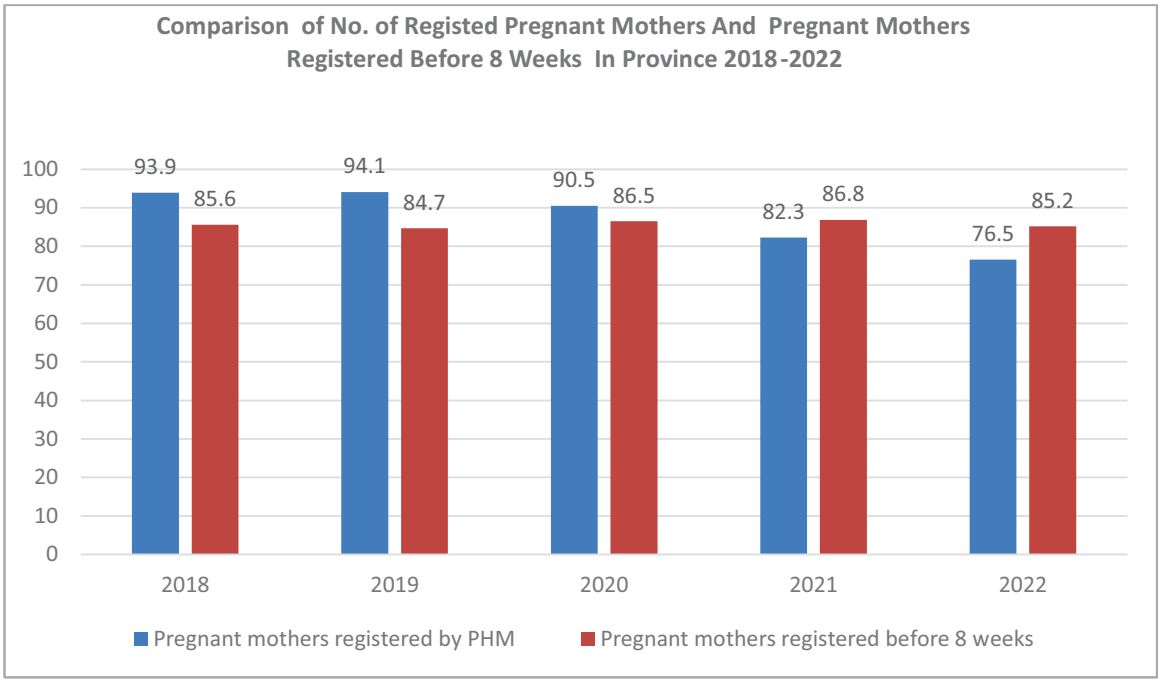


Figure 5.1: Comparison of number pregnant mothers registered and pregnant mothers registered before 8 weeks in Southern Province, 2018-2022

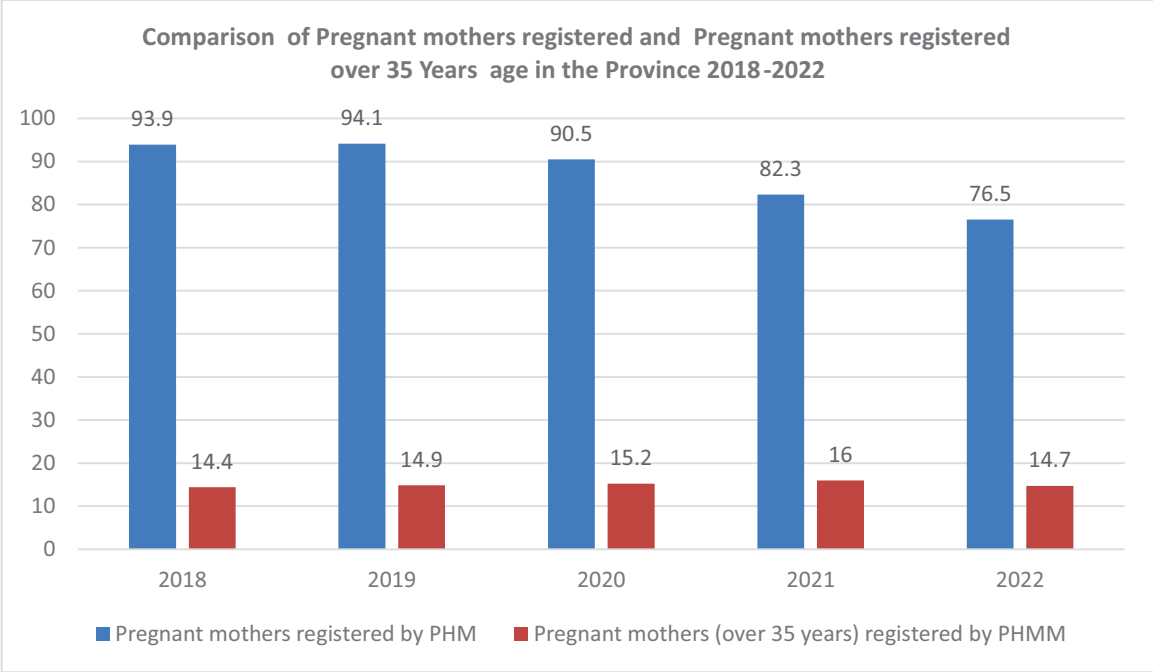


Figure 5.2: Comparison of number pregnant mothers registered and pregnant mothers registered over 35 years of age in Southern Province, 2018-2022

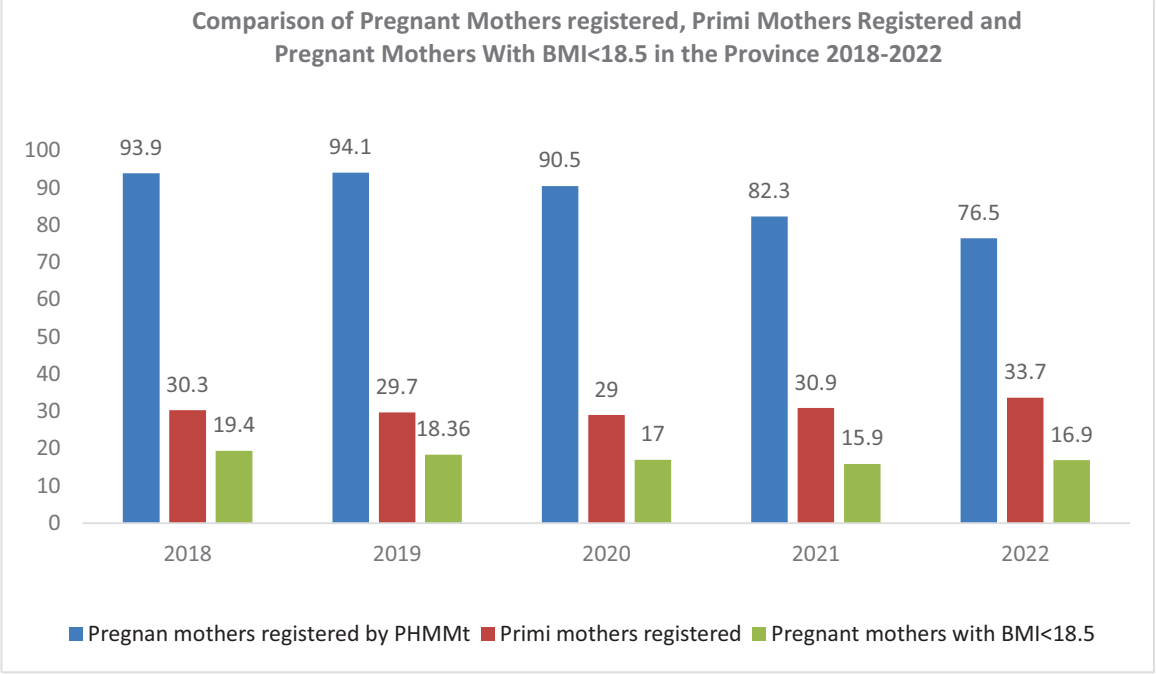


Figure 5.3: Comparison of number pregnant mothers registered, primi-mothers registered and pregnant mothers with BMI <18.5 in Southern Province, 2018-2022

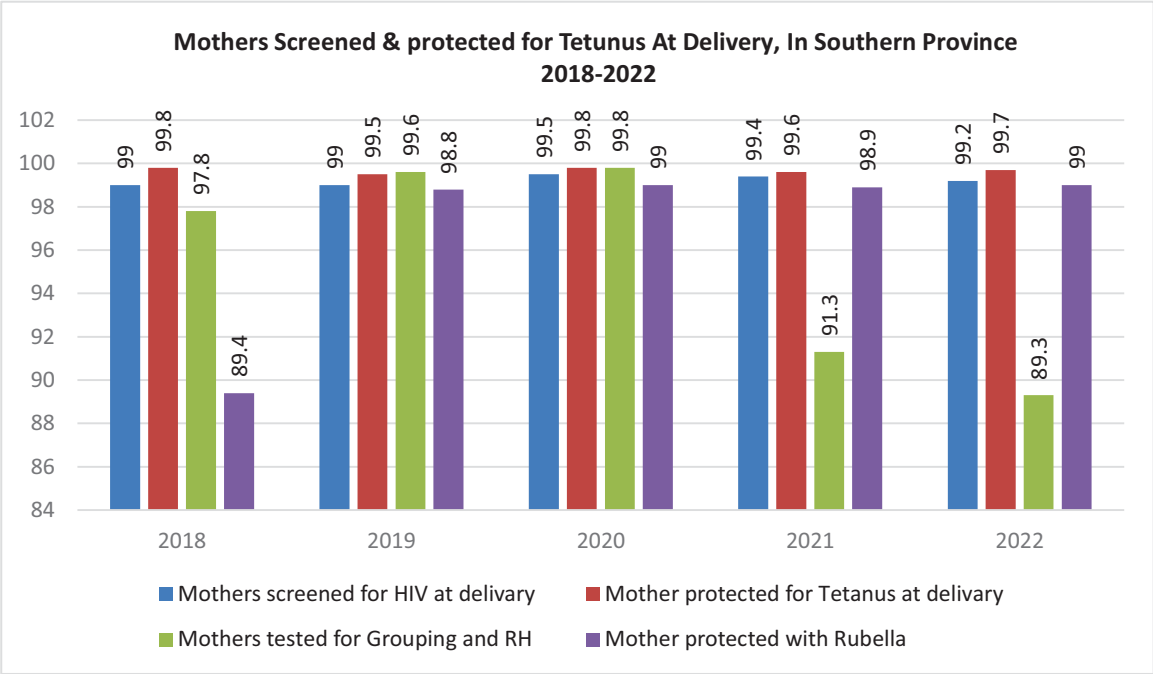


Figure 5.4: Comparison of mothers screened and protected for tetanus at delivery in Southern Province, 2018-2022

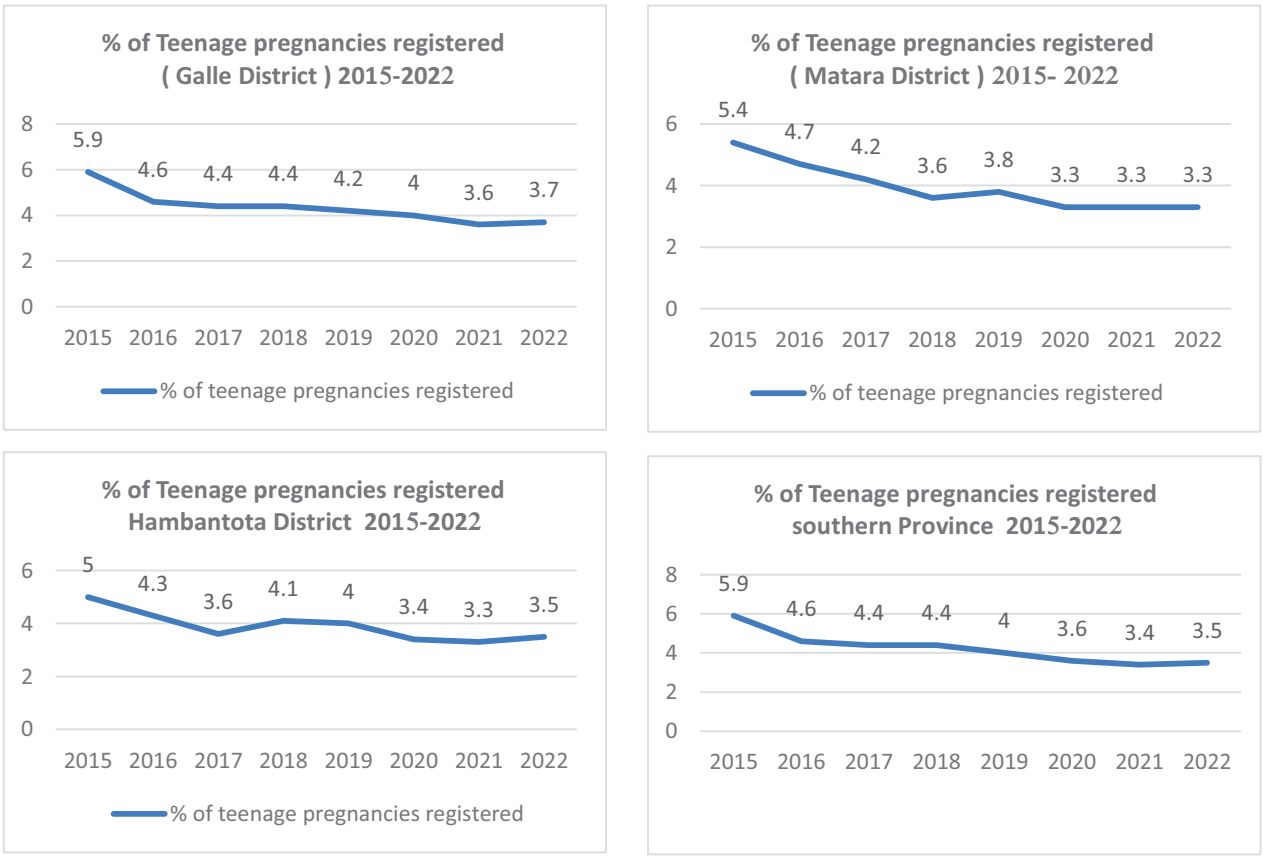


Figure 5.5: Percentages of teenage pregnancies by district, 2015-2022

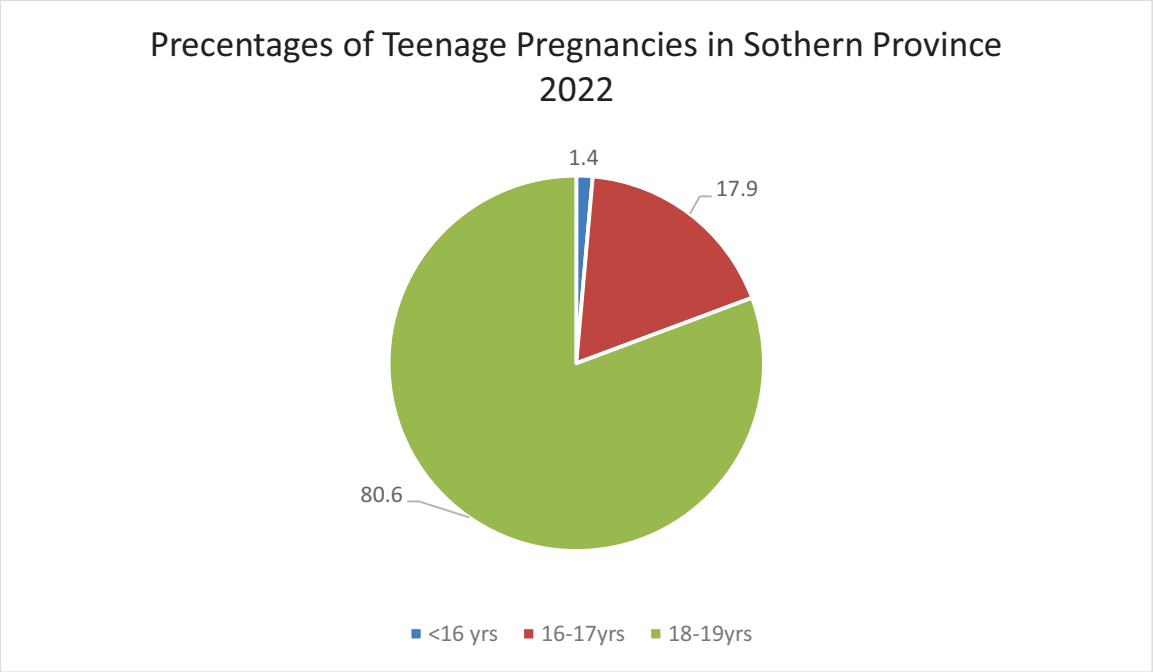


Figure 5.6: Percentages of teenage pregnancies in Southern Province, 2022

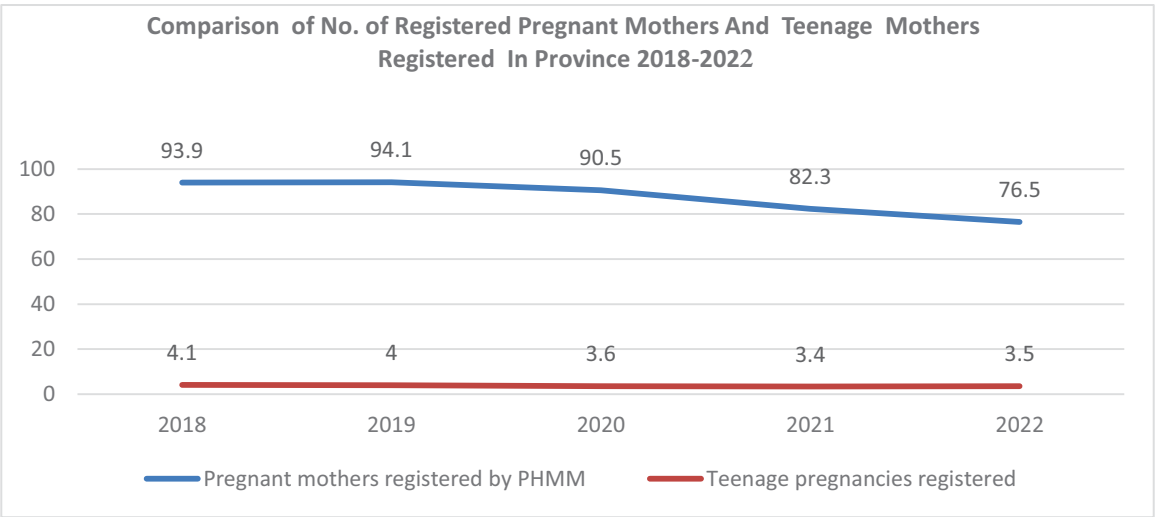


Figure 5.7: Comparison of number of pregnant mothers registered and Teenage mothers registered in Southern Province, 2018-2022

When it is considered the overall trend of the teenage pregnancies reported for the past six years, up to the year 2022, the proportion of teenage pregnancies were in declining trend. Improvement of the indicator can be reached by root cause analysis and targeted interventions in high risk groups.

5.2.2 Outcome of pregnancy

Table 5.3: Deliveries & outcome, 2021-2022

Indicator	2021		2022	
	Number	%	Number	%
Deliveries reported by PHMM	33,196	83	29,185	75.5
Vaginal deliveries	17,721	53.38	15,497	53
LSCS Deliveries	15,458	46.6	13,670	46.8
Home Deliveries	17	0.05	18	0.06
Home deliveries with untrained assistance	8	0.02	8	0.02
Total Live births reported	31,872	79.6	28,161	72.8
Low birth weight	3,795	12.1	3,891	14.1

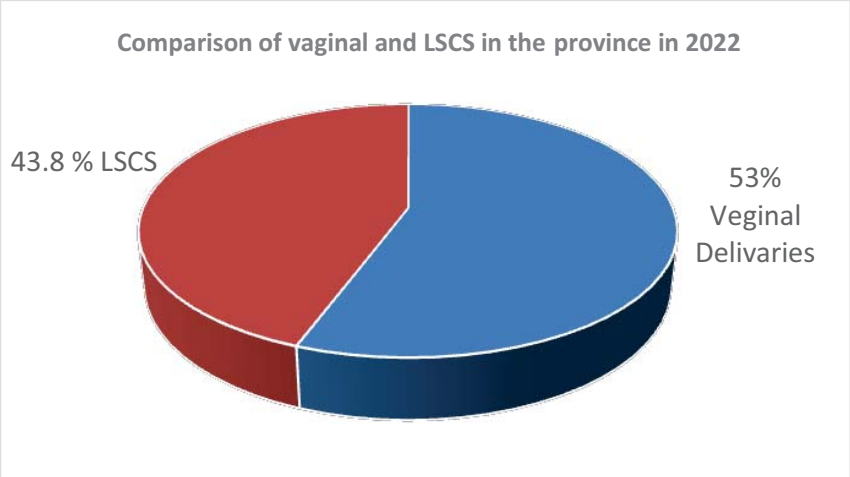


Figure 5.8: Comparison % of vaginal deliveries with % of LSCS Deliveries in Southern Province, 2022

Table 5.4: Outcome of Pregnancy – 2021 & 2022

	Galle		Matara		Hambantota		Southern Province	
	2021	2022	2021	2022	2021	2022	2022	2022
No. of abortions	1,675	1,514	1,368	1,250	1,416	1,159	4,459	3,923
No. of Still Births	83	78	64	48	43	35	190	161
No. of Maternal Deaths (Reported by H509)	02	06	05	06	05	04	12	16

Percentage of deliveries reported by the PHM for the year 2021 was 83% against the estimation and this has further reduced to 75.5% in the year 2022. This should draw the attention of the supervisory staff to explore the possible causes and to ensure the quantity and quality of the maternal care services. According to the safe motherhood concept the delivery has to be taken place with trained assistance. So, every pregnant mother is advised to get admitted close to the expected date of delivery to the closest health care institution with facilities for a delivery. Percentage of home deliveries with untrained assistance is indicative of quality and safety of intra partum care. When the proportion of home deliveries with untrained assistance taken, there is no change can be seen for the years2021 and 2022.

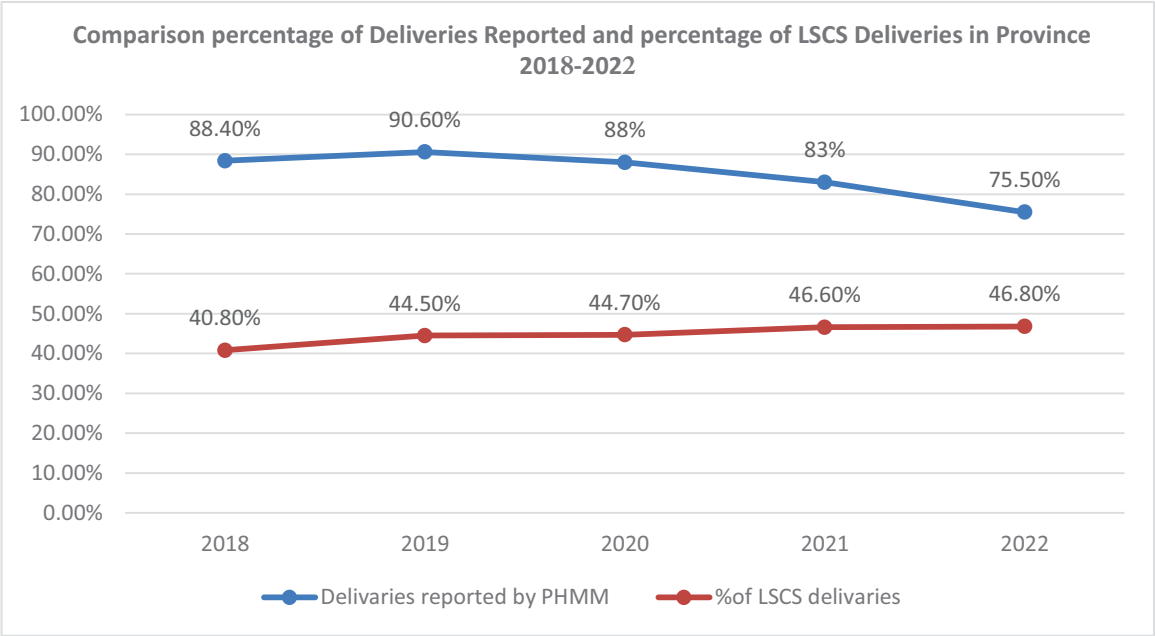


Figure 5.9: Comparison percentage of deliveries reported and percentage of LSCS Deliveries in Province, 2018-2022

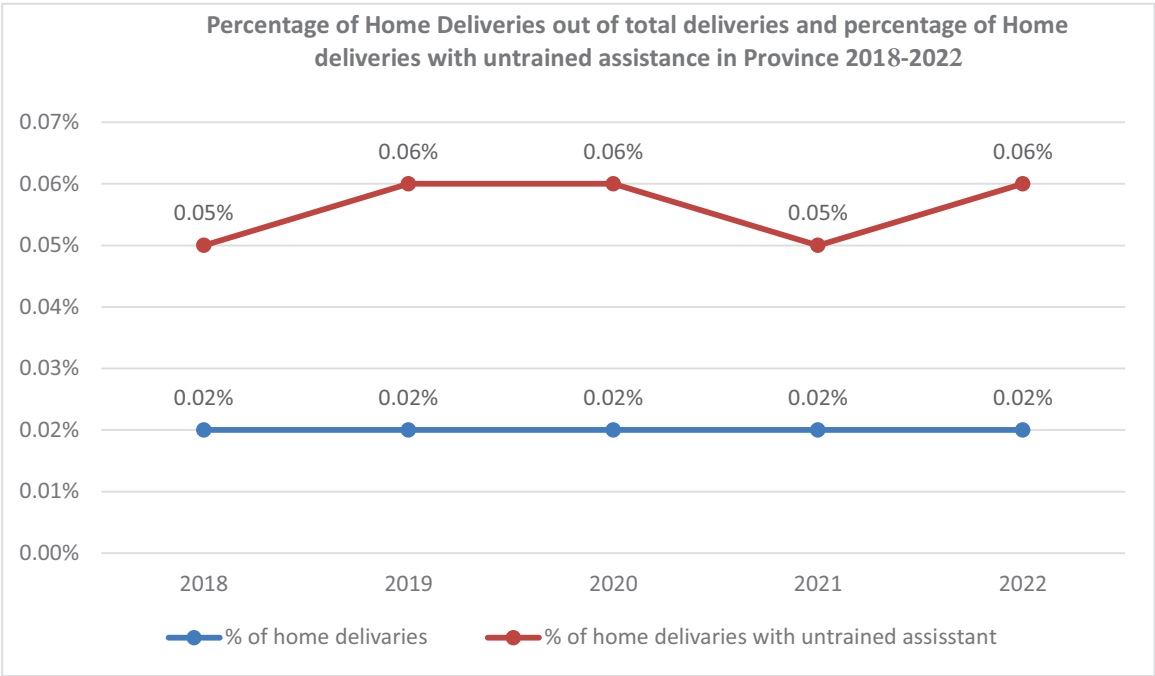


Figure 5.10: Percentage of home deliveries out of total deliveries and percentage of home deliveries with untrained assistance in southern province, 2018-2022

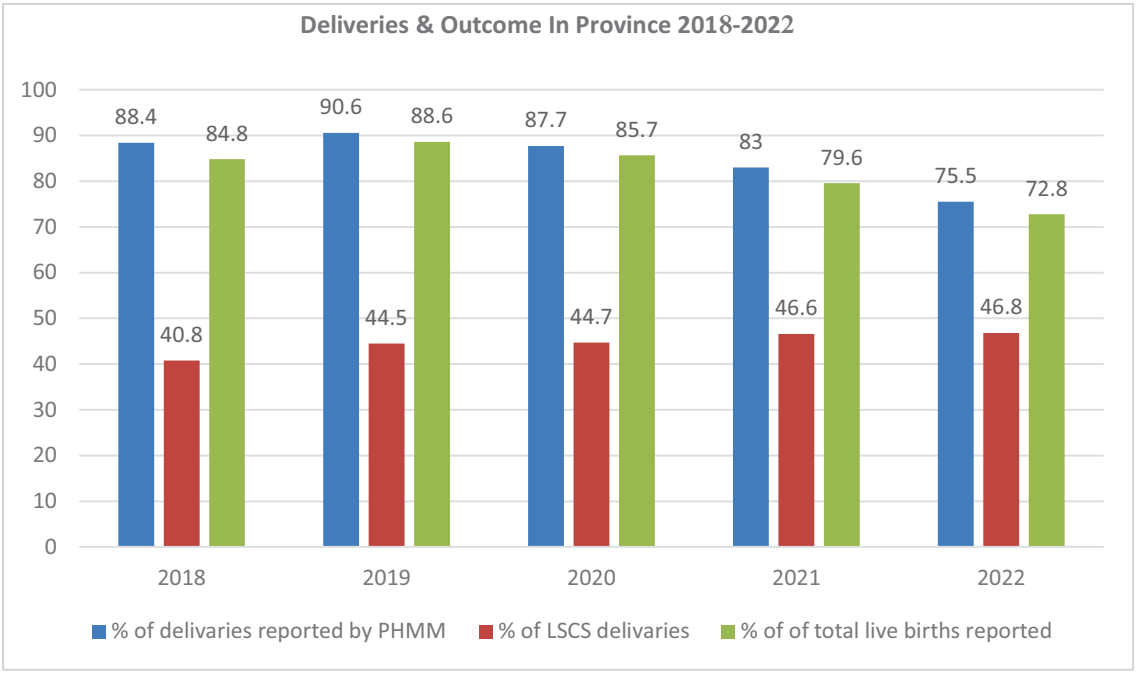


Figure 5.11: Deliveries & outcome in Southern Province, 2018-2022

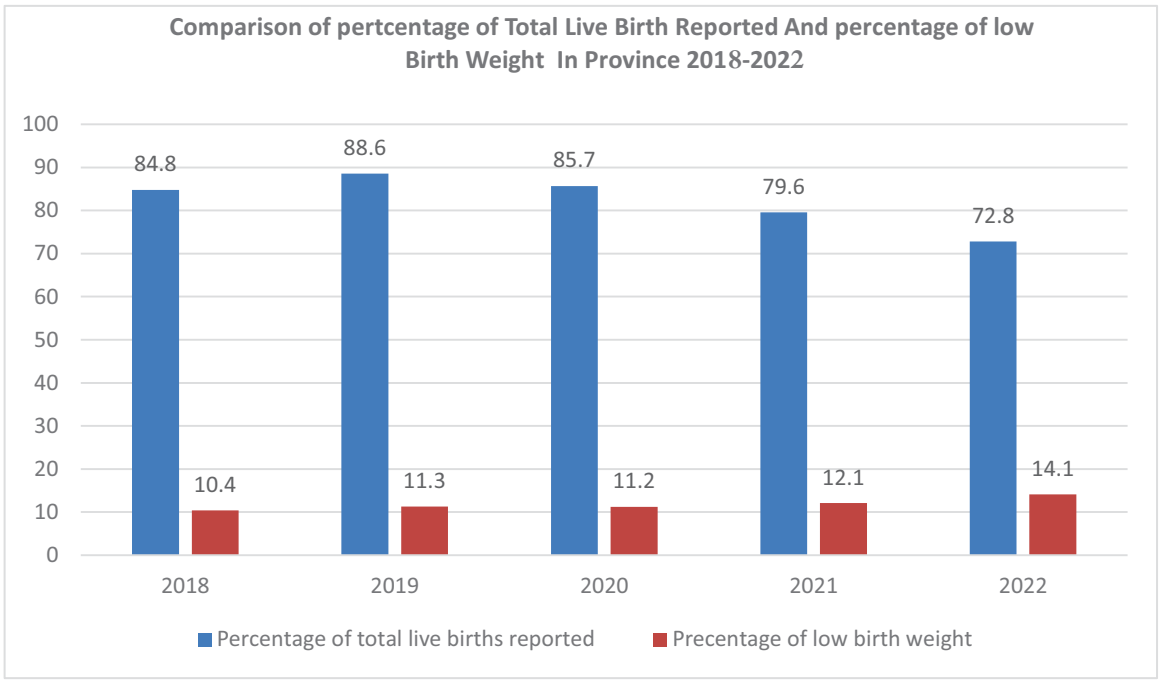


Figure 5.12: Comparison of percentage of total live birth reported and percentage of low birth weight in southern province, 2018-2022

The birth weight of a child is expected to be more than 2500 grams. Low birth weight is another indicator of maternal and child health care of that particular area. Percentage of low birth weight shows an increase from 2021 to 2022 from 12.1% to 14.1%. As this is an important nutritional indicator with life cycle impact, should be addressed with making it a priority problem. As low birth weight is a multifactorial event the interventions have to be targeted for different stages of the life cycle of the female

5.2.3 Post-Partum care

Table 5.5: Percentage of post-partum visits by PHM in Southern Province, 2021-2022

	2021	2022
At least one visit during first 10days (of reported deliveries)	97.4	96.9
Post-natal visit around 42 days	92.5	94.4

Forty-two days after the delivery is a crucial period for both the mother and the new born during which needs special care and attention. Public health midwife is expected to visit the mother after the delivery and see both the mother and the new born in order to ensure good health of the dyad. Percentage of at least one post-partum visit during the first ten days (of estimate) in 2021 was 97.4% and 96.9% in 2022. The domiciliary care provided around 42 days of the delivery during the year 2021 (92.5%) was slightly increased in 2022(94.4%) Anyway, tireless efforts of the field health staff should be appreciated for their field work with covering vacant PHM areas.

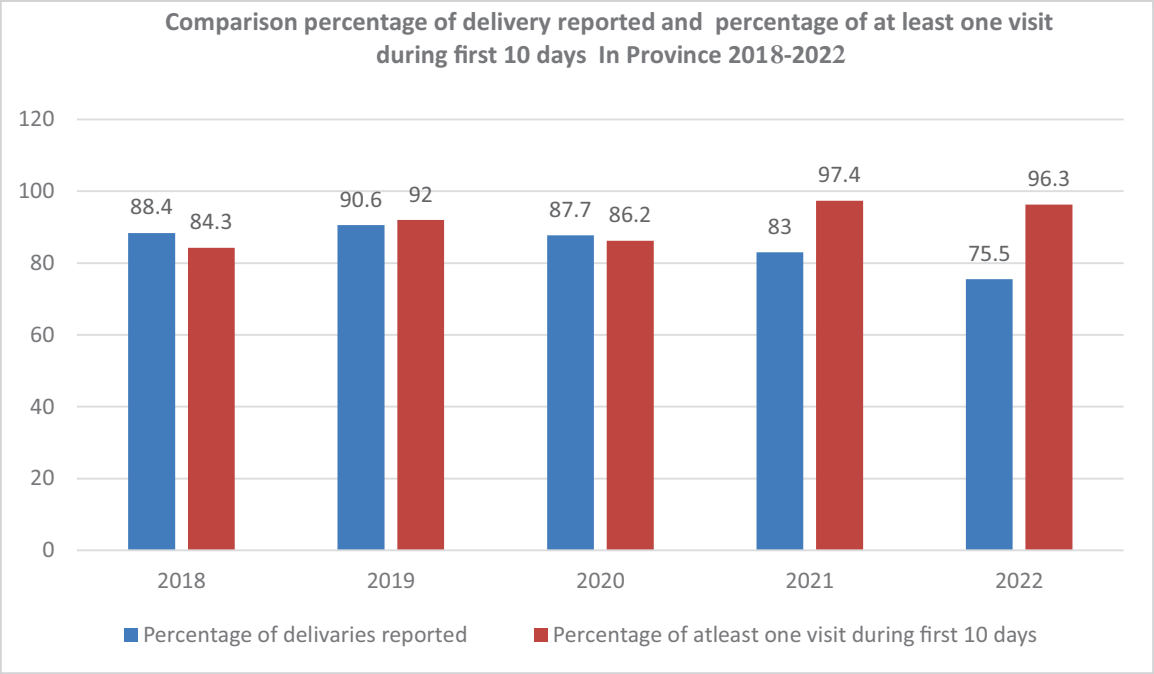


Figure 5.13: Comparison percentage of delivery reported and percentage of at least one visit during first 10 days in Southern Province, 2018-2022

Table 5.6: Postpartum Maternal morbidities

Indicator	2021		2022	
	Number	%	Number	%
Dysuria/UTI	129	0.39	115	0.39
Infected/Separated Episiotomy	365	1.1	386	1.3
Foreign material in vagina	-	-	-	-
Infected caesarean section	1,051	3.2	1,011	3.5
Deep vein thrombosis	-	-	-	-
Postpartum Psychosis	34	0.1	55	0.19
Engorged breast	872	2.6	734	2.5
Postpartum Breast Infection	63	0.19	67	0.23
Cracked nipple	307	0.92	269	0.92
Diabetes Mellitus	259	0.78	203	0.7
hemorrhage	288	0.87	232	0.79
Hypertension	457	1.4	519	1.8
Heart failure	14	0.04	12	0.04

Table 5.7: Antenatal morbidities 2021 & 2022

Indicator	2021		2022	
	Number	%	Number	%
Antenatal mothers Anemia	7,714	23.2	6,232	21.4
Antepartum Haemorrhage	244	0.73	185	0.63
Mothers with Epilepsy	55	0.45	54	0.53
Mothers with Asthma	240	1.9	229	2.24
Antenatal mothers with PIH	1,265	3.8	1,112	3.8
Antenatal mothers chronic HT	108	0.33	113	0.39
Antenatal mothers Heart diseases	188	0.57	104	0.36
Antenatal mothers Liver diseases	14	0.04	15	0.05
Antenatal mothers Mental Illness	110	0.9	98	0.97
Antenatal mothers with STD	07	0.02	11	0.04
Antenatal mothers Thyroid diseases	363	2.98	322	3.21
Antenatal mothers with TB	06	0.02	6	0.02
Antenatal mothers Diabetes - Gestational	2,299	6.9	1736	17.3
Antenatal mothers Diabetes - Chronic	482	1.5	414	4.1
Antenatal mothers Chickenpox	14	0.11	14	0.03
Antenatal mothers Cancers	04	0.03	05	0.04
Antenatal mothers Kidney Diseases	19	0.15	11	0.10
Thalassemia	39	0.32	31	0.30
Urinary Tract Infection	286	2.35	242	2.41
Uterine Abnormalities/Tumors/Ovarian Cysts	07	0.05	04	0.03

Reporting of the post-partum morbidity is important for the health care administrators and clinicians to take necessary actions and to improve the care provided for the mother during the postpartum period. Early detection with timely interventions will help to prevent some of the maternal deaths. Most commonly reported cases of postpartum morbidities are infected caesarean sections (3.2% in 2021 & 3.5% in 2022), engorged breasts (2.6% in 2021 %2.5% in 2022) and hypertension (1.4% in 2021 & 1.8% n 2022). Hospitals where deliveries taking place needs to be look into the procedures and sterility at labour rooms and theatres in order to reduce incidences of infected episiotomy and caesarean scars.

5.2.4 Infant care

Table 5.8: Infant Care provided, 2021 - 2022

Indicator	2021		2022	
	Number	Rate	Number	Rate
Infants registered by PHM	35,104	87.7	31,052	80.3
Infants deaths reported by PHM*	259	7.34	264	8.5
Infant deaths investigated	207	7.9	201	7.61
Early Neonatal deaths reported*	134	3.8	135	4.3
Neonatal deaths reported*	182	5.1	179	5.7
Post Neonatal deaths reported*	77	2.1	85	2.7
Child deaths reported (under 5 deaths)	285	8.9	309	11

*Death rates per 1000 live births

First five years of life is a crucial period for the children during whom they need special care and protection. Children below five years are vulnerable to various environmental hazards, majority of which are preventable. Identification of the risk factors through the investigation of case histories will enable to prevent further infant and child deaths. When compared with the 2021 year, in 2022 the rates of all infants and child deaths reported by public health midwives have been increased. All infant death reported should be investigated by the field health staff in order to improve the quality of care.

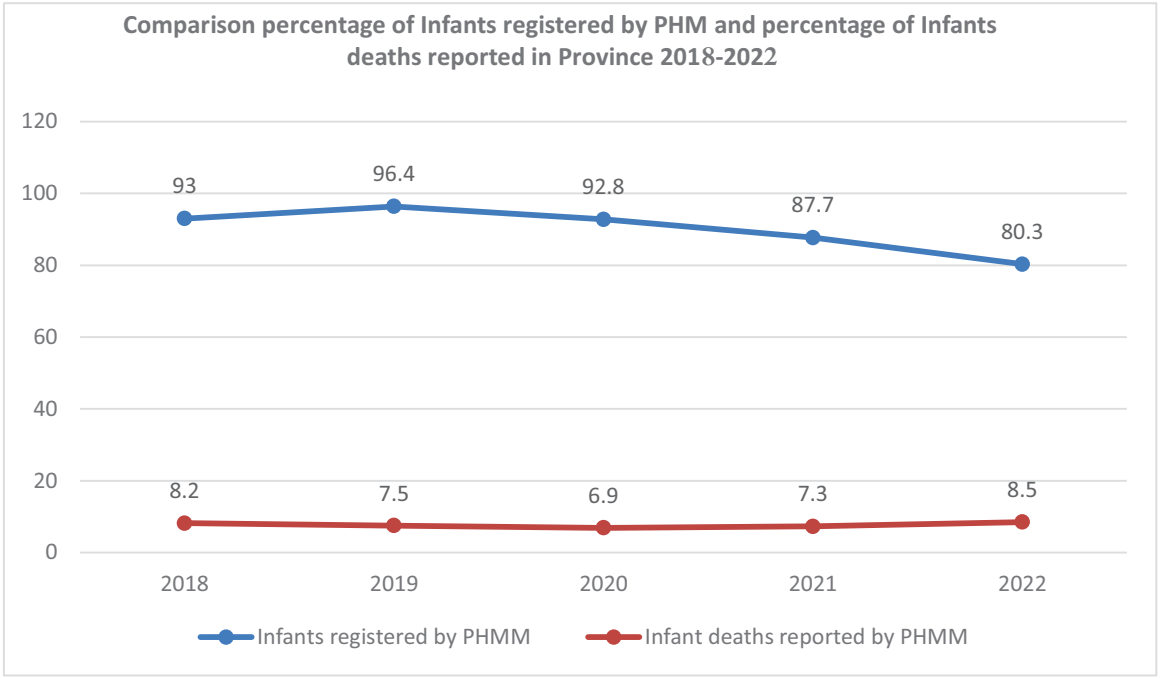


Figure 5.14: Comparison of percentage of infants registered by PHM and percentage of infant deaths reported in Southern Province, 2018-2022

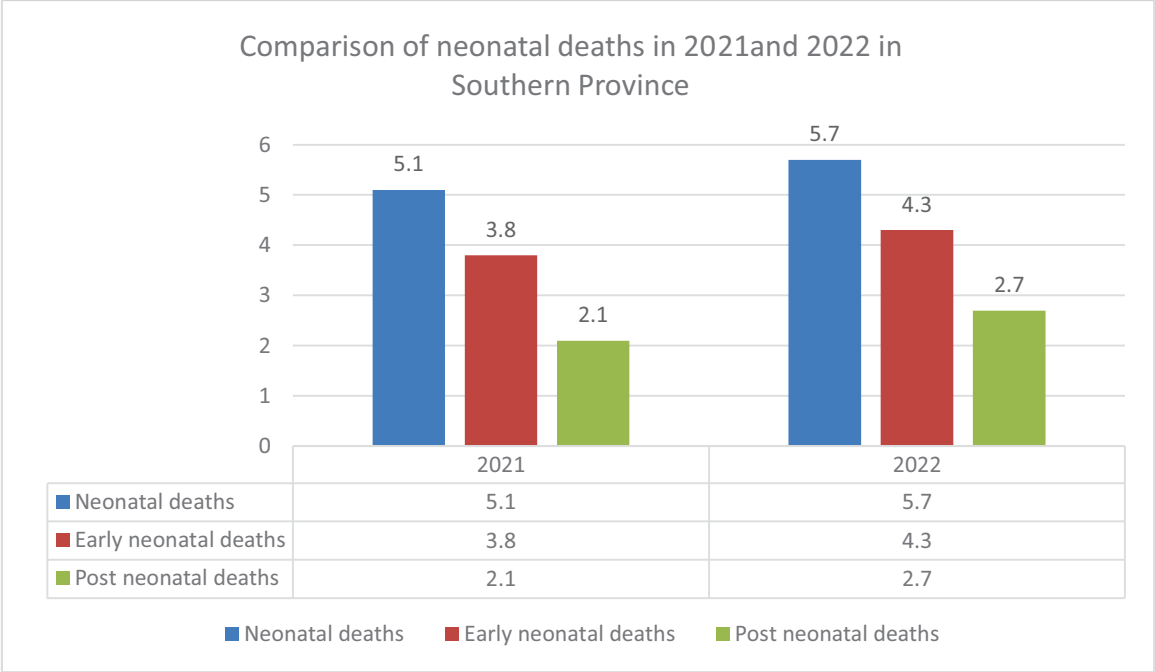


Figure 5.15: Comparison Neonatal deaths in 2021 and 2022 in Southern Province

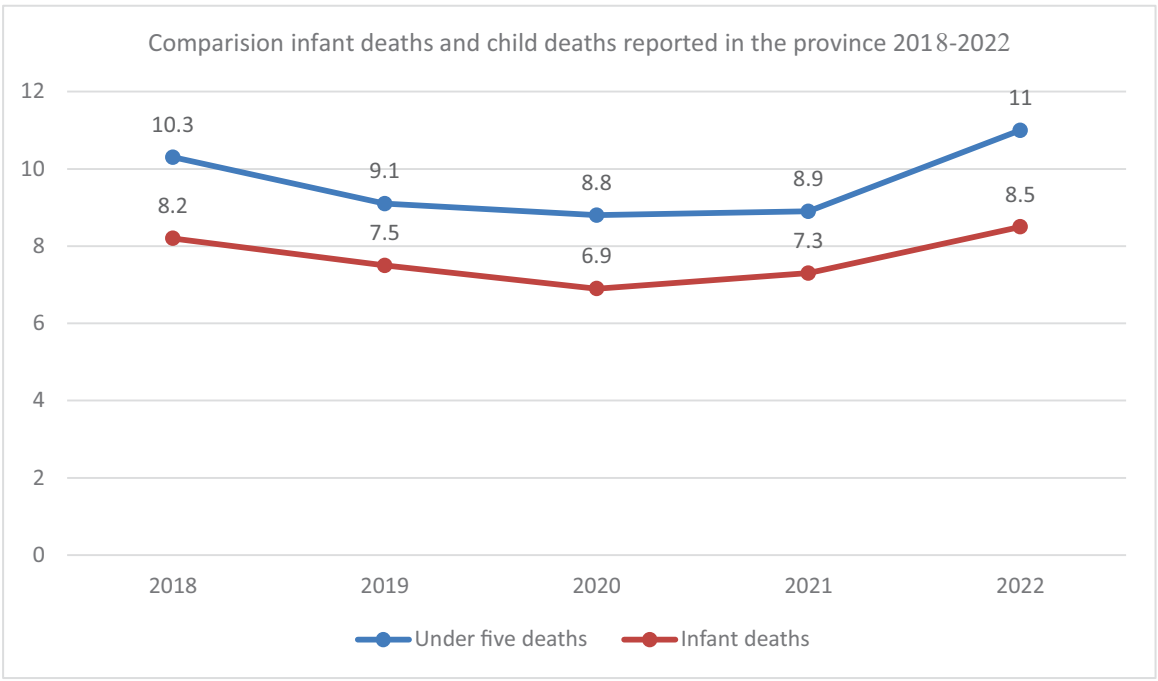


Figure 5.16: Comparison Infants deaths reported and under five deaths reported in Southern Province, 2018-2022

5.2.5 Growth monitoring and nutrition of infants and preschool children.

Malnutrition prevents children from reaching their full potential for growth and development. Hence malnutrition is considered as a serious condition with lifelong consequences. Growth monitoring is an important strategy in the maternal and child health care package in prevention of malnutrition. Continuous growth monitoring of infants and pre-schoolers will enable the parent or the caregiver as well as the health care personal to identify deviations from the optimal nutrition at an early stage enabling necessary interventions. Years 2021 and 2022 were unique years with multiple obstacles to the smooth running of public health services to the country. In additionally in the year 2022 there was an economic downfall endangering the buying power of the public, which in turn reduced the food security of the communities. This has been badly affected nutritional indicators across the board. Proportion of infants and young child weighed during the year 2022 has markedly increased compared to 2021 (from 72.4% to 82.8%) with increased vigilance over the nutritional assessment in 2022. Proportion of moderate and severe underweight among all age groups has shown a marked increase from 2021 to 2022. This emphasize the fact that the acute malnutrition has been increased subsequent to the socio-economical constrains experienced by the people and this warrants comprehensive and sustainable nutritional interventions across the board.

Table 5.9: Description of field weighing 2021 - 2022

	Indicator	2021		2022	
		Number	%	Number	%
Infants	Number weighed (Monthly Average)	24,879	72.4	26,088	82.8
	moderately underweight	1,185	4.8	1,455	5.6
	Number below-3SD (Severe underweight)	220	0.88	289	1.1
	Number over+2SD (over weight)	83	0.33	70	0.22
1-2years	Number weighed (Monthly Average)	22,372	60.9	26,067	73.8
	moderately underweight	2,180	9.7	2,772	10.6
	Number below-3SD (Severe underweight)	287	1.3	394	1.5
	Number over+2SD (over weight)	114	0.5	105	0.4
2-5years	Number weighed (Monthly Average)	5,334	58.5	615,092	69.2
	moderately underweight	85,223	16	101,640	16.5
	Number below-3SD(Severe underweight)	12,372	2.3	15,948	2.6
	Number over+2SD(over weight)	2,342	0.43	2,611	0.42

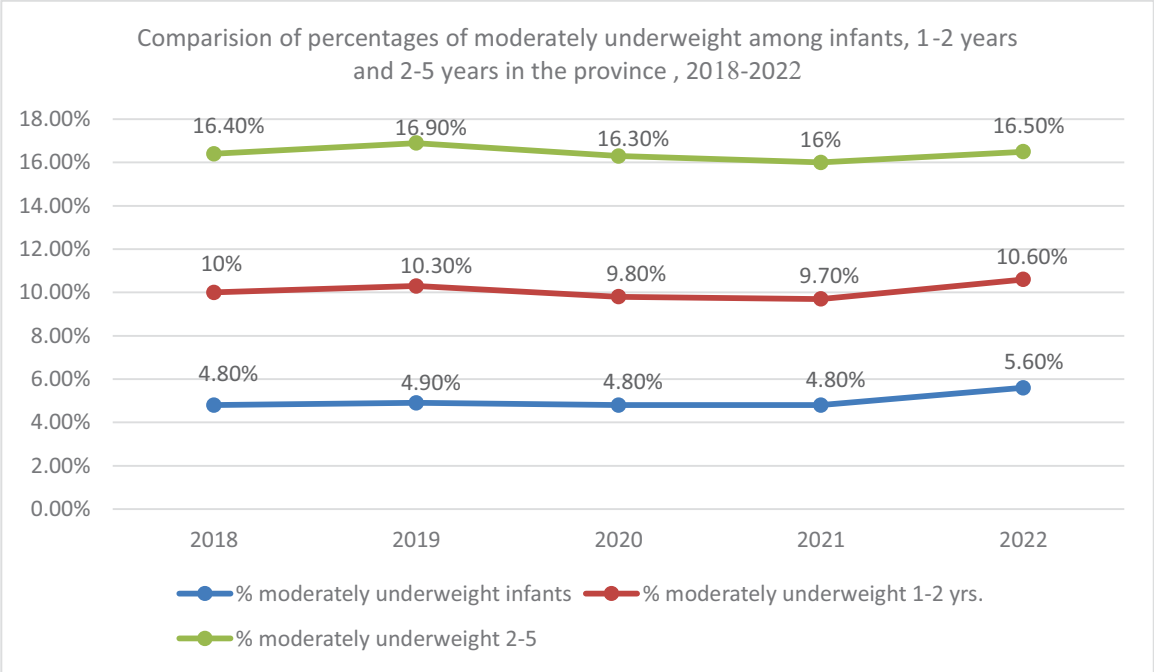


Figure 5.17: Comparison percentage of moderately underweight infants with of moderately underweight 1-2 Year Child and percentage of moderately underweight 2-5 year Preschool Child in Province, 2018-2022

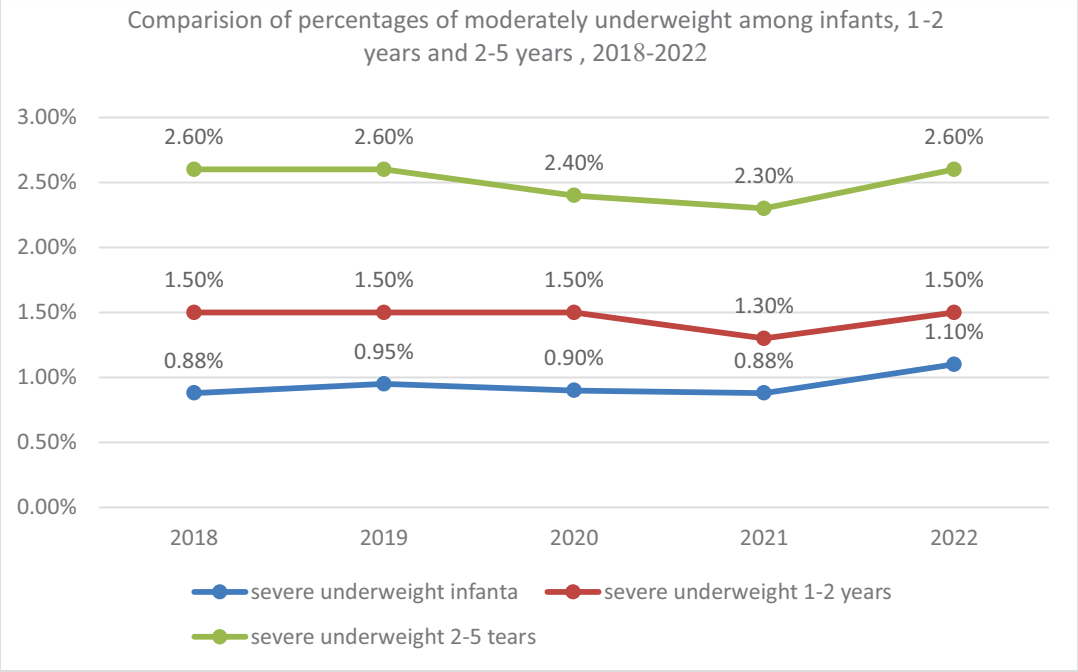


Figure 5.18: Comparison percentage of severe underweight infants with percentage of Severe underweight 1-2 Year Child and percentage of Severe underweight 2-5 year Preschool Child in Province

5.2.6 Reported Maternal Deaths

Table 5.10: Reported Maternal Deaths*

	2020		2021		2022	
	No. of Maternal Deaths	MMR	No. of Maternal Deaths	MMR	No. of Maternal Deaths	MMR
Galle	02	11.3	02	13.1	06	43.6
Matara	06	60.7	05	40.3	06	55.9
Hambanthota	00	00	05	44.6	04	41.5
Province	**08**	**24**	**12**	**30.9**	**16**	**46.9**

*Maternal deaths confirmed at the national maternal mortality review meeting

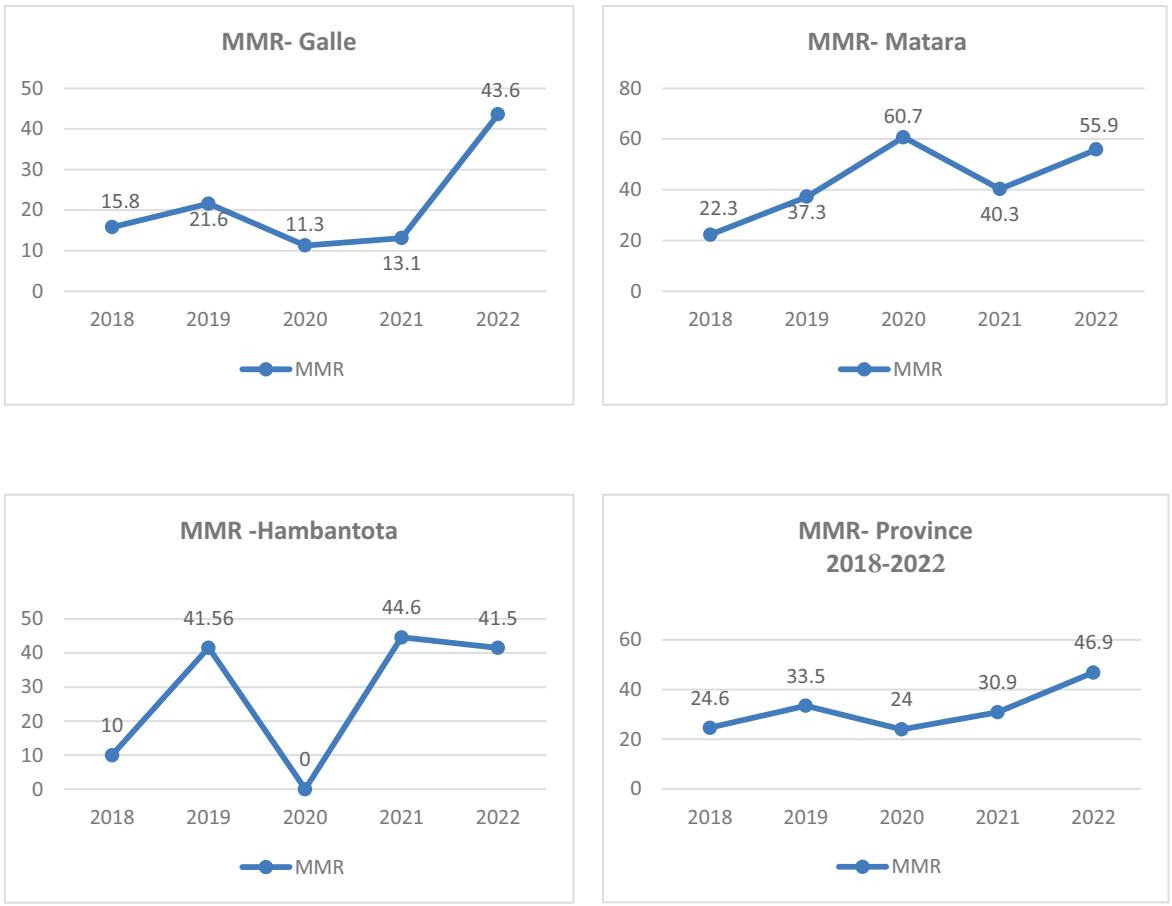


Figure 5.19: Maternal mortality ratio, 2018-2022

According to the WHO reports About 830 women die from pregnancy- or childbirth-related complications around the world every day. The high number of maternal deaths reflects inequities in access to health services. Maternal mortality ratio (MMR) is an indicator stand for maternal health. However, in in all three districts the MMR have been increased from 2020 to 2022. It is necessary to make individual assessment for each case of maternal death with subsequent quality improvement of the system for all preventable deaths. The collaborative effort from preventive and curative sectors to improve maternal care in the province in order to obtain a further improvement is essential.

5.2.7 Family Planning

Table 5.11: Details of Current users 2021-2020

Family Planning Method	2021		2022	
	Current users	Percentage Current users	Current users	Percentage Current users
Oral pills	45,403	9.8	44,675	9.9
Injectables	51,436	10.6	48,506	11.3
IUD	55,808	12.5	57,174	12.2
Implant	26,282	5.6	25,554	5.7
Condoms	53,698	11.2	51,324	11.7
Female Sterilization	47,130	10.3	47,127	10.3
Male sterilization	73	0.02	106	0.22

The health-related objective of the national family planning programme is to assist couples to have a desired number of children and prevent any unwanted pregnancies thereby improving health of the mother and child and the quality of life of the family. The population related objective is to reduce fertility so that population growth would be compatible with socio economic development of the country. Family planning activities were carried out within the province in keeping with the national family planning programme and prevalence of current users are closer to the national figures.

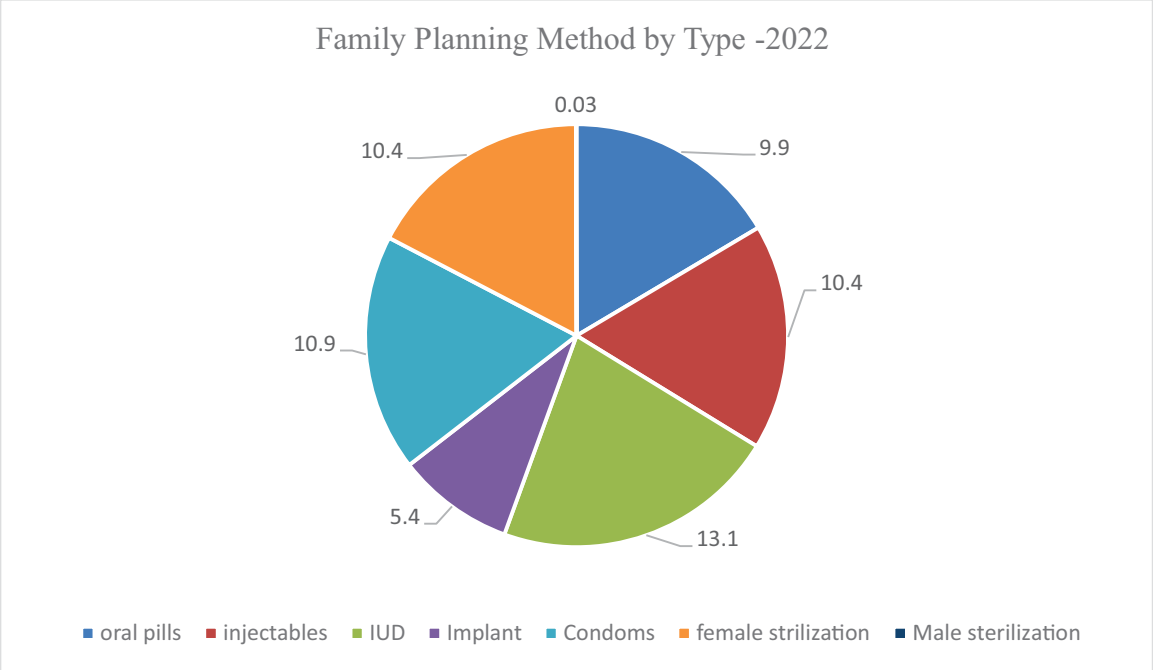


Figure 5.20: Use of Family Planning Method in the Southern Province

Table 5.12: Details of new acceptors 2021 & 2022

Family Planning Method	2021		2022	
	Number	%	Number	%
Total Current user of Modern method of family Planning	274,471	60.1	279,810	61.2
Traditional contraceptive users	38,100	8.3	38,038	8.3
Current user of family Planning method	312,571	68.4	317,848	69.5
Unmet need of family Planning method	26,092	5.7	26,127	5.7

Family planning improves the health of mothers, children, and entire families. Hence improving the new acceptors for modern family planning methods is a good indication for good maternal and child health care. Public health midwives play a considerable role to direct relevant eligible couples for suitable family planning method.

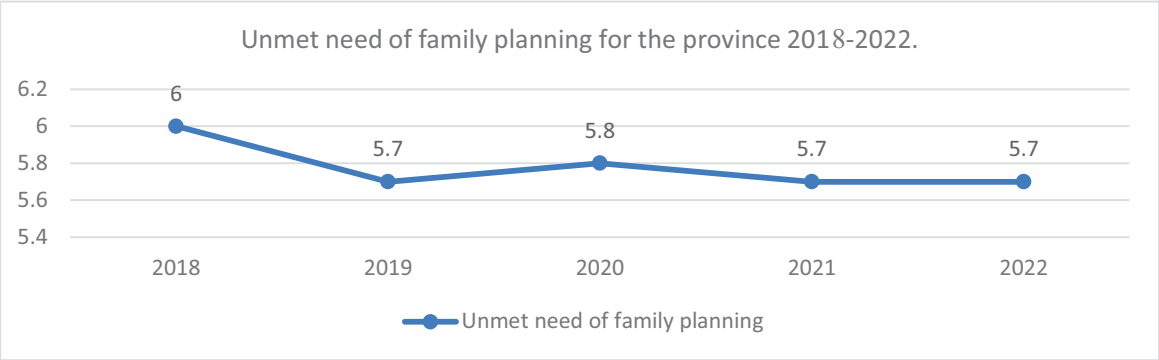


Figure 5.21: Unmet need of family planning in Southern Province, 2018-2022

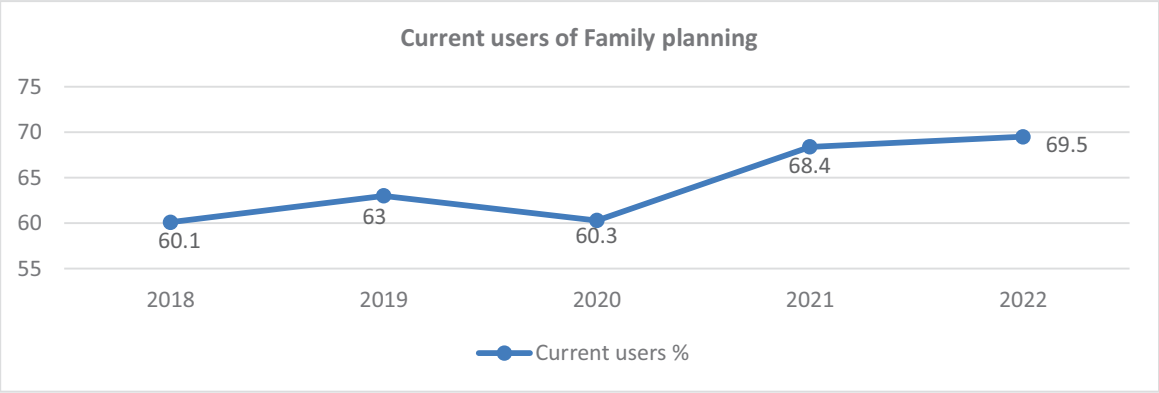


Figure 5.22: Contraceptive prevalence rate in province 2021-2022

World Health Organization (WHO) has defined the unmet need for family planning as women those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. In considering the unmet need of family planning over the last seven years unmet need is in downward trend at the provincial level.

5.2.8 Well women clinic activities

Table 5.13: Well Women Clinic activities 2021 & 2022

Indicator	2021		2022	
	Number	%	Number	%
Total clinic sessions held	1,460	-	2,034	-
35 years Cohort attendance to WWC	9,686	45.1	11,708	53.8
45 years Cohort attendance to WWC	4,996	23.3	6,882	31.3
of new Diabetes cases identified	738	7.5	946	10.2
Number completed breast examinations	16,008	99.1	20,061	94
Number of breast abnormalities detected	241	1.5	691	3.4
35 years Cohort coverage with pap smears	8,932	41.6	10,947	50.3
of women screened -BS	9,858	61.1	9,295	43.6
of women screened -BP	15,827	98	19,844	93
Number PAP reports received	9,293	59.5	12,662	60.6

Non-Communicable diseases are defined as diseases of long duration and generally with slow progression. They include heart disease, stroke, cancer, diabetes, hypertension, chronic kidney diseases, and many others.

The World Health Organization (WHO) reports NCDs to be by far the leading cause of mortality (deaths) in the world, representing over 60% of all deaths. Out of the 35 million people who died from NCDs in 2015, half were under age 70 and half were women. Of the 57 million global deaths in 2008, 36 million were due to NCDs. That is approximately 63% of total deaths worldwide. Risk factors such as a person's background, lifestyle and environment are known to increase the likelihood of certain NCDs. Every year, at least 5 million people die because of tobacco use and about 2.8 million die from being overweight. High cholesterol accounts for roughly 2.6 million deaths and 7.5 million die because of high blood pressure. By 2030, deaths due to chronic NCDs are expected to increase to 52 million per year.

Well women clinic offers a package of screening facilities for various Non-communicable diseases among females including cervical and breast cancers. Early detection and timely interventions can reduce the complications as well as progress of the disease. The target age group for the screening programme is 35 years and 45 years. According to the figures in 2021 the percentage of females of 35 years of age who have undergone PAP screening was 41.6% and it was 50.3% in 2022.

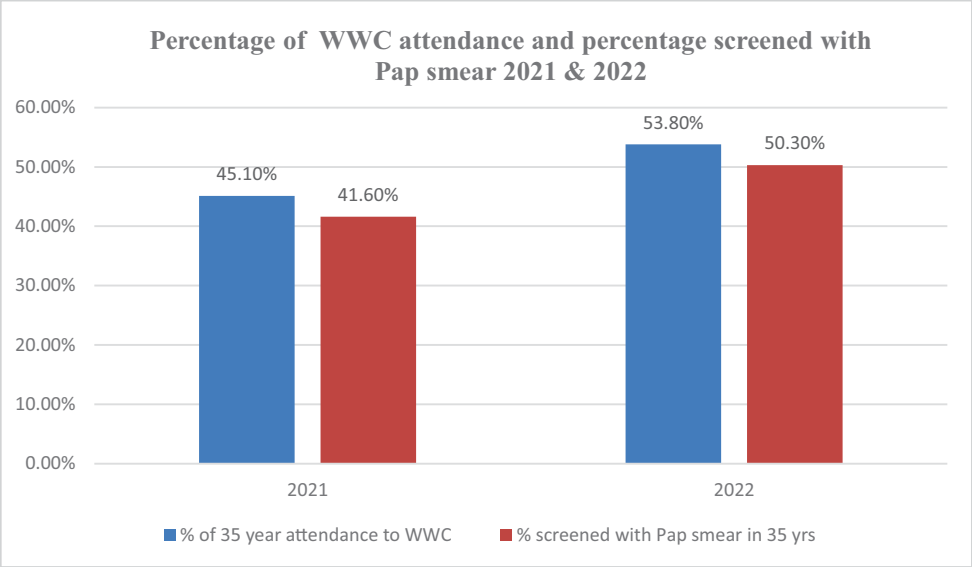


Figure 5.23: WWC activities in Province 2021-2022

5.3 Expanded programme of Immunization

Expanded programme of Immunization (EPI) in Sri Lanka began in 1978 and has been revised and expanded since then. It has been implemented by the Epidemiological unit and act as the national coordinating centre. The main objectives of the programme include reduction of mortality, morbidity and prevention of outbreaks associated with vaccine-preventable diseases such as tetanus, diphtheria, whooping cough, poliomyelitis, tuberculosis, measles, rubella, and Japanese encephalitis, hepatitis, to eradicate polio, to eliminate neonatal tetanus and diphtheria and prevent congenital rubella syndrome. While EPI has been executed successfully with maximum coverage, the vaccine related deaths had made the situation unwholesome to a certain extent. However, public health staff of the Southern province has performed high immunization coverage in spite of the existing difficulties in performing their duties.

Table 5.14: Immunization Coverage

Vaccine	2021		2022	
	Number of immunization performed	Coverage against the (PVV1) %	Number of immunization performed	Coverage against the (PVV1) %
B.C.G	27,616	77.7	27,665	90.2
Pentavalent Vaccine (PVV1)	34,377	100	30,266	100
Dpt	35,609	103.5	34,570	114.2
Oral Polio Vaccine (OPV)	121,360		111,533	
Measles Mumps & Rubella Vaccine (Mmr)	58,000	104.5	55,707	113.6
Live Je Vaccine (LJEV)	35,979	104.7	33,417	108.8
Double Vaccine (DT)	39,308	112.7	38,128	125.9
Inactivated Polio Vaccine(IPV)	55,266	100	48,734	100.9
aTd Vaccine	34,663		37,760	
HPV 1	19,129		20,612	
HPV 2	14,359		10,426	

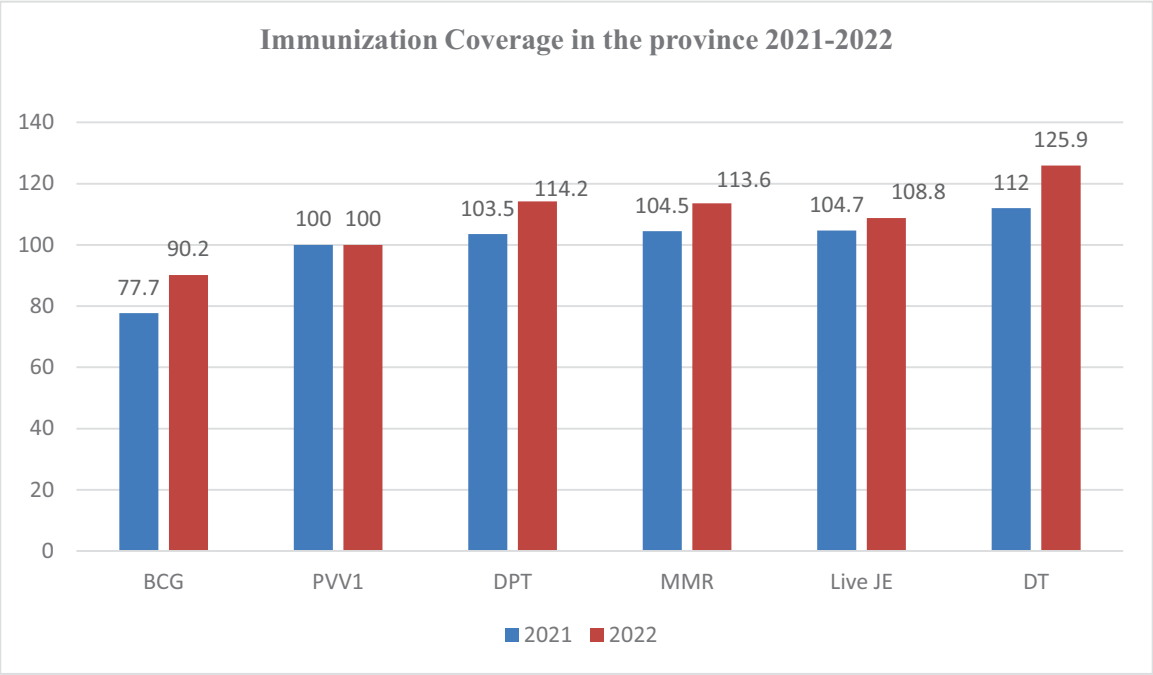


Figure 5.24: Immunization coverage against PVV 1, 2021-2022

Intention of the EPI programme is to target each & very child, to receive age appropriate vaccination & there maintaining morbidity & mortality of EPI preventable diseases in to zero levels. Therefore, it is expected to achieve 100% coverage of Immunization for each Antigen island wide. In keeping with the national targets Southern province also could achieve high immunization coverage even in the years 2021 and 2022 amidst the Covid 19 pandemic and the economic hardships affecting the whole country. Pentavalent (PVV) vaccine has been introduced to the EPI programme since 2010 instead of DPT, Hib, &Hep B vaccines. Towards the latter part of the year 2011 MMR vaccine was introduced to the EPI schedule. This was given instead of the two vaccines Measles and MR which were administered at the ages of 9 months and 3 years respectively. This has an added advantage of giving protection against the mumps and minimizes the outbreaks of measles as children get the opportunity of getting two doses of measles. Since 2017 a fractional dose of inactivated poliovirus vaccine (fIPV) has been administered together with OPV and Pentavalent at the 2nd and 4^{4th} months age of the children. Aim of this vaccination is to further improve the immunity and future withdrawal of OPV

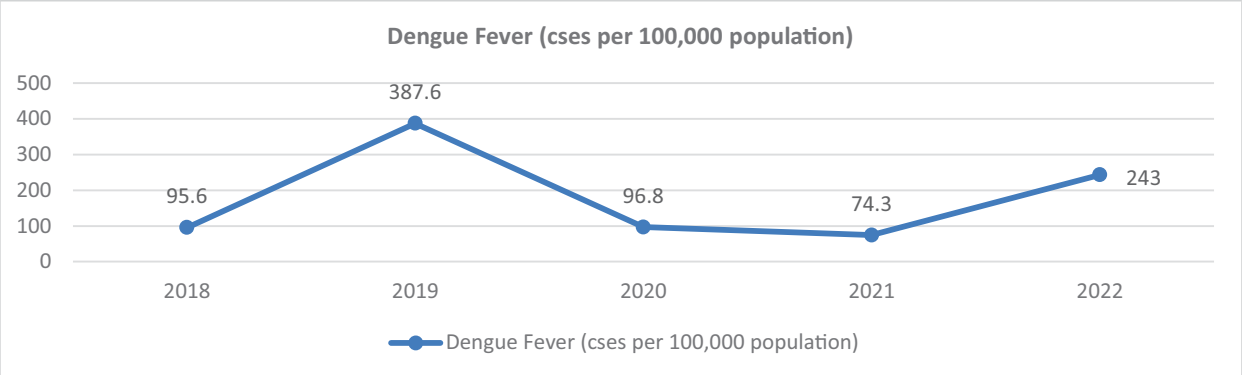
5.4 Epidemiological Surveillance

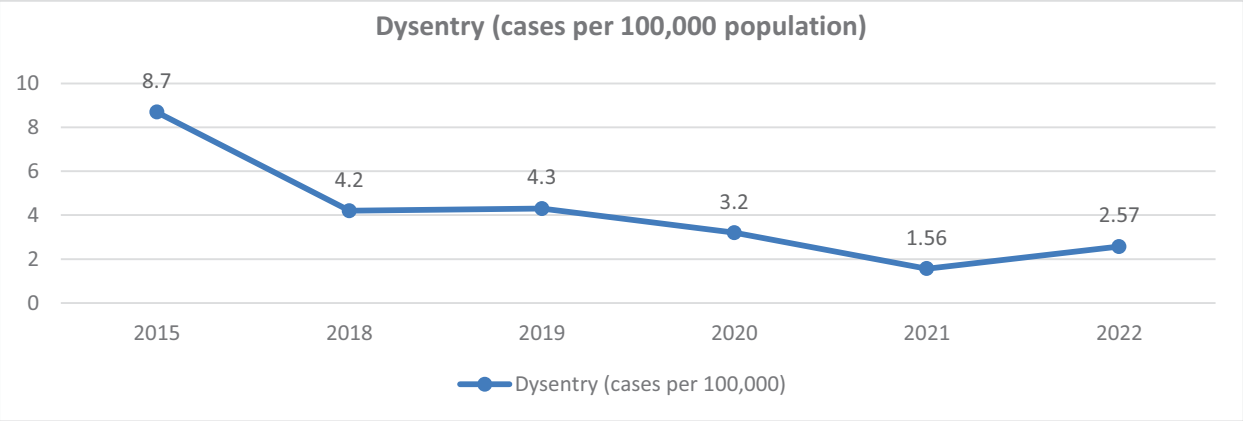
Table 5.15: Details of common notifiable diseases, 2018-2022

	2018		2019		2020		2021		2022	
	Number	Cases per 100,000 population	Number	Cases per 100,000 population	Number	Cases per 100,000 population	Number	Cases per 100,000 population	Number	Cases per 100,000 population
Dengue fever/DHF	2,369	95.6	10,319	387.55	2,584	96.8	1980	74.3	6921	243
Dysentery	105	4.2	115	4.32	86	3.22	42	1.56	70	2.57
Encephalitis	22	0.9	16	0.6	41	1.53	4	0.14	5	0.18
Enteric fever	14	0.6	11	0.41	10	0.37	8	0.29	2	0.07
Food poisoning	47	1.9	23	0.86	110	4.12	16	0.59	13	0.47
Leptospirosis	622	25.1	1,003	37.67	2,126	79.65	1437	53.5	1343	49.3
Typhus Fever	201	8.1	212	7.96	170	6.37	122	4.54	132	4.84
Viral Hepatitis	31	1.3	55	2.06	35	1.31	13	0.48	19	0.69
Human Rabies	3	0.1	4	0.15	5	0.19	01	0.03	00	00

Source –e surveillance & DenSys

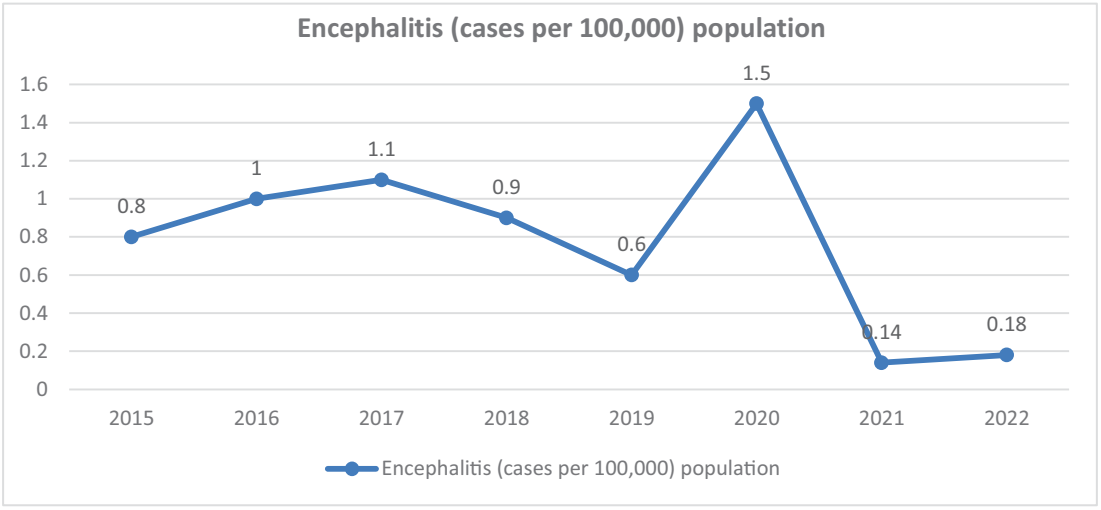
Infectious diseases are a significant threat to global health in the 21st Century, causing significant morbidity and mortality, and economic drop. Especially resource-limited countries must possess better disease surveillance and health care delivery systems as communities often are burdened by several diseases. Moreover, proper public health system must exist to approach the relevant health care services efficiently and effectively. Early detection of impending outbreaks, followed by a rapid response is the cornerstone of controlling a communicable disease, and is underpinning the importance of collecting real-time, complete and accurate data with analysis and timely dissemination. Epidemiologic surveillance is a major public health strategy to prevent and control a disease, but also provides accurate data on the epidemiology and burden of a disease.

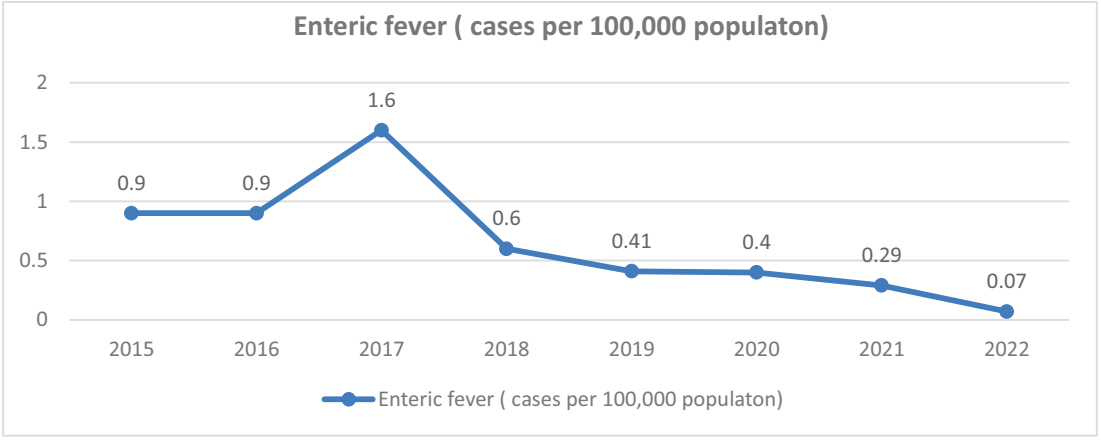


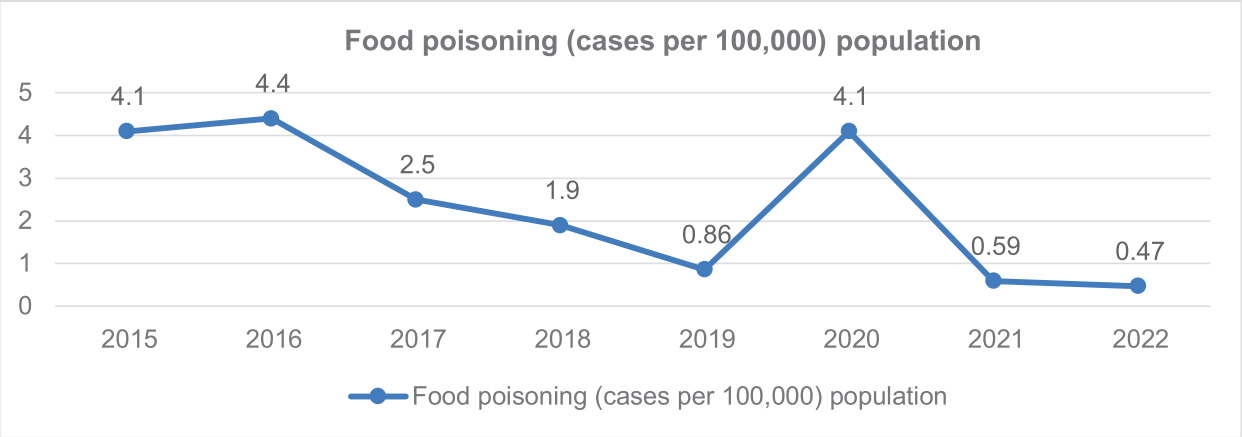


Dengue is the most significant mosquito-borne disease affecting humans. The global incidence of dengue has grown dramatically in recent decades.With the changes of the climatic, geographycal and demographyical factors as well as changs in the viral strain may be the reason for this rising trend that is seen within the province. Dengue prevention and control depends on effective vector control measures. Vector control measures needs elimination of vector breeding sites which renders multisectoral collaborative efforts especially for enviornmental sanitation and proper waste disposal.

Dysentery is an intestinal bactrial infection, especially in the colon, that can lead to severe diarrhea with mucus or blood in the feces. Main cause for the dysentery is poor hygine including lack of safe food ,water and sanitation. In the province there is an upward trend from 2021 to 2022 proberbly due the increase in the reporting of cases after the pandemic.



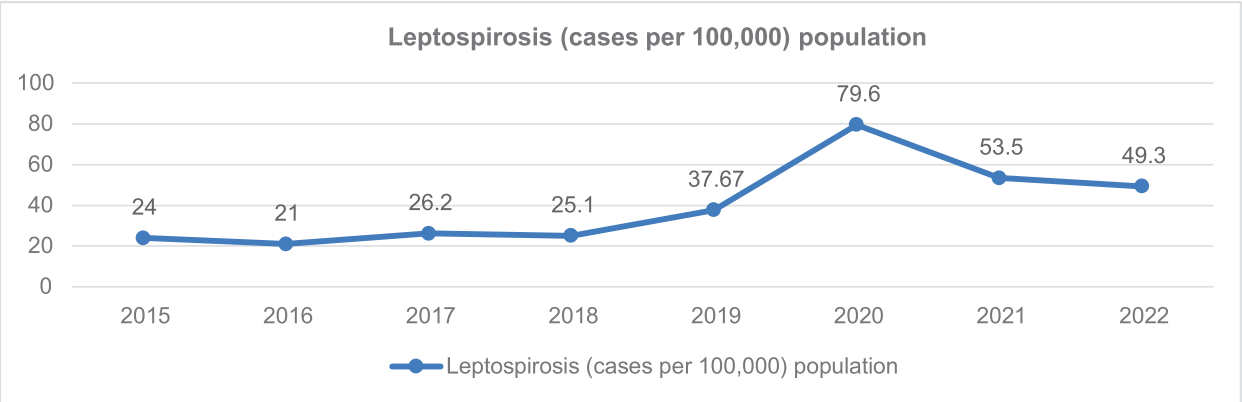


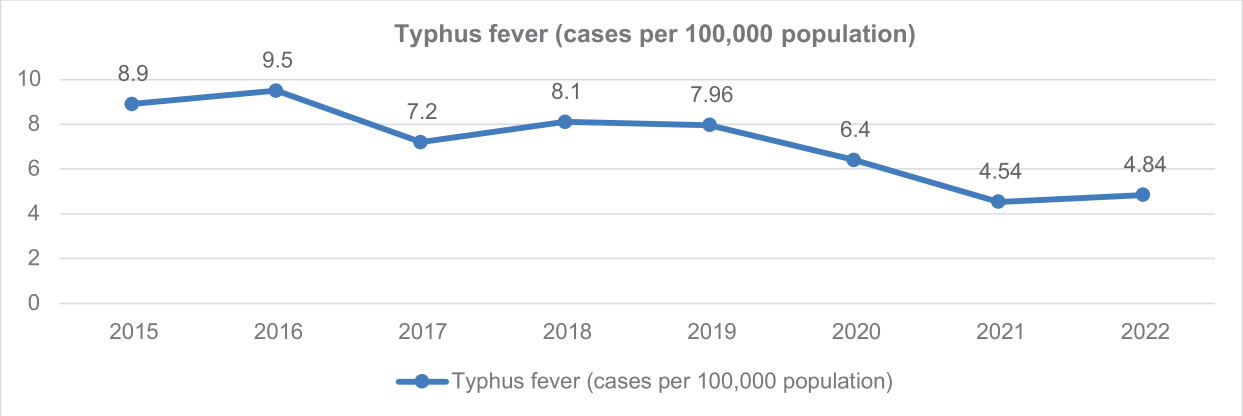


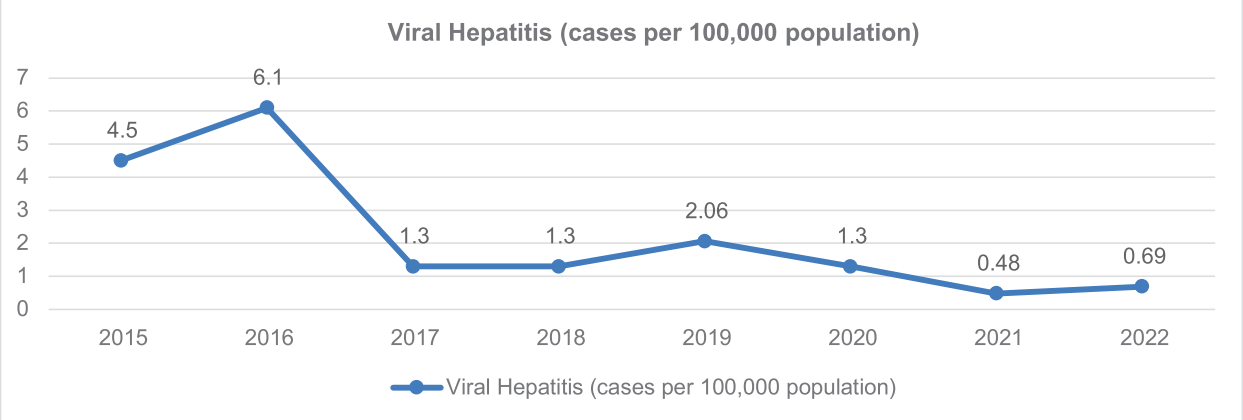
Encephalitis is an inflammation of the brain tissue. The most common cause is viral infections. JE is a major debilitating communicable disease and consequences of contracting the disease are drastic. The case fatality rate is approximately 30%.The strategyies for prevention and control of JE awareness among general public on the prevention and control of the disease, vector control and immunization againt Japanese Encephalitis. JE vacination has been incorporated into the national immunization programme and the childern are immunized against JE at the age of 1 year.

Typhoid fever is caused by Salmonella typhi bacteria. it remains as a serious health threat in the developing world. Typhoid fever spreads through contaminated food and water.In many developing nations, the public health goals can help to prevent and control typhoid fever by safe drinking water, improved sanitation and adequate medical care. On the other hand vaccinating high-risk populations is another strategy to control typhoid fever.

Food poisoning, is caused by eating contaminated food. Infectious organisms including bacteria, viruses and parasites or their toxins are the most common causes of food poisoning. Proper hygiene practices and safe food handling are the prventive measures. Regular inspection of food handling establishments for the maintanance of their cleanliness and standards has to be look into.

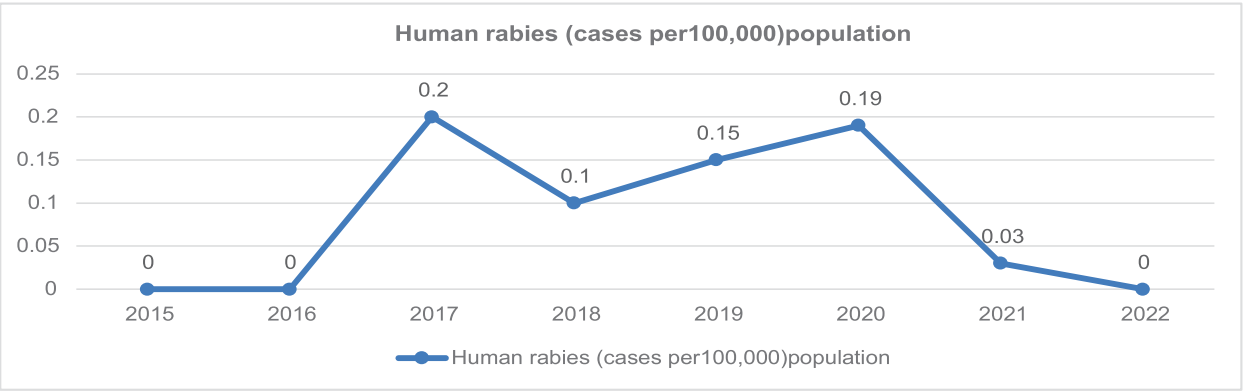


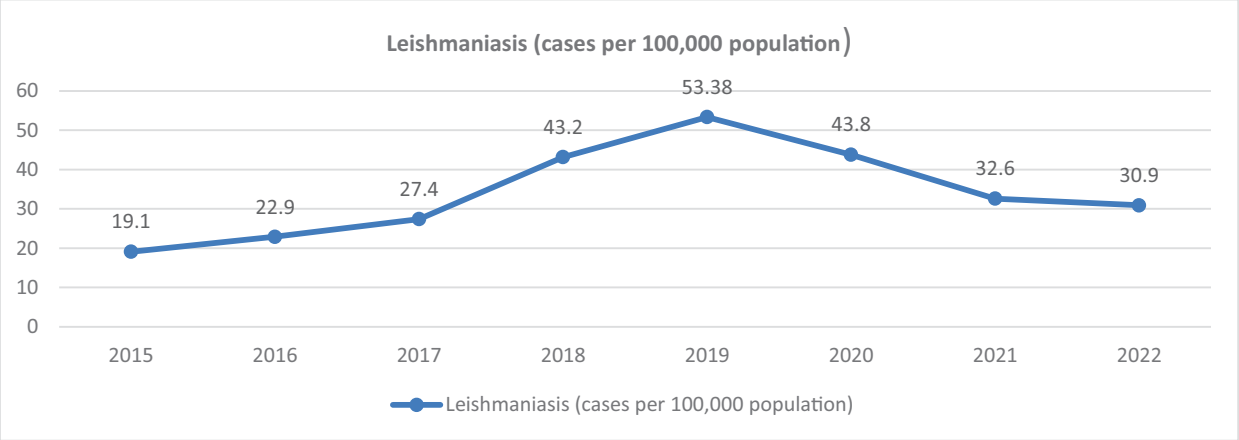




Typhus is a disease caused by bacteria. Efforts to prevent typhus have been successful when people are able to avoid contact with the vectors that spread typhus (mainly fleas and lice) or fecal droppings from rodents. Many experts suggest that good sanitation and reducing populations of rats, mice, and other animals that may carry the bacteria and their vectors with enviornmental sanitation is effective.

Leptospirosis is an infectious disease that can occur in humans and animals worldwide. A type of spiral-shaped bacterium called a spirochete, Leptospira interrogans, causes leptospirosis. Risk factors for leptospirosis include getting into contact with water or soil contaminated with infected urine. Avoiding contact with animal excreta , good hygiene, and avoiding contaminated water and soil are other ways to reduce the chance of getting leptospirosis. Providing prophylaxis treatment for those who at a higher chances of getting disease such as paddy cultivators, sanitory labourers is also another strategy which is being carried out currently.





Rabies is a life-threatening condition that causes tens of thousands of deaths worldwide every year. Dog bites are the most common source of acquiring infection. It's caused by a virus that attacks the central nervous system. The virus is transmitted to humans via bites and scratches from infected animals. Prevention of rabies depends on decreasing the disease in the animal population and avoiding the contact with wild animals and strays.

The most frequently reported communicable diseases of the province are Dengue/ Dengue Haemorrhagic Fever, Enteric fever, Encephalitis, Typhus, Leptospirosis, Rabies, Food poisoning, Viral Hepatitis, Leishmaniasis etc. When considering the overall trend of the cases reported, Dengue/ Dengue Haemorrhagic fever, viral hepatitis, Leishmaniasis were reporting was reduced in 2021 and 2022. This should be taken into consideration in taking appropriate control and preventive measures.

Table 5.16: Case fatality rate (CFR) of DF/DHF, 2015-2022

	Galle District			Matara District			Hambantota District			Southern Province		
Year	No of cases	No of deaths	Case fatality rate (CFR)	No of cases	No of deaths	Case fatality rate (CFR)	No of cases	No of deaths	Case fatality rate (CFR)	No of cases	No of deaths	Case fatality rate (CFR)
2022	3802	02	0.05	1680	02	0.11	1439	0	00	6921	04	0.05
2021	744	00	00	758	00	00	478	00	00	1980	00	00
2020	1671	2	0.12	545	0	0.0	368	1	0.27	2584	3	0.12
2019	7265	17	0.22	3959	7	0.17	2004	1	0.04	13228	19	0.14
2018	619	2	0.32	915	1	0.11	835	1	0.12	2,369	4	0.17
2017	4115	14	0.34	5317	8	0.15	2998	1	0.03	12,457	23	0.18
2016	2049	3	0.15	1163	2	0.17	667	2	0.30	3,878	12	0.31
2015	668	1	0.15	420	2	0.48	323	1	0.31	1,393	4	0.29

Case Fatality Rate of DF/DHF by district

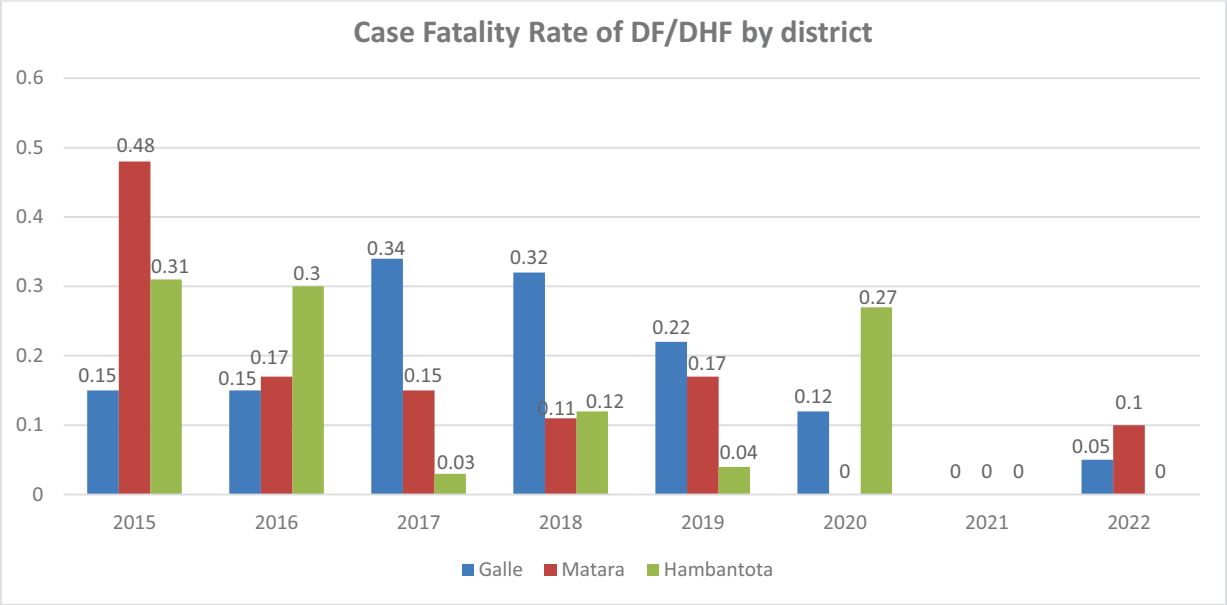


Figure 5.25: Case fatality rate (CFR) of DF/DHF by District

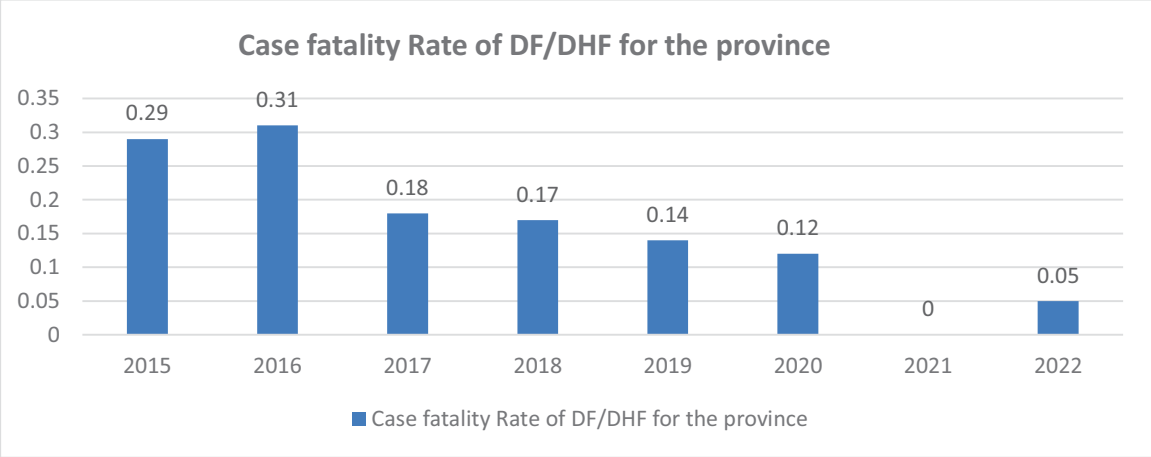


Figure 5.26: Case fatality rate (CFR) of DF/DHF in Province, 2015-2022

In epidemiology, the proportion of people who die from a specified disease among all individuals diagnosed with the disease over a certain period of time. Case fatality rate typically is used as a measure of disease severity and is often used for prognosis (predicting disease course or outcome), where comparatively high rates are indicative of relatively poor outcomes. It also can be used to evaluate the effect of new treatments, with measures decreasing as treatments improve.

The case fatality rate of dengue has declined over the recent past years when compared with the year 2015 and 2016. This is mainly due to introduction of treatment protocols and subsequent improvement of dengue case management at the curative sector. Measures were taken to provide hospitals with necessary curative care facilities to cater the needs of patient care of dengue haemorrhagic fever.

5.4.1 Surveillance of Leptospirosis

Table 5.17: Case fatality rate (CFR) of Leptospirosis, 2015-2022

	Galle District			Matara District			Hambantota District			Southern Province		
Year	No of cases	No of deaths	Case fatality rate(CFR)	No of cases	No of deaths	Case fatality rate(CFR)	No of cases	No of deaths	Case fatality rate(CFR)	No of cases	No of deaths	Case fatality rate(CFR)
2022	637	9	1.4	368	13	3.5	338	2	0.5	1343	24	1.78
2021	788	11	1.39	359	7	1.9	290	3	1.03	1437	21	1.46
2020	1214	18	1.5	624	8	1.3	288	14	4.9	2126	40	1.9
2019	557	10	1.7	546	12	2.2	274	1	0.36	1377	23	1.6
2018	319	8	2.51	236	17	7.20	67	0	0.00	622	25	4.02
2017	372	16	4.30	226	4	1.77	52	0	0.00	650	20	3.08
2016	246	13	5.28	178	1	0.56	97	1	1.03	521	15	2.88
2015	210	10	4.76	242	6	2.48	143	1	0.70	595	17	2.86

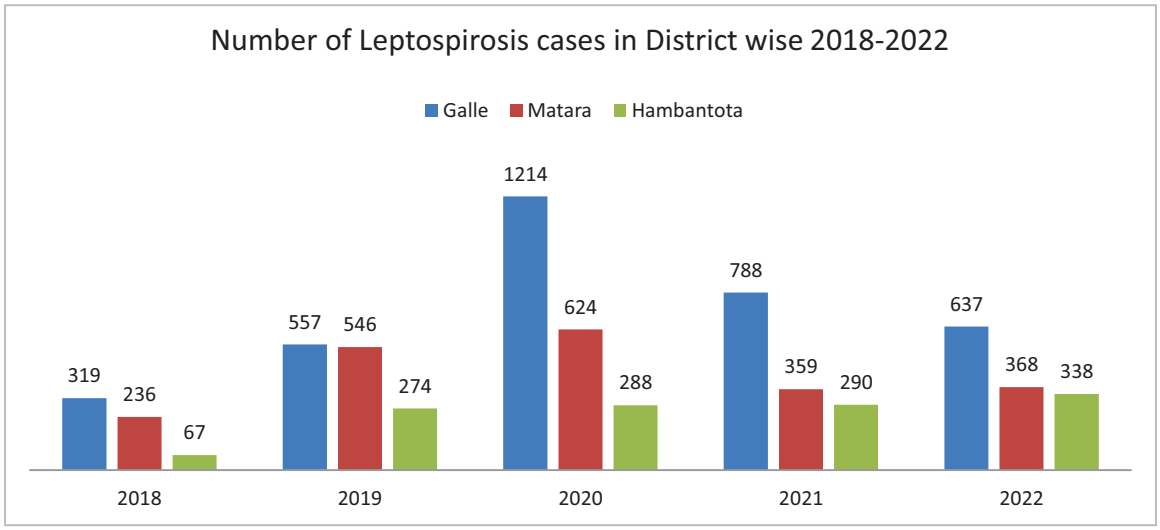


Figure 5.27: No of Leptospirosis cases by district, 2018-2022

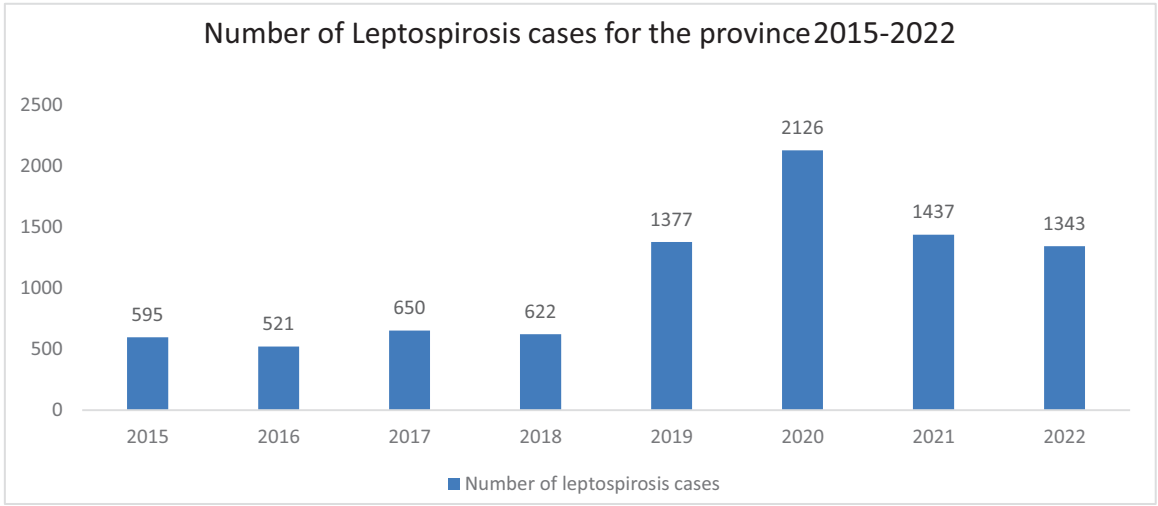
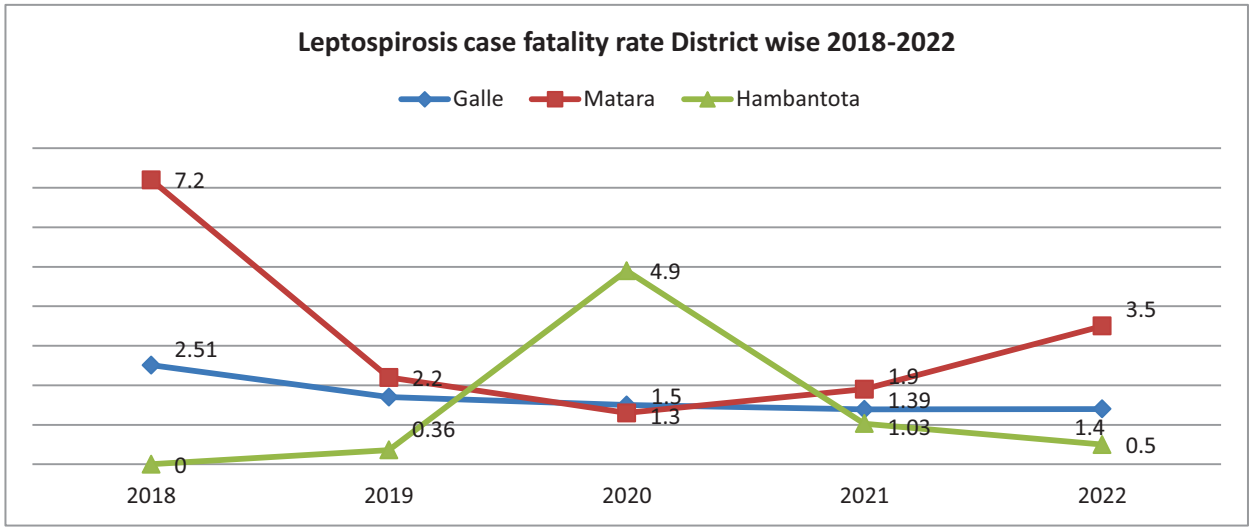


Figure 5.28: No of Leptospirosis cases in Province

Leptospirosis is another major concern among communicable diseases in Southern province. When considering the annual incidence rate for leptospirosis over the past eleven years apart from the surge of cases in 2020, slight fluctuations could be seen annually. However, the annual incidence of the year 2020 has an higher rate when compared with the previous year. Preventive strategies must be strengthened in the province to control the above situation.



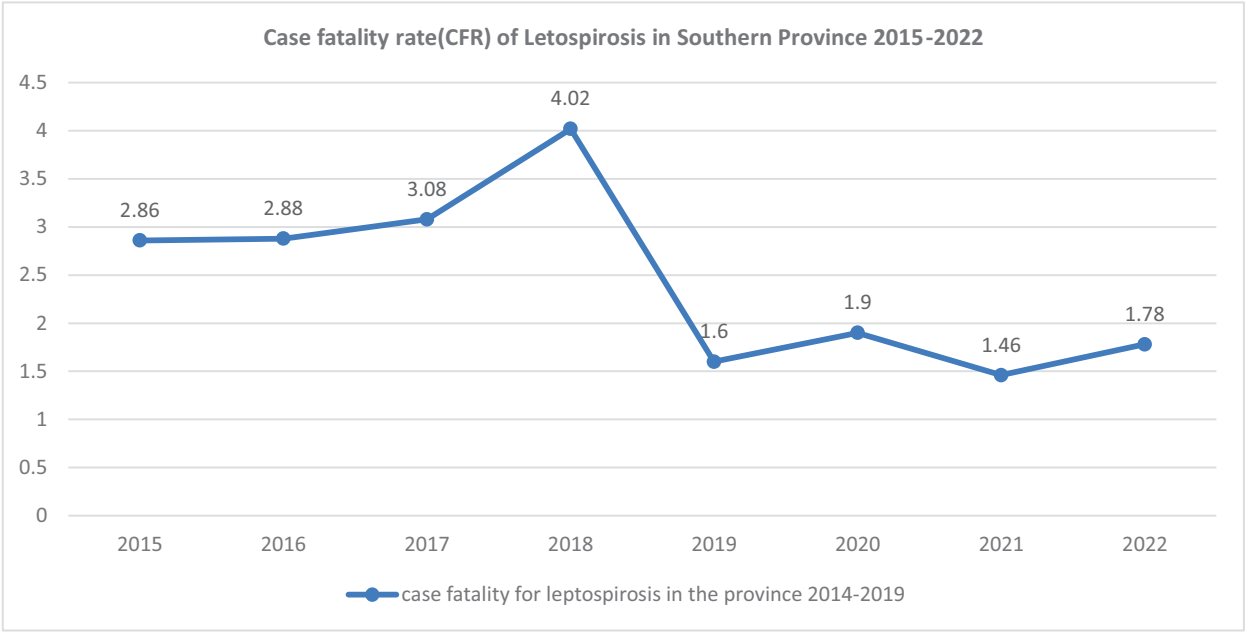


Figure 5.29: Leptospirosis case fatality rate

5.4.2 Emerging diseases of the province

5.4.2.1 Leishmaniasis

Leishmaniasis is another new disease entity which prevails in the province having an upward trend. During the years highest number of cases had been reported from Hambantota district.

Table 5.18: Number of Leishmaniasis cases, 2015 – 2022

	2015	2016	2017	2018	2019	2020	2021	2022
Galle	3	3	2	3	5	6	02	00
Matara	161	197	203	418	615	403	344	252
Hambantota	322	390	512	649	801	760	523	573
Total	**486**	**590**	**717**	**1070**	**1421**	**1169**	**869**	**825**

5.4.2.2. COVID-19 Pandemic

Background

COVID-19 is an ongoing global pandemic caused by SARS-COV-2 virus, which was first identified in an outbreak in Wuhan, China in December 2019. The World Health Organization declared this as global pandemic on 11th March 2020. The first confirmed case of COVID-19 was reported from Sri Lanka on 27th January 2020 which was an imported case. Later, on 11th March 2020, the first local case of COVID-19 was identified in Sri Lanka.

Table 5.19: Case Reporting of COVID-19 in Southern Province

	2021	2022
Galle	46,462	11,441
Matara	28,002	5938
Hambantota	20,738	3682
Province	95,202	21,061

With the production and assurance of safe use of vaccines against COVID-19 by World Health Organization, Ministry of Health has taken the decision to vaccinate the high risk groups namely health care workers and other high risk occupations, persons above 60 years of age, persons with comorbid health conditions. Later on with the adequate stocks were received, the persons more than 20 years were started to vaccinate and this was followed by gradual inclusion of school children to the vaccination programme.

Table 5.20: Vaccination Coverage against COVID-19 for the total population

	1st Dose	2nd Dose	1st Booster	2nd Booster
Galle	89.7%	75.1%	41.4%	1.2%
Matara	72.4%	62.6%	30.3%	0.54%
Hambantota	76.2%	65.2%	29.5%	0.5%
Total	**79.4%**	**67.6%**	**33.7%**	**0.75%**

5.5 School Health

Table 5.21: School Health Activities

	2019	2020	2021	2022
No of Schools	1195	1191	1,116	1176
<200	621	617	560	618
>200	574	575	556	558
No of Schools SMI done	1,195	1191	529	1172
% of SMI done	100%	55.8%	47.4%	99.65%
Total no. of school children to be examined	207,074	192,573	168,404	189,113
Total no of school children examined	195,794	84,326	62,478	176,632
% examined	94.55%	43.79%	37.1%	93.9

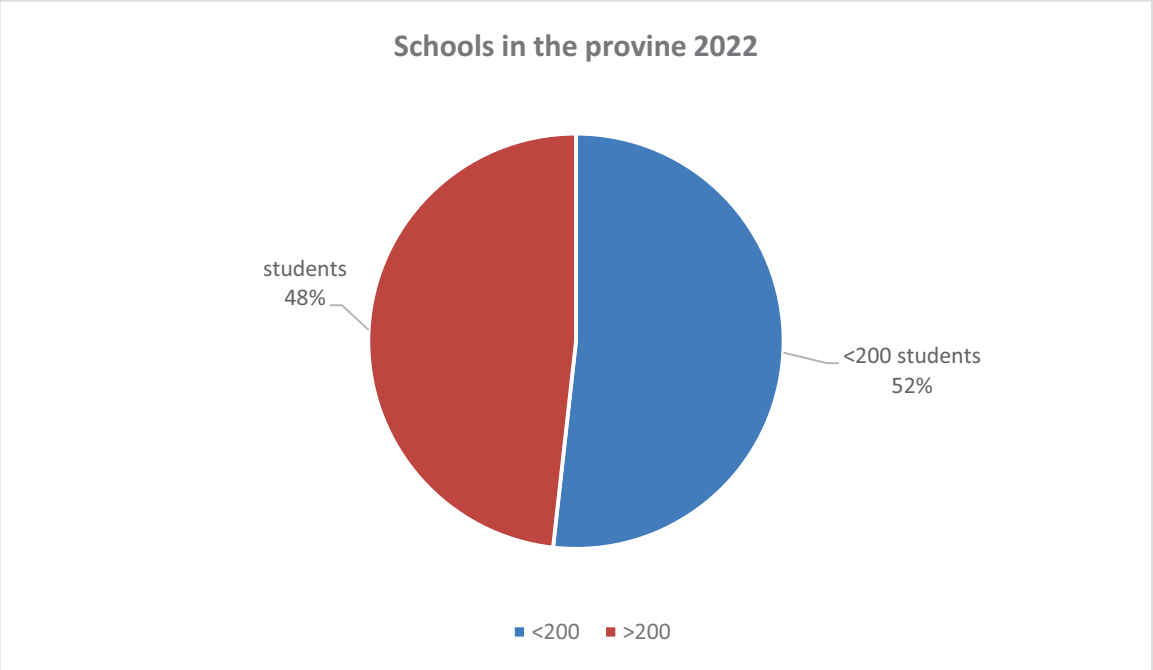


Figure 5.30: Schools in Province

Table 5.22: Defects detected at the School Medical Inspections, 2018 – 2022

	2018		2019		2020		2021		2022	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total no of Schools children examined	184,661		207,074		192,573		62,478		176,632	
No. of children stunted	3,644	2.0	4312	2.1	3932	2.0	2,721	4.3	8301	4.7
No. of children thin or wasted	26,987	14.6	41135	19.8	14375	7.5	9,486	15.1	37,445	21.2
No. of children over weight	5,088	2.8	7683	3.7	3680	1.9	4566	7.3	8,505	4.8
No. of children with visual defects	5,066	2.7	5146	2.5	2263	1.2	2,544	4.0	5686	3.2
No. of children with hearing defects	234	0.1	3272	1.6	21	0.01.	1,652	2.6	71	0.04
No. of children with a squint	301	0.2	300	0.14	119	0.06	17	0.02	401	0.2
No. of children with bitot spots	11	0.0	8	0.00	3	0.001	60	0.09	401	0.2
No. of children with Pallor	742	0.4	542	0.26	74	0.03	30	0.04	50	0.02
No. of children with angular stomatitis/ glossitis	55	0.0	52	0.0	16	0.008	69	0.1	76	0.04
No. of children with malocclusion	4,422	2.4	4951	2.4	2075	1.1	2		60	0.03
No. of children with fluorosis	902	0.5	769	0.4	186	0.09	788	1.2	5951	3.4
No. of children with goitre	140	0.1	169	0.1	15	0.008	72	0.11	286	0.16
No. of children with Rheumatic disorders	5	0.0	0	0	3	0.001	19	0.03	9	-
No. of children with heart diseases	2,320	1.3	2478	1.2	973	0.5	1		1,805	1.0
No. of children with lung disease/Bronchial Asthma	289	0.2	296	0.1	366	0.2	598	0.98	737	0.41
No. of children with history of fits	62	0.0	93	0.0	11	0.006	172	0.27	19	-
No. of children with learning problems as reported by teacher	451	0.2	725	0.4	136	0.7	3	-	770	0.42
No. of children with other defects	15,872	8.6	328	0.2	176	0.9	112	0.17	547	0.3

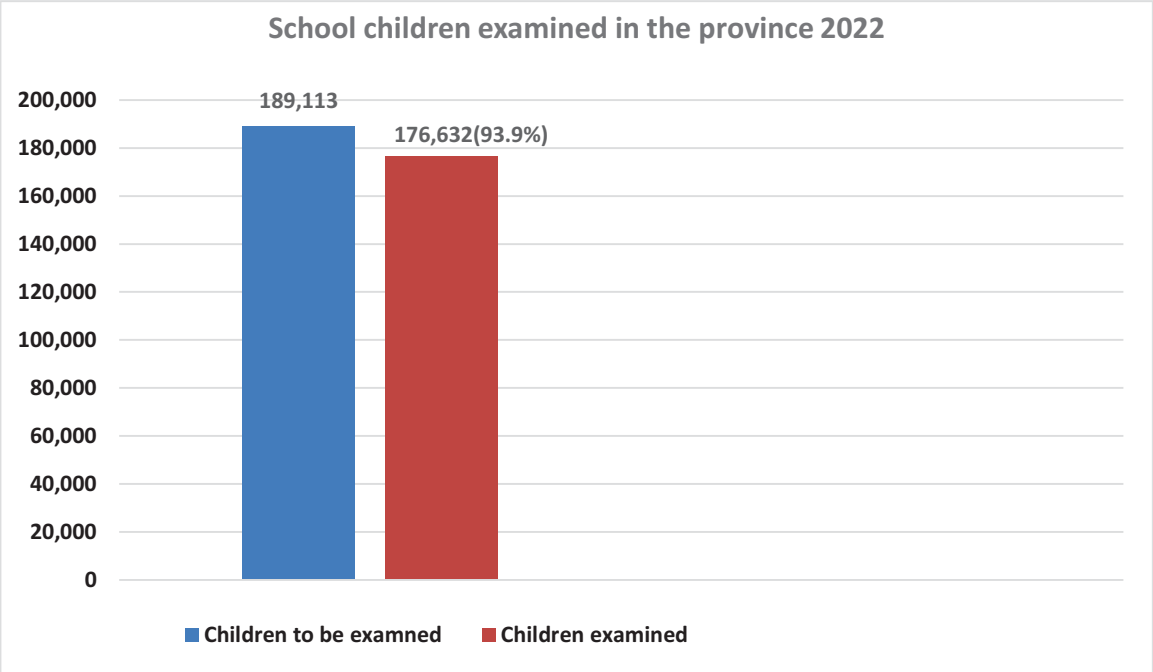


Figure 5.31: School Children examination in province, 2022

School medical inspection is one of the important activities carried out by the team of medical officer of health through which health promotion and prevention activities are carried out targeting the school children. Early identification of health problems and refer them for appropriate treatment and follow them up to ensure correction or getting appropriate treatment. During the years 2021 and 2022, the schools were closed for the considerable period of time due to the pandemic and difficulties in economic situation. Hence only 37.1% of the schools had been covered with school medical inspections in the year 2021 but this has been improved in the year 2022 to 93.9% and this was done during the latter part of the year and 2023 as the school terms were extended.

Malnutrition (including both under nutrition and over nutrition) is one of a major problem prevailing among school children. Percentages of children stunted, wasted and overweight were 4.2%, 14.5% and 4.1% respectively in the year 2021. Unattended malnutrition conditions may lead to diseases such as diabetes mellitus in later life. Hence identification of children with malnutrition and attending to correct them appropriately by educating parents and teachers and also empowering children themselves to maintain proper nutrition is one of the main strategies of the school health programme. The other most commonly prevailing health defects among school children were visual defect (4 and 3.2% in 2021 and 2022 respectively)

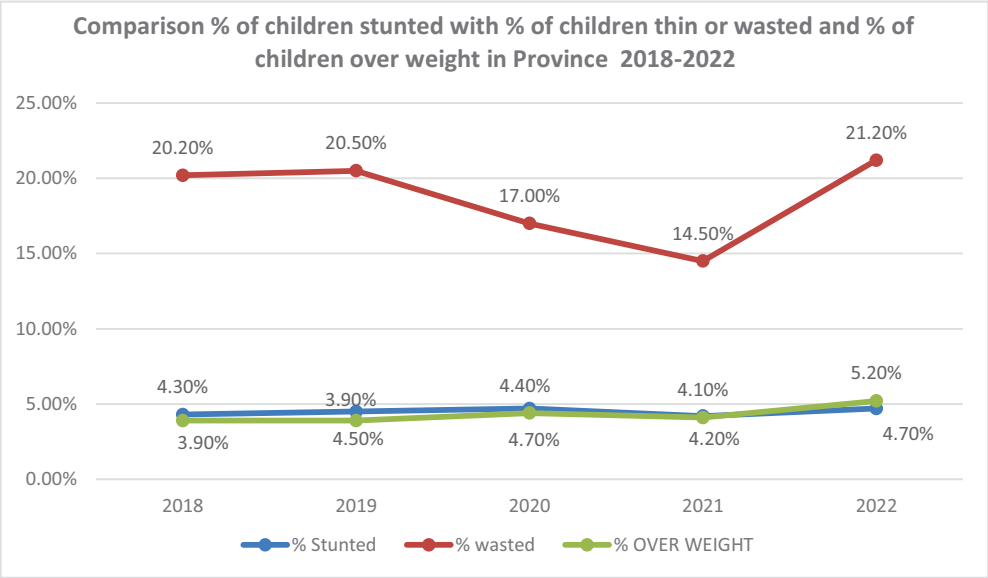


Figure 5.32: Comparison percentage of children stunted with percentage of children thin or wasted and percentage of children over weight in Province 2018-2022

5.6 Environmental Health

Access to safe drinking water and having sanitary latrines are basic requirements of a healthy living. Public Health Inspector of the public health work force is responsible for ensuring the access to safe drinking water and sanitary latrines. In the year 2021 total percentage of houses with insanitary latrine and no latrine at all accounts to 6.6% and. 1.8 % respectively. In 2022 the respective figures were 4.4% and 2.3%..Out of the houses with in the province14.5% were taking water from an unprotected water source in 2022 Attempts have to be taken to increase the number of public waters supplies to be sampled. It should be encouraged to construct latrines for those who are not having a sanitary latrine and not having their own latrine at all.

Table 5.23: Water and sanitation facilities, 2018 –2022

	2018		2019		2020		2021		2022	
	Province	%	Province	%	Province	%	Province	%	Province	%
Number of Houses in the sanitation register	620,195		613,118		737,597		578127		608784	
Number of Houses without latrines at all	13,562	2.2	12,712	2.1	12,329	1.7	10483	1.8	14295	2.3
Number with insanitary latrines	25,734	4.1	43,529	7.1	36,692	5	38554	6.6	27030	4.4
Number of latrines constructed during the year	1,922	0.3	9,618	1.5	8,758	1.2	3895	0.67	1536	0.25
Number of Houses with pipe born water	349,537	56.4	341,911	55.76	381,269	51.7	352760	61.0	398256	65.41
Number of Houses with protected wells	160,603	25.9	172,917	28.2	175,195	23.7	157268	27.2	170439	28.0
Number of Houses using water from unprotected sources	86,933	14.0	84,234	13.7	84,486	11.5	67,263	11.6	88,856	14.5
Number of public water supplies sampled	3,272	0.5	3,435	0.56	2416		1894	0.5	3156	2.1
Number of wells chlorinated	6,131	1.0	4,624	0.75	2645		2777	0.5	3055	0.4

5.7 Food Hygiene

Table 5.24: Activities related to food hygiene

	2018		2019		2020		2021		2022	
	Number	%	Number	%	Number	%	Number	%	Number	%
Registration of food handing establishments										
1. Factories	1,058		1018		963		860		857	
A grade	94	8.9	42	4.1	48	4.8	68	7.9	53	6.2
B grade	628	59.4	714	70.1	665	69.0	561	65.2	565	65.9
C grade	328	31.0	258	25.3	246	25.5	226	26.3	227	26.5
D grade	8	0.8	4	0.4	4	0.4	5	0.6	12	1.4
2. Bakeries	867		911		950		824		847	
A grade	62	7.2	41	4.5	54	5.7	61	7.4	50	5.9
B grade	512	59.1	505	55.4	518	54.5	459	55.7	490	57.9
C grade	283	32.6	334	36.7	350	36.8	290	35.2	288	34
D grade-	10	1.2	31	3.4	28	2.9	14	1.7	19	2.2
3.Hotel/Restaurants	2,106		2122		2345		2033		1985	
A grade	270	12.8	185	8.7	247	10.5	248	12.2	210	10.6
B grade	1,135	53.9	1206	56.8	1364	58.1	1065	52.4	1211	61
C grade	633	30.1	684	32.2	680	29	657	32.3	524	26.4
D grade	68	3.2	47	2.2	54	2.3	63	3.1	40	2
4.Tea and coffee kiosks/snack bar	2,134		1008		2185		2262		2075	
A grade	131	6.1	20	2	135	6.2	205	9.1	143	6.9
B grade	1,245	58.3	475	47.1	1243	56.9	1330	58.8	1224	59
C grade	730	34.2	467	46.3	752	34.4	684	30.2	678	32.7
D grade	28	1.3	46	4.5	55	2.5	43	1.9	30	1.4

	2018		2019		2020		2021		2022	
	Number	%	Number	%	Number	%	Number	%	Number	%
5. Grocery Stores	11,148		6186		10,998		8108		7132	
A grade	813	7.3	404	6.5	592	5.4	570	7	664	9.3
B grade	6,553	58.8	3609	58.3	6241	56.7	4740	58.5	3926	55
C grade	3,469	31.1	2089	33.7	3939	35.8	2628	32.4	2396	33.6
D grade	313	2.8	84	1.3	226	2.1	170	2.1	92	2.1
6. Inspection of food handling establishments	2,704		47028							
No of inspection done	701		45085		46,879		32958		45715	
No. Served notices	1,072	39.6	1310	2.7	1071	2.3	726	2.2	810	1.8
No. Prosecuted	659	24.4	238	0.5	355	0.75	233	0.7	174	0.38
No. Convicted	272	10.1	395	0.8	-	-	132	0.4	145	0.31
7. Food Sampling										
No. of formal samples taken	5,205		4111		2791		3245		4729	
No. Unsatisfactory	1,028	19.8	341	8.2	241	8.6	529	16.3	493	10.4
No. Prosecuted	575	11.0	297	7.2	196	7.0	339	10.4	416	8.8
No. of formal iodized salt samples	757	14.5	982	23.8	1034	37	530	16.3	298	6.3
8.Food Seizures										
Number of food Seizures	4,758		3793		2409		2208		4341	
9. No. of awareness programs on food safety										
Traders	940		295		1551		1398		3120	
Public and others groups	2,507		4126		4921		3865		4072	
Food Handlers					1442					

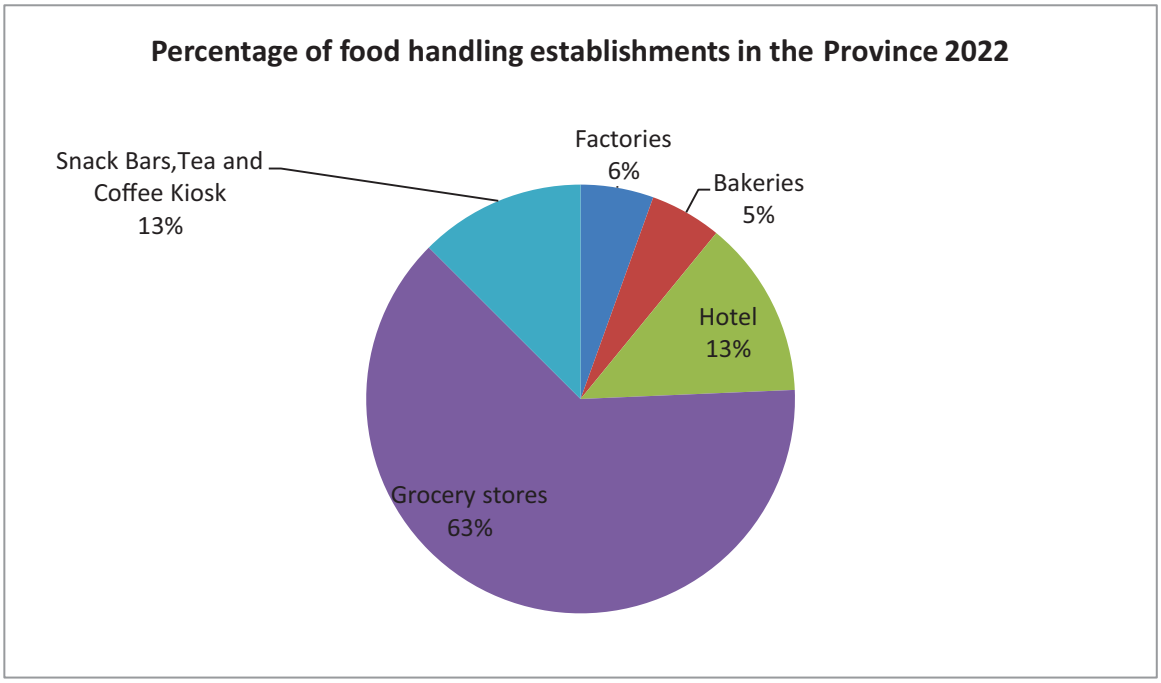


Figure 5.33: Distribution of food handing establishments of the province

Food hygiene should be promoted to reducing the incidence of gastrointestinal diseases. With the interventions and efforts taken by the health authorities, targeting the lower grade food handling establishments significantly improved their status comparing the past year. However, to keep up the good standards, continuous monitoring with appropriate and timely interventions has to be taken by the public health work force.

5.8 Occupational Health

Occupational Health is one of the important components of environmental Health. The officers mainly responsible for occupational health are medical officers of health (MOH) and public health inspectors (PHI).

MOH and PHIs are supposed to visit factories in their areas and carry out regular inspections. They look into the health and wellbeing of the workers of the factories and ensure implementation of safety measures to the factory aiming minimal influence to the surrounding environment and the workers of the factory itself. At the end of the inspection a factory inspection report will be provided with the observations made with and recommendations for the identified deficiencies.

Recently a unit of occupational health has been established at the ministry of health centrally to plan, implement, monitoring and evaluation of the activities related to occupational health. The unit receives the technical guidance of a consultant community physician for its functions.

Estate health is also come under occupational health and it is a major responsibility of the public health inspector and the other members of the preventive health team to look into the sanitary conditions of the estate workers and their living environment.

5.9 Non-Communicable Disease Activities

Rising of non-communicable diseases is an emerging health problem in Sri Lanka as seen in the global scenario. With the demographic transition the average life expectancy in Sri Lanka has advanced and keeps rising. Increasing urbanization and the accompanying life style changes, people are increasingly exposed to risk factors for NCDS.

People have become more sedentary, increased consumption of alcohol and cigarettes, changes in dietary pattern and stressful lifestyle have affected health adversely. As a result, Sri Lankans are becoming more vulnerable to NCDs.

A separate directorate has been set up in the ministry of health as the national coordinating body. One of its activities is to detect people having higher risk of getting NCDs through screening, managing appropriately at primary care level and if necessary to refer them for specialist care. Medical officer NCD (Non-Communicable Diseases) is the district focal point responsible for the implementation, monitoring, evaluation and coordinating the activities carried out at the district level.

As an initial step healthy life style clinic were established in selected health care institutions in all three districts during the year 2011, and have developed to achieve the target viz; two healthy life style clinics per MOH area. Mobile screening clinics have been conducted for the working population and for our own health care team successfully. Proper Surveillance system for NCD data is still in progress and details with respect to the NCD activities are as follows.

Table 5.25: Details of Healthy lifestyle clinics (HLC), 2020-2022

	2020				2021				2022			
	Galle	Matara	Hambantota	Province	Galle	Matara	Hambantota	Province	Galle	Matara	Hambantota	Province
Number of Functioning Healthy lifestyle clinics (HLCs)	38	34	26	98	38	34	25	97	48	36	25	109
No. of MOH areas at least one (HLCs)	20	16	12	48	20	16	12	48	20	16	12	48

With the urbanization and industrialization, the number of incidences of non-communicable diseases has increased tremendously during the past few years as a result of change of pattern of living. If unattended this trend may lead to an epidemic of non-communicable diseases in near future. Complicated non-communicable diseases may impose a huge burden on the economy of the country. Two of the strategies of prevention of NCDs are modification of risk factors for NCDs with health education and promotion and early identifications of NCDs with appropriate interventions for disease modifications.

In keeping with these objectives, the number of healthy life style centres which caters the screening needs of the population were increased by establishing more HLC centres within the province.

Table 5.26: Details of NCD clinic attendance in 2020

Clinic Type	No conducted	No screened	BMI Kg/m²					FBS		No of referrals
			<18.5	18.5- 24.9	25-29.9	>=30	>=140/90	< 100-125	>= 126	
Healthy lifestyle clinics	132	41,811	2,997	18,244	10,866	3,449	8,604	7,426	3,184	12,918
Offices & Health Staff	96	1,382	152	619	321	136	155	385	122	145
Mobile Clinics	120	3,099	298	1,392	897	265	401	468	169	512
Total	348	46,292	3,447	20,255	12,084	3,850	9,160	8,279	3,475	13,575

Table 5.27: Details of NCD clinic attendance in 2021

Clinic Type	No conducted	No screened	BMI Kg/m²					FBS		No of referrals
			<18.5	18.5- 24.9	25-29.9	>=30	>=140/90	< 100-125	>= 126	
Healthy lifestyle clinics	1,564	26,306	2,278	14,278	6,965	2,478	7,269	9,992	2,333	5,855
Offices & Health Staff	54	445	138	545	82	74	58	145	138	163
Mobile Clinics	150	3,115	195	842	833	186	584	1,785	313	1,765
Total	1,768	29,866	2,611	15,665	7,880	2,738	7,911	11,922	2,784	7,783

Table 5.28: Details of NCD clinic attendance in 2022

Clinic Type	No conducted	No screened	BMI Kg/m²					FBS		No of referrals
			<18.5	18.5- 24.9	25-29.9	>=30	>=140/90	< 100-125	>= 126	
Healthy lifestyle clinics	1,856	84,685	6,056	47,230	23,910	6,794	21,375	22,691	5,831	9,150
Offices & Health Staff	50	282	15	138	107	22	75	150	53	80
Mobile Clinics	120	1,524	220	870	464	70	420	854	854	1,235
Total	2,026	86,491	6,291	48,238	24,481	6,886	21,870	23,695	6,738	10,465

Table 5.29: Percentage of people with risk behaviours/factors detected in 2020 - 2022

	2020			2021			2022		
	Galle	Matara	Hambantota	Galle	Matara	Hambantota	Galle	Matara	Hambantota
% of smokers detected	5.8	16.4	6.7	7.06	22.49	9.49	7.4	7.81	9.38
% Tobacco chewers detected	6.6	8.4	13.8	8.15	17.31	18.99	9.07	16.54	16.5
% of Alcoholics detected	8.8	26.7	9.5	11.80	39.55	13.16	11.64	11.63	15.19
% of BMI 25 - 29.9	29.6	25.9	26.1	29.63	25.57	30.24	29.82	24.54	26.23
% of BMI > 30	9.8	7.5	8.6	9.84	7.92	10.81	8.14	7.80	8.22
% BP > 140/ 90 mm Hg	14.8	15.7	16.6	22.45	28.56	20.85	22.55	28.98	21.57
% FBS > 126mg/dl	8.0	9.5	9.5	8.67	9.44	14.24	6.97	13.86	10.38

High blood pressure and high BMI are the highest prevailing conditions detected, according to the statistics retrieved from healthy life clinic records. However, smoking, tobacco and alcohol consumption is also prevailing in considerable proportions which need to pay special attention to be taken to combat these conditions. Empowering community with creating supportive environment should be promoted to reduce the incidence of smoking, alcohol and tobacco consumption.

5.10 Mental Health

Mental health describes a level of psychological wellbeing or an absence of mental disorders. Sri Lanka is a country with a state of serious mental health problem grown worse by the tsunami disaster of December 2004, decades of violent civil conflicts and high prevalence of substance abuse. If this trend persists in 15 years' time mental illness will be the number one cause of morbidity in the world and in Sri Lanka as well.

Sri Lanka has some of the best primary care services in the world and government is committed to achieve equally high standards in mental health care services. Director of mental health is centrally administrating and coordinating the mental health services at all levels.

Medical officer of mental health attached to each regional director of health services office is the district focal point, mainly responsible for the coordination of the mental health activities of each district within the Southern province. They conduct outreach clinics, conduct training programmes for health care workers with the help of consultant psychiatrists working in the province. Consultant psychiatrists are the technical leaders of the mental health care network.

Following table shows the location of main clinics and outreach clinics in each district within the province.

Table 5.30: Location of main and outreach clinics-2022

	Galle district	Matara district	Hambantota district
Main Clinics	TH-Karapitiya	DGH-Matara	DGH-Hambantota
	TH-Mahamodara	PMCU Kamburugamauwa	BH-Thangalla
	DH-Unawatuna	BH-Kamburupitiya	BH-Tissamaharama
	BH-Elpitiya	DH-Akuressa	
	BH-Balapitiya	DH-Weligama	
	BH-Udugama	PMCU-Devinuwara	
	DH-Hiniduma		
	DH-Karandeniya		
	DH-Ahangama		
	DH-Hikkaduwa		
	PMCU Wanduramba		
Outreach clinics	DH-Imaduwa	BH-Deniyaya	BH-Walasmulla
	DH-Ambalangoda	DH-Morawaka	DH-Katuwana
	DH-Neluwa	DH-Dikwella	DH-Weeraketiya
	PMCU-Gintota	DH-Mawarala	DH-Lunugamwehera
	PMCU-Yakkalamulla	DH-Urubokka	DH-Angunukolapelassa
	DH-Baddegama	DH-Deiyandara	DH-Kariyamaditha
	DH-Niyagama	PMCU-Galbokka	DH-Beliatta

	DH-Uragaha	PMCU-Mirissa	DH-Sooriyawewa
	DH-Opatha	PMCU-Hakmana	DH-Ambalantota
	DH-Ratgama		Ruhunu Suwa Niwahana
	DH-Nagoda		PMCU-Beralihela
	DH-Bentota		Prison Angunukolapelassa
	DH-Induruwa		
	DH-Batapola		
	DH-Habaraduwa		
	OHC-Habaraduwa		
	DH-Madampagama		
	DH-Thalapitiya		
	PMCU-Pilana		
	PMCU--Agaliya		

Tremendous work has been done by the team of the mental health personnel including the MO/ mental health, the district focal point under the technical guidance of consultant psychiatrist. Number of new cases and follow up patients and continuity of care given are as follows.

Table 5.31: Number of new patients and follow up patients -2019 -2022*

	2019		2020		2021		2022	
	New Patients	All patients Attended	New Patients	All patients Attended	New Patients	All patients Attended	New Patients	All patients Attended
Galle	5,855	48,002	4831	43494	4,118	36,826	6,261	50,560
Matara	3,099	36,366	4284	43460	3,664	32,497	4,525	40,209
Hambantota	2,191	27,707	1483	27447	2,794	24,316	4,056	33,309
Province	**11,145**	**112,075**	**10,598**	**114,401**	**10576**	**93,639**	**14,842**	**124,078**

*Including TH-Karapitiya, TH-Mahamodara, DGH Matara & DGH Hambanthota

Counselling, psychological, relaxation, occupational and other therapies, rehabilitation and psychosocial care services is provided while community awareness programmes have been carried out to reduce stigma and discrimination. Intermediate care unit at Ridiyagama and day care centres at various places in the community is playing the key role in achieving the above target.

CHAPTER 06

SPECIAL DISEASES CONTROL PROGRAMMES

06. Special Diseases Control Programmes

CHAPTER 06

6.1 National Programme for Tuberculosis (TB) Control and Chest Diseases (NPTCCD)

Tuberculosis (TB) is a disease caused by bacteria that is spread through the air from person to person. If not treated properly, it can be fatal. People infected with TB bacteria and who are not sick may still need treatment to prevent TB disease from developing in the future. A bacterium called Mycobacterium Tuberculosis is responsible for the disease. It typically attacks the lungs and can affect any part of the body especially bones, joints, brain, spine, gastro intestinal, Genito urinary tract ect. However, in most people it is latent and only 10% of these infections turn into active disease. Developing countries are responsible for the 95% of the global TB burden as most of the affected people are from developing countries and known as disease of poverty. Economically active age group is highly vulnerable to the TB in contrast to other age groups, consequently generating an economically backward population. Though Sri Lanka is not among the high-burden countries, tuberculosis prevails as a widespread problem and causes a continuing threat to the health and development of the people.

NPTCCD, at the national level is there to execute the control activities of TB and chest diseases and chest clinics are supposed to carry out district level tuberculosis and chest disease control activities. Considering the Southern Province, above activities are carried out by three district chest clinics Galle, Matara and Hambantota.

Chest Clinic, Galle is headed by a consultant chest physician while Matara and Hamabantota chest clinics are manned by the district TB control officers. Chest clinics, Galle and Matara are housed in separate buildings. Hambantota chest clinic functions from the District General Hospital Hambantota. Inward facilities for TB patients are available at base hospital Udugama and New District General Hospital Matara. Consultant chest physician is managing those patients through the other medical wards in the secondary and tertiary care institutions.

Tuberculosis control activities are being carried out according to the national guidelines, case finding and treatment being the main strategies. Case finding is done giving priority to sputum examination at chest clinics and through microscopy centers in primary and secondary care institutions. All diagnosed TB patients are registered at district chest clinics and Directly Observed Treatment (DOT) is arranged in health care facilities nearest to their place of residence. Medical Officers of Health are notified about the patients reported from their respective areas at the time of registration to monitor the DOTs treatment.

Table 6.1: TB Case Finding in Southern Province, 2015-2022

	2015	2016	2017	2018	2019	2020	2021	2022
Galle	471	419	380	412	404	368	380	448
Matara	220	240	225	216	178	154	108	142
Hambantota	144	121	123	132	133	150	111	129
Southern Province	835	780	728	760	715	672	599	719

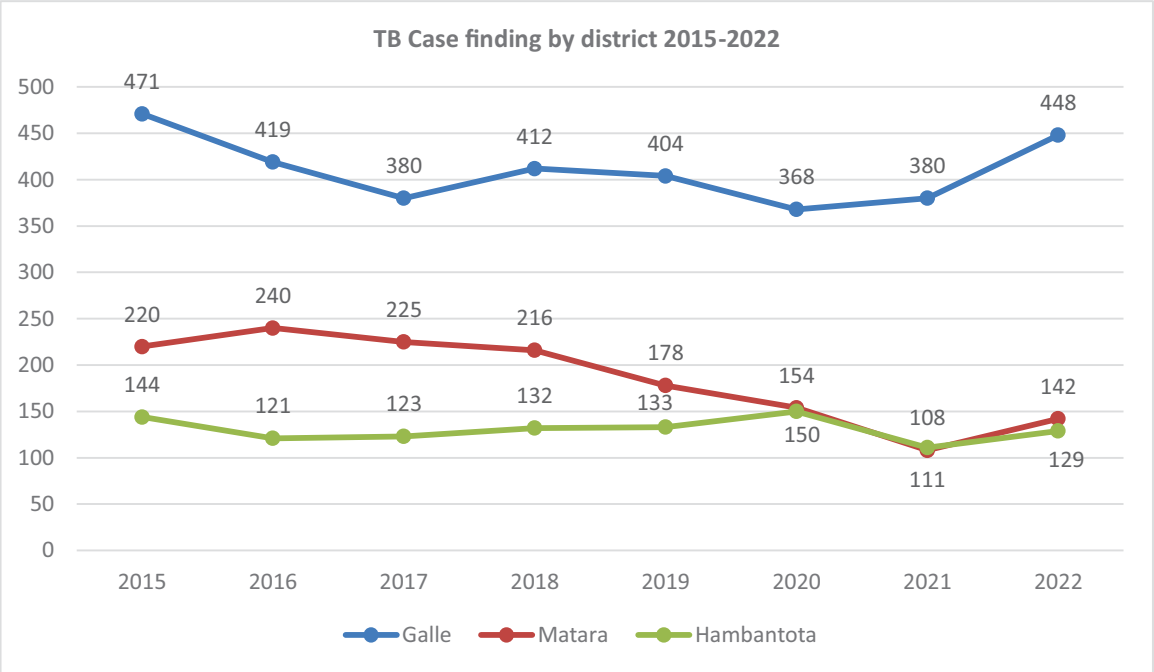


Figure 6.1: TB Case finding by district 2015-2022

Presence of undetected TB and late detection of TB increases their risk of transmitting the disease to others. Hence, TB case finding and appropriate treatments are important to control the disease situation of the province. Case detection rate (CDR) stands to measure the success of the case detection and WHO estimates the number of TB cases to be detected annually. There was an increasing trend of case detection from 2021 to 2022 in the three districts.

Table 6.2: Reported Tuberculosis cases per 100,000 population 2015-2022

	2015	2016	2017	2018	2019	2020	2021	2022
Galle	43.4	38.1	34.1	36.6	35.6	31.3	33.12	39.05
Matara	26.4	28.5	26.4	25.2	20.6	17.78	12.37	16.26
Hambantota	23.0	19.0	19.0	20.1	20.1	22.45	16.49	19.16
Southern Province	32.8	30.2	27.9	28.8	26.8	25.17	20.66	24.82

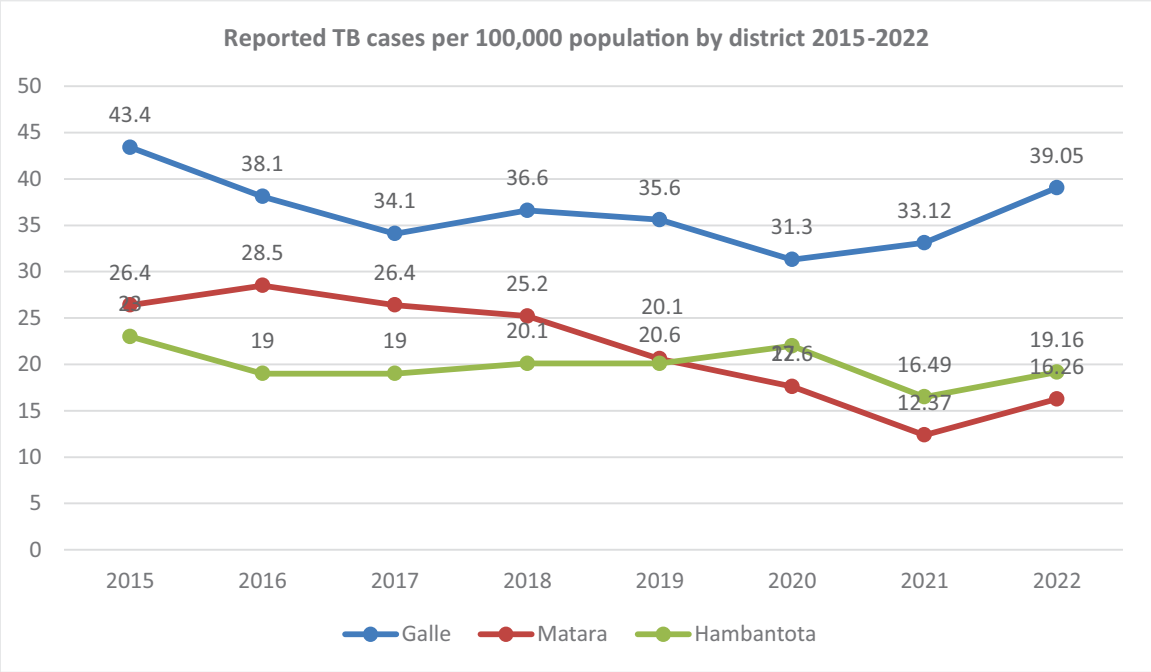


Figure 6.2: Reported TB cases per 100,000 population

When considering last six years, reported TB cases per 100,000 population is higher in Galle district than other two districts. During the last two years, reported TB cases per 100,000 population was in upward trend in Galle, Matara districts.

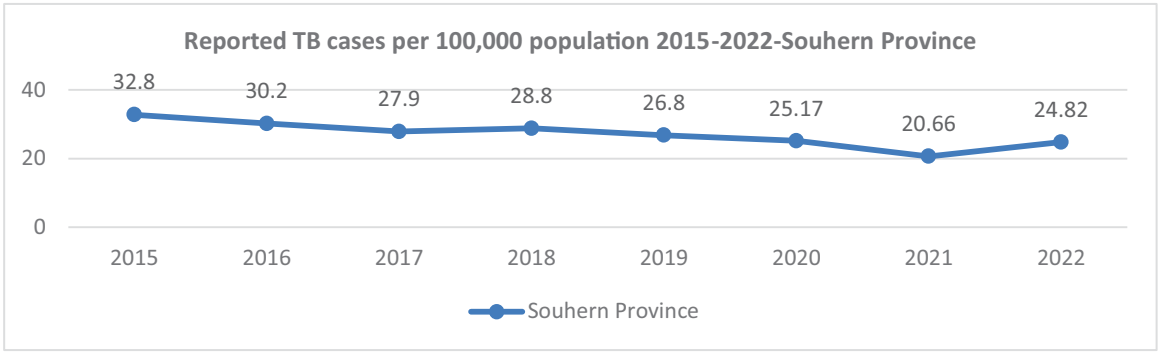
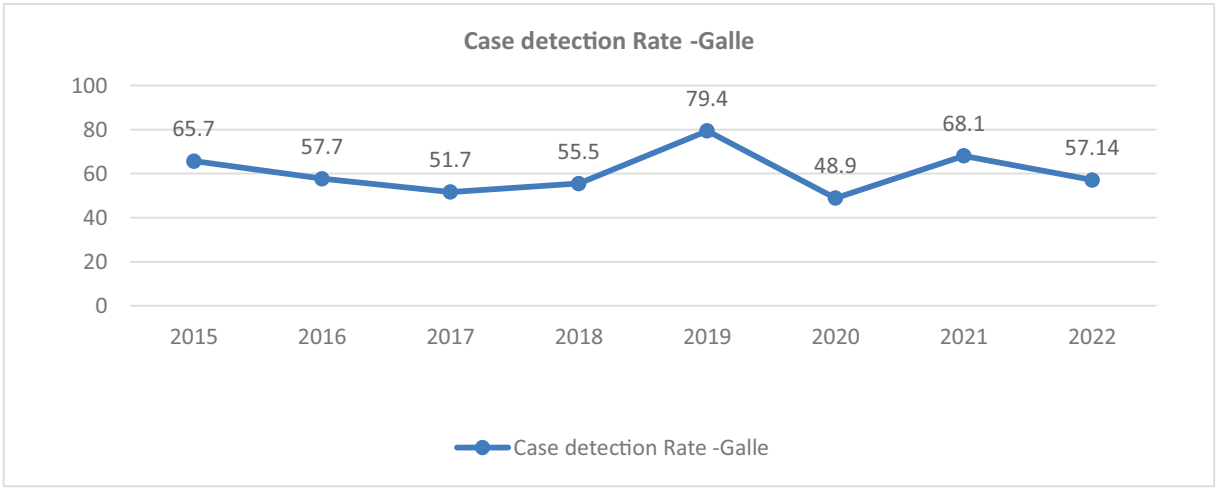
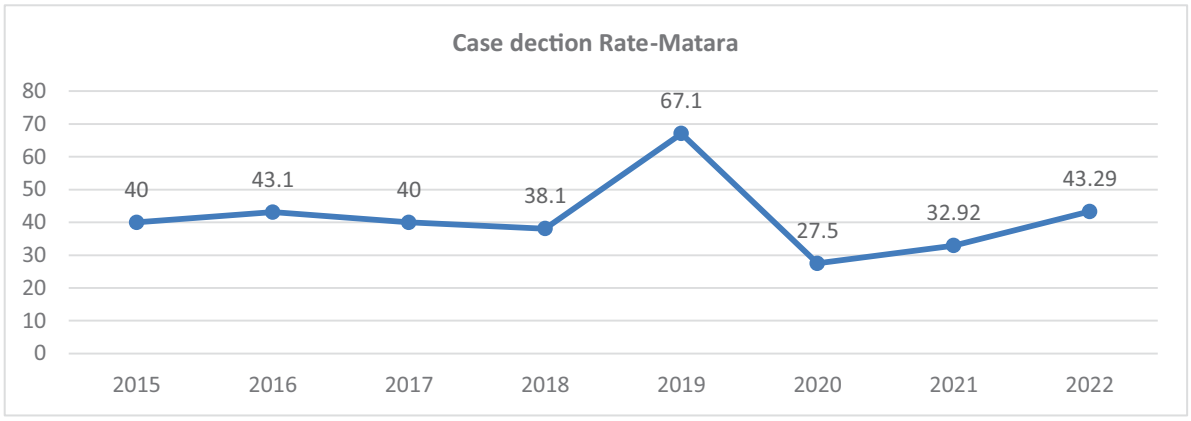


Figure 6.3: Reported TB cases per 100,000 population in Southern Province, 2015-2022

Table 6.3: Case detection rate, 2015-2022

	2015	2016	2017	2018	2019	2020	2021	2022
Galle	65.7	57.7	51.7	55.5	79.4	48.9	68.10	57.1
Matara	40.0	43.1	40.0	38.1	67.1	27.5	32.92	43.29
Hambanthota	34.9	28.8	28.8	31.5	80.9	34.4	60.3	63.2
Province	49.7	45.8	42.2	43.6	67.0	110.8	53.8	54.5





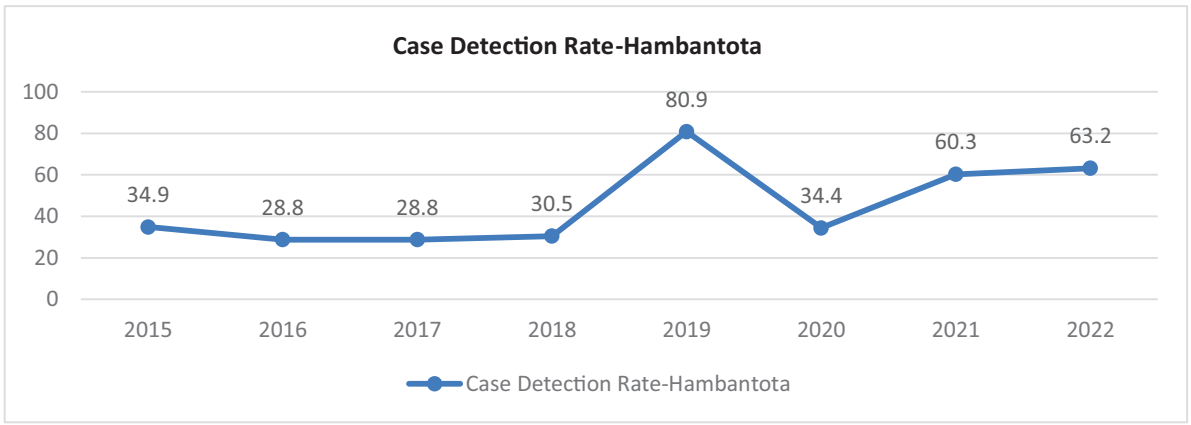
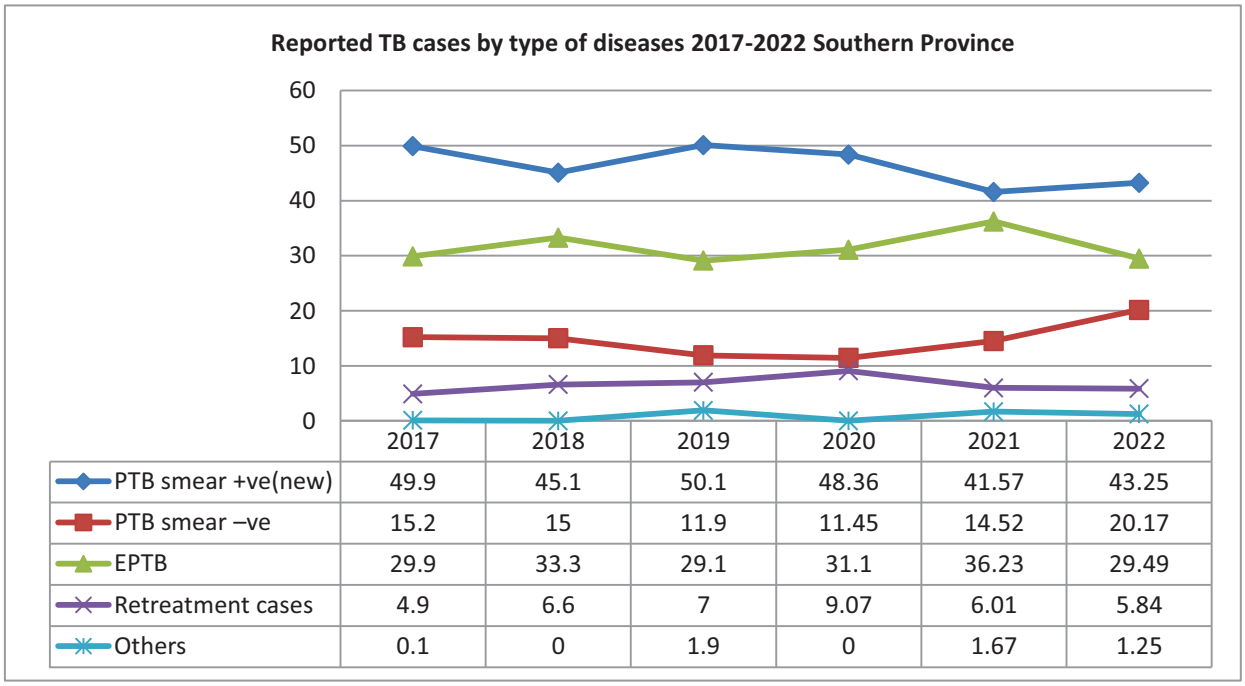


Figure 6.4: Case detection rate by district

Case detection rate is defined as the "percentage of total number of incident TB cases notified out of the total number of estimated incident cases of TB during the given year. The case detection rate is based on 2011 estimates from World Health Organization's (66.0 per 100,000 population). According to the above data, case detection rate shows slight increase in the years 2021 and 2022.

Table 6.4 Reported tuberculosis cases by type of diseases

	2019		2020		2021		2022	
	No.	%	No.	%	No	%	No.	%
PTB smear +ve(new)	358	50.1	325	48.36	249	41.57	311	43.25
PTB smear –ve	85	11.9	77	11.45	87	14.52	145	20.17
EPTB	208	29.1	209	31.10	217	36.23	212	29.49
Retreatment cases	50	7.0	61	9.07	36	6.01	42	5.84
Others	14	1.9	0	0	10	1.67	09	1.25
Total	760	100	672	100	599	100	719	100



	2017	2018	2019	2020	2021	2022
PTB smear +ve(new)	49.9	45.1	50.1	48.36	41.57	43.25
PTB smear –ve	15.2	15	11.9	11.45	14.52	20.17
EPTB	29.9	33.3	29.1	31.1	36.23	29.49
Retreatment cases	4.9	6.6	7	9.07	6.01	5.84
Others	0.1	0	1.9	0	1.67	1.25

Figure 6.5: Percentage of reported TB cases by type of disease

Percentage of smear positive PTB cases was 41.57% and 43.25% in 2021 and 2022 respectively. Smear negative PTB cases has increased from 14.52% to 20.17%. Percentage of Extra pulmonary TB (EPTB) cases has decreased to 36.23% in 2021 to 29.49% in 2022.

Table 6.5: Treatment Success Rate, Defaulter rate and Death rate

	Treatment Success Rate					Defaulter Rate					Death Rate				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Galle	82.8	84.6	87.5	83.4	85.6	5.3	4.7	1.08	1.84	2.19	4.6	7.1	6.52	8.94	8.15
Matara	92.6	90.4	88.3	94.4	83.1	0.5	1.7	0.64	0.02	0.7	4.2	3.9	3.2	8.3	9.1
Hambanthota	64.7	81.9	73.5	78.3	75.1	0.75	1.5	2.0	1.8	4.6	6.0	5.2	10.0	10.8	13.9
Province	80.0	85.6	83.1	85.4	81.1	2.2	2.6	1.24	1.22	2.5	4.9	5.4	6.57	9.3	10.4

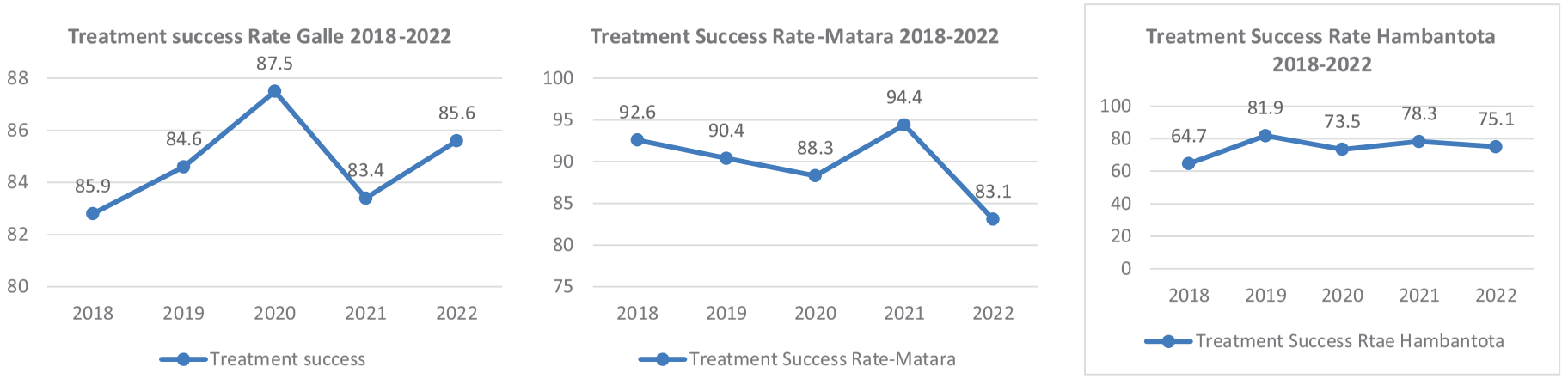
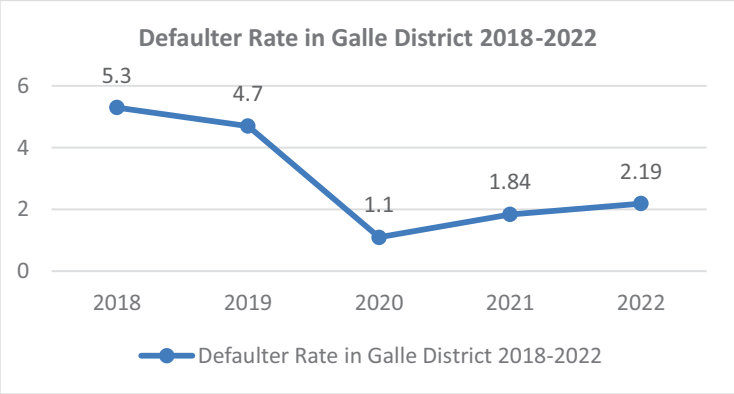
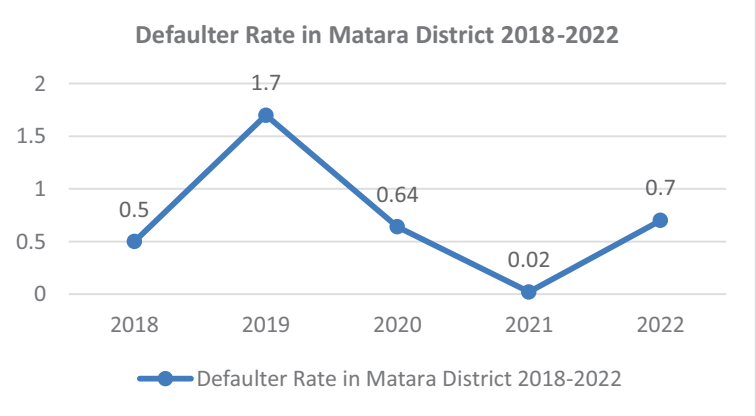


Figure 6.6: Treatment success rate by district

According to the definition of the World Health Organization, treatment success rate is the percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified to the relevant health institutions during a specified period. High treatment success rate was significantly associated with successful treatment outcome. When considering the last five years treatment success rate of Galle has gone up but Matara and Hambanthota districts show a downward trend.





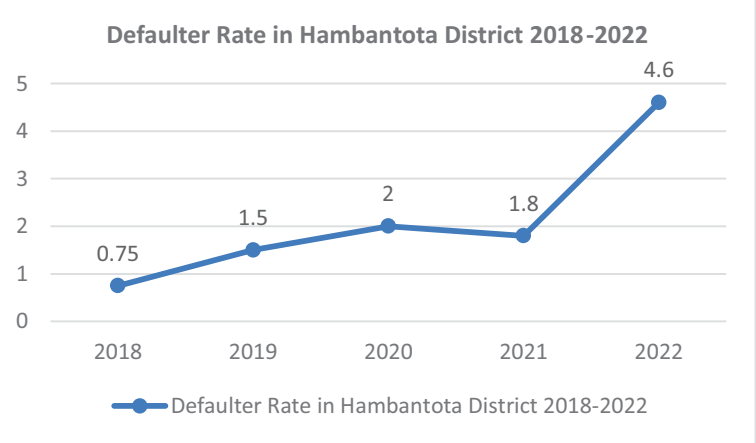
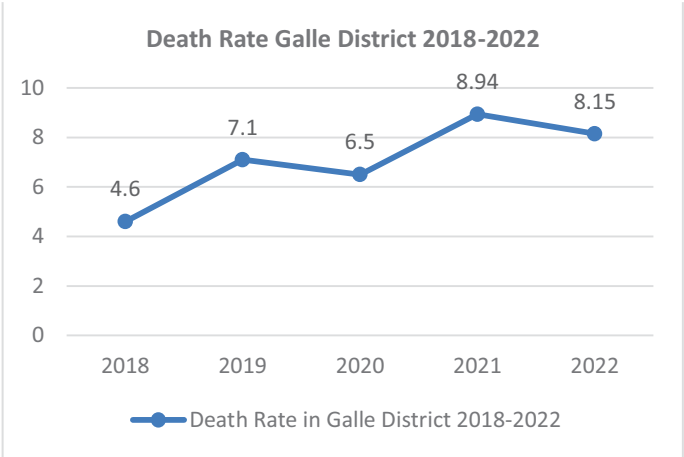
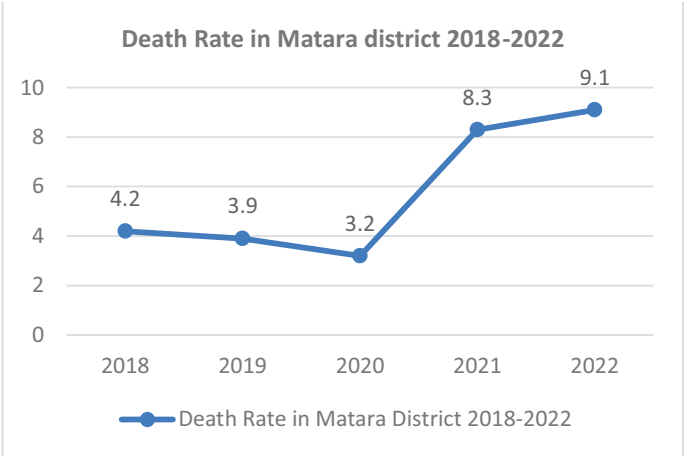


Figure 6.7: Defaulter rate

The defaulter rate is defined as the percentage of TB cases registered in a specified period that interrupted treatment for more than two consecutive months. Highest defaulter rates are seen in the district of Hambantota compared to other districts.





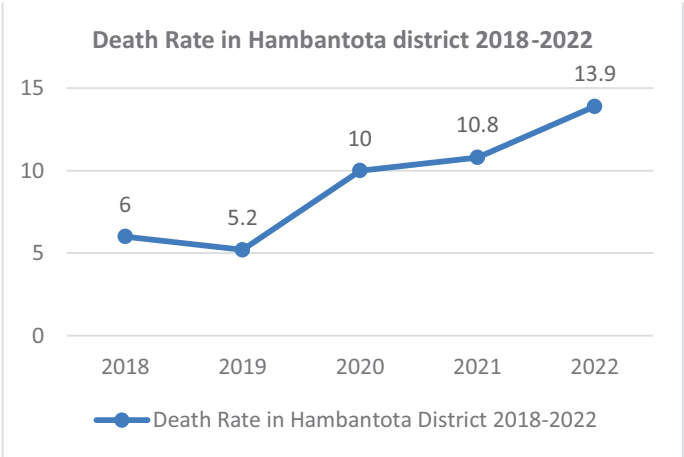


Figure 6.8: Tuberculosis Death rate

The death rate is defined as the percentage of TB cases registered in a specified period that died from any reason during the course of treatment. Death rates were in upward trend in Matara and Hambantota districts. Highest death rate reported for 2020 was from Hambantota 13.9%.

6.2 Malaria Control Programme

Malaria is caused by a protozoan parasite called Plasmodium, which is transmitted via the bites of infected malaria vector mosquito called Anopheles. In the human body, the parasites multiply in the liver, and then infect red blood cells. Five species of Plasmodium can infect and be transmitted by humans. The vast majority of deaths are caused by P.falciparum while P.vivax, P.ovale, and P.malariae cause a generally milder form of malaria that is rarely fatal. Out of this, P. malaria tend to run a more chronic course. The zoonotic species P.knowlesi, prevalent in Southeast Asia, causes malaria in monkeys can also cause severe infections in humans.

During the long-documented history of malaria in Sri Lanka, several major epidemics have been experienced. The most devastating of those was the epidemic of 1934–1935 during which about 1.5 million cases and 80,000 deaths due to malaria were reported affecting even traditionally non-malarious areas in the wet and intermediate zones of the country. There had also been epidemics of malaria recorded in 1986/87 and in 1990/92.

Malaria was traditionally prevalent in the dry zone of the country for many centuries. The malaria situation of the country has dramatically changed during the past decade with no indigenous cases of malaria being reported since September, 2012.

A 30-year terrorist conflict that affected civilian life in the north and east of the country had a major impact on the incidence of malaria in the affected areas between 2000-2009.During the period of 2009-2011 some areas of south- eastern part of the country (Hambantota & Moneragala districts) suffered from malaria as an after effect of the prevailed civil war. Since 2009 Sri Lanka is in the malaria elimination programme and the target was to eliminate malaria by the end of year 2014. After an extraordinary battle with this life-threatening disease, Sri Lanka received WHO certification for having eliminated malaria in September 2016.Vector born disease units under Regional Directors of Health Services, handles the malaria control activities of the Southern Province. Recently with the increase of other vector borne diseases, functions of the malaria officer have expanded. Activities of the regional malaria office have been integrated with under mentioned strategies.

Table 6.6: Malaria cases reported from three districts of Southern province 2018-2022

	2018			2019		2020		2021		2022	
	Pv	Pf	Po	Pv	Pf	Pf	pv	Pv	Pf	Pv	Pf
Galle	1	1	0	2	2	0	0	1	2	2	4
Matara	1	1	0	1	2	1	0	0	0	0	1
Hambantota	0	0	1	1	0	0	0	0	0	0	0
Total	2	2	1	4	4	1	0	1	2	2	5

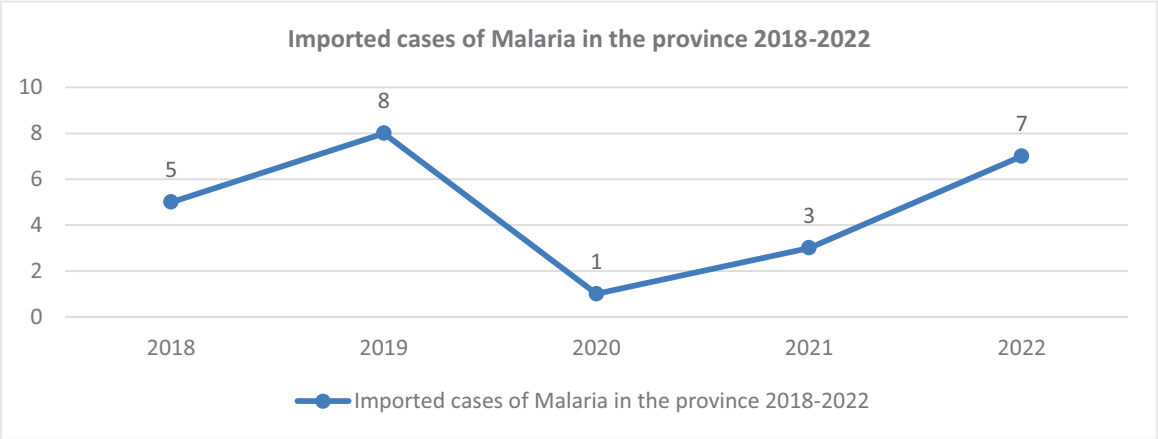


Figure 6.9: Reported Imported malaria cases

As a country which obtained the malaria elimination certificate in 2016, Southern province has contributed to its success with no indigenous cases being reported from whole province since 2012. Reported imported cases were in upward trend since 2014 which should be taken into consideration.

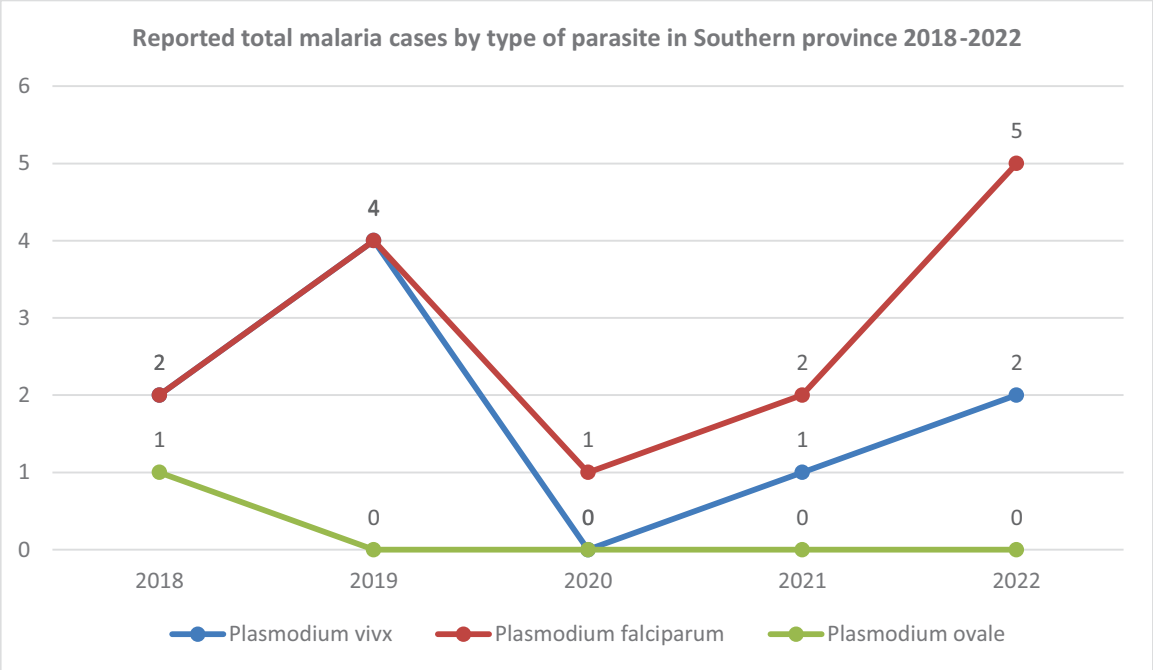


Figure 6.10: Reported total malaria cases by type of parasite

When considering the reported imported malaria cases in the last two years, there can be seen compared to previous years. There was only one case of Plasmodium falciparum reported in 2020. The low cases number may be due to low reporting and screening taken place during the year 2020.

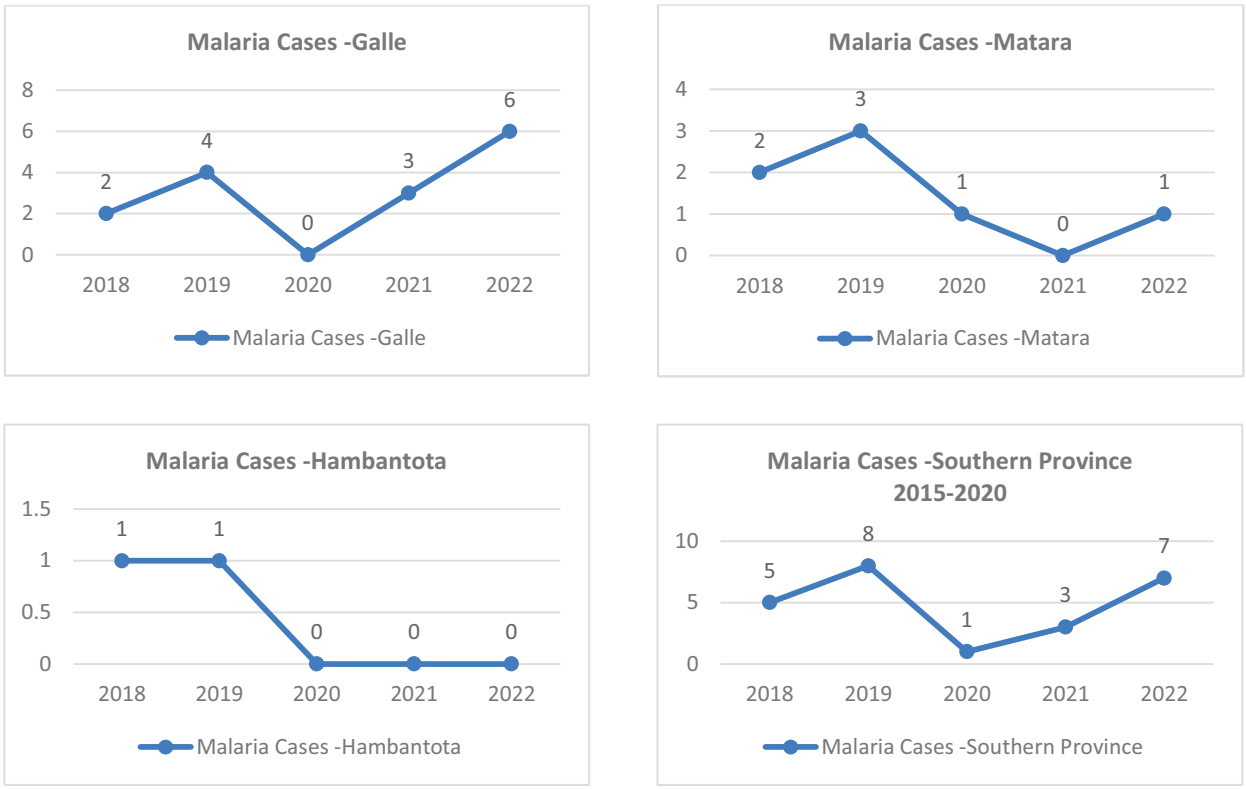


Figure 6.11: Reported total malaria cases by district

When considering last six years highest number of malaria cases were reported in 2019 and then in 2022. Hambantota which was previously a malarious area, is now reporting low numbers of cases, reflecting the imported nature of the diseases and as Galle and Matara have more overseas returnees has more cases comparatively.

6.3 STD/AIDS Control Programme

Sexually transmitted infections (STIs') have become one of the major health and economic annoyance to the society especially in the developing countries as STIs' got accountability for the 17% of economic loss because of ill health. The Importance of STIs' have been broadly identified because of the advent of HIV/AIDS epidemic as Individuals who are infected with STIs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus. National Programme for STD and AIDS Control (NSACP) operates in Sri Lanka to control STDs while holding following objectives and the Southern province also proceed accordingly.

I. Prevention of transmission of Sexually Transmitted Infections (STIs) including HIV.

II. Provision of care and support for those infected and affected with STIs including HIV.

There are four STD/AIDS clinics in the Southern Province, 2 at Galle district, one each at Matara and Hambantota districts. Two clinics at Galle district are situated at base hospital Balapitiya and teaching hospital Mahamodara. In Matara it is located at District General Hospital Matara and in Hambantota at District General Hospital Hambantota. The main components of the STD/AIDS control programme are targeted in preventing STI/HIV among most at risk

populations and general population including youth and women, provision of treatment, care and support for those infected and affected with HIV, comprehensive care for STIs, provision of laboratory services, creating awareness and behavior change communication, counseling and testing for HIV, prevention of mother to child transmission of HIV, surveillance, research, monitoring and evaluation of STI and HIV services. Clinic at TH Mahamodara is providing specialized care and functions as a referral center for the entire province.

Table 6.7: STD situation of the province by disease 2020- 2022

	Galle			Matara			Hambantota			Province		
	2020	**2021**	**2022**	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**
Syphilis	38	47	44	25	17	13	25	17	29	88	81	86
Gonorrhea	4	02	13	11	02	04	10	04	17	25	08	34
NGU/NGC	72	48	57	29	23	24	31	15	07	132	86	88
Genital Herpes	155	85	116	77	29	64	66	40	69	298	154	249
Genital warts	73	83	71	80	48	47	71	49	57	224	180	175
Tricomoniasis	1	0	0	0	0	0	0	04	05	1	04	05
Other STI	26	18	46	4	26	14	13	14	22	43	58	82
Total STI	510	374	492	357	243	266	224	291	364	1082	908	1122
Non STI	153	181	57	241	239	301	255	293	212	649	713	570
Grand Total	**1032**	**707**	**639**	**824**	**482**	**567**	**695**	**584**	**576**	**2542**	**1773**	**1782**

Source: NSACP

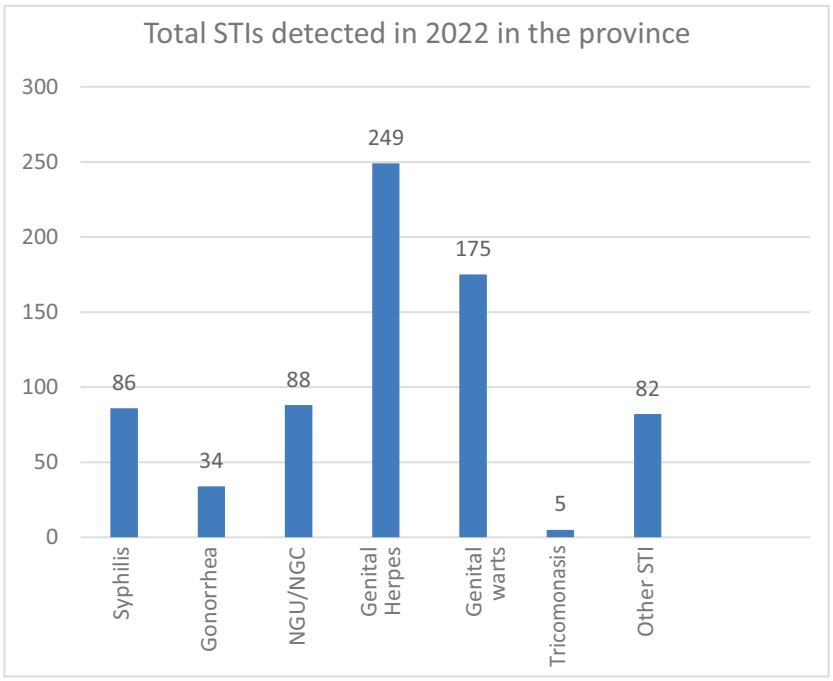


Figure 6.12: STD situation of the province by diseases in 2021 & 2022

Among the clinic attendees most common STD was the genital herpes (n=249) and Genital warts (n=175) in the year 2022.

Table 6.8: HIV situation in the Province in 2020 – 2022

	Galle			Matara			Hambantota			Province		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Number of HIV cases reported for the year	18	25	40	17	17	23	8	08	14	43	50	77
HIV +ve cumulative number of cases including for the year	177	133	289	93	72	94	37	45	59	194	250	442

Source: NSACP

During the year 2022, 40 new HIV cases from Galle district, 23 cases from Matara district and 14 new cases from Hambantota district were detected.

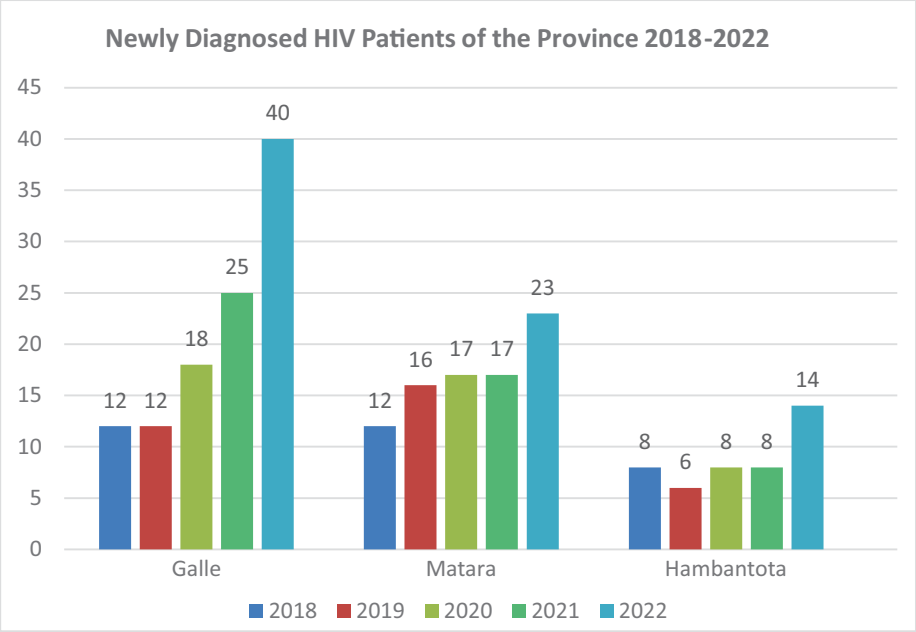


Figure 6.13: Newly diagnosed HIV patients of the province

Table 6.9: Key Population Estimated in Southern Province -2022

Key population	Estimated Number in Galle District	Estimated Number in Matara District	Estimated Number in Hambantota District	Estimated Number in Southern Province
Female Sex Workers (On a peak day)	1,835	106	420	2,361
High Risk MSM	2,684	107	257	3,048
MSW	0	0	0	0
TGW	119	0	6	125
Injecting Drug Users	16	0	2	18
Beach boys	2,709	389	0	3,098

Source- National STD/AIDS Control Programme -Sri Lanka

6.4 Rabies Control Programme

Rabies is a viral disease principally affects the mammals. It is also known as a Zoonotic disease that can be transmitted between animals and human beings. Rabies is a preventable disease. However, once the disease occurs death is inevitable. The primary means of transmission is through a bite from an infected animal, as saliva carries large numbers of viral agent. Other less common means of transmission include infected saliva coming in contact with an open wound or abrasion. There have been few cases of rabies being spread by the inhalation of aerosolized virus.

At present rabies is a serious public health issue with dogs among the mammals being the main reservoir for transmission of rabies to human. Direct contact with the dog and sharing the dog's environment are the two most common means of exposure to potential disease.

Dog vaccination and sterilization activities in Sri Lanka have been transferred to Department of Animal Products and Health in the year 2018 and again in 2019 the services were taken back by Public health veterinary services of Ministry of Health.

Public health veterinary services operating at the national level to control rabies under the following strategies and they are also adopted by the province.

a. Awareness campaigns on responsible dog/pet ownership
b. Vaccination of dogs
c. Animal birth control programme to reduce most susceptible stray dog population.
d. Habitat control
e. Continuous monitoring and evaluation

Table 6.10: Dog Rabies Vaccination 2020-2022

	2020			2021			2022		
	Domestic	Stray	Total	Domestic	Stray	Total	Domestic	Stray	Total
Galle	54,134	4,810	58,944	52,037	15,766	67,803	40,430	9,866	50,296
Matara	24,803	1,593	26,396	39,718	4,412	44,130	44,130	1,601	45,731
Hambantota	46,204	7,971	54,175	62,023	5,144	67,167	41,149	6,962	48,111
Total	125,141	14,374	139,515	153,778	25,322	179,100	125,709	18,429	144,138

Table 6.11: Human rabies deaths 2015-2022

	2015	2016	2017	2018	2019	2020	2021	2022
Galle	0	0	1	1	2	3	01	00
Matara	0	0	1	1	0	0	0	0
Hamabantota	0	0	2	1	2	2	0	0
Total	0	0	4	3	4	5	01	0

Number of human rabies deaths has increased in 2020 compared to 2019 and reduced in 2021 and there were no rabies cases in 2022. The low number of cases was due to the movement restriction followed by the COVID-19 pandemic.

Table 6.12: Dog Population control

	Sterilization				Dipo vaccinations performed			
	2019	2020	2021	2022	2019	2020	2021	2022
Galle	2,258	1,130	1875	465	00	1130	-	00
Matara	2,943	1,367	2558	465	54	0	-	-
Hambantota	2,329	2,578	2327	698	00	0	-	-
Total	7,530	5,075	6760	1628	54	1130	-	-

Since Rabies is a significant health hazard diverse strategy has been used for its control and management. Major control measures of the rabies were the practicing vaccination of owned dogs combined with mass culling of stray dogs until 2006. At present the government policy for rabies control has changed to sterilization and vaccination to control dog population. More attention has to be paid to improve dog population control strategies to keep the success of the rabies control programme.

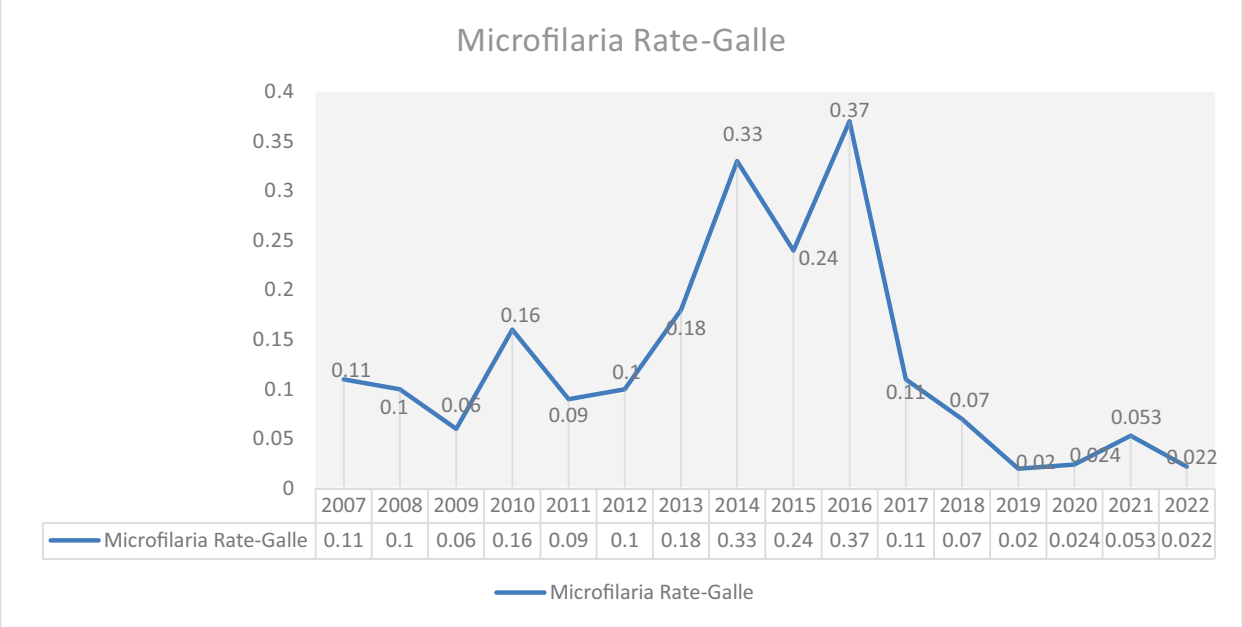
6.5 Filariasis Control Programme

Lymphatic filariasis, is a parasitic disease caused by microscopic, thread-like worms known as *Wucheraria brancroftti* and B*rugiamalai*. But in Sri lanka only *Wucheraria brancroftti* is found. The adult worms only live in the human lymph system which maintains the body's fluid balance and act as one of the defense mechanisms of the body against infections. Lymphatic filariasis is spread from person to person by mosquitoes named Culex Quinque Fasciatus and it breeds in polluted water bodies. The disease has been more prevalent in the Southern coastal belt since ancient times. Filariasis control programme operates at the national level to control the filariasis. When considering the Southern province two filariasis control units have been established in the Galle and Matara districts that operate in accordance with the national guidelines and strategies.

Table 6.13: Filariasis control activities

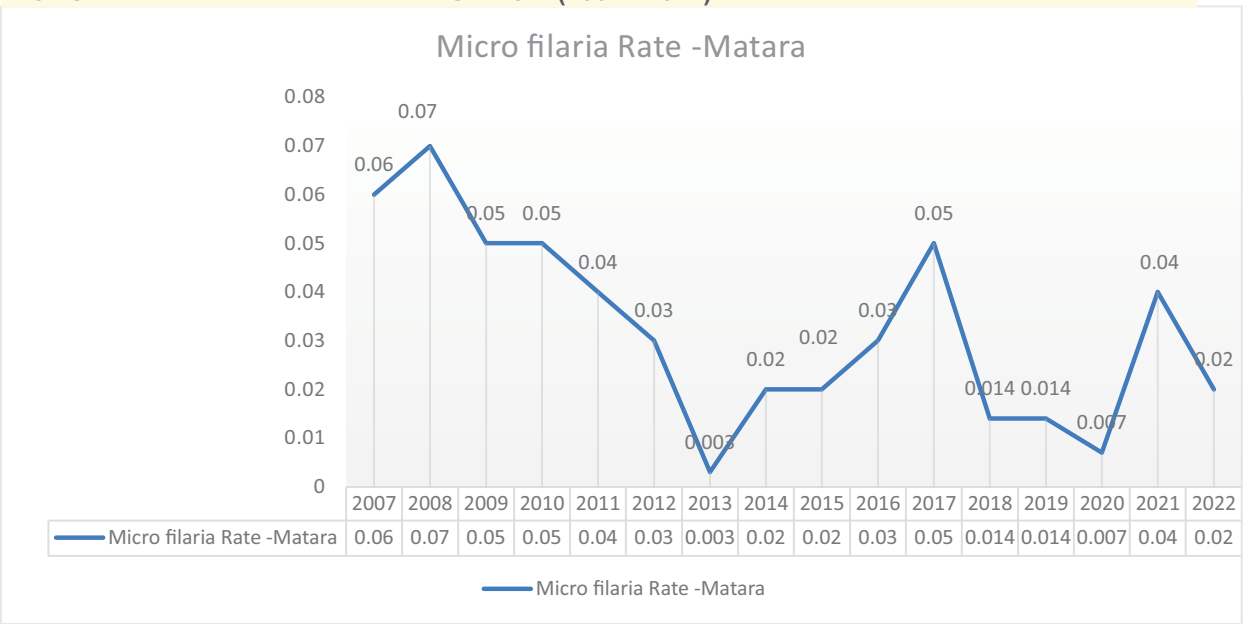
	Number of slides examined			No. of .Patients Identified			MF rate		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Galle	40,830	27,969	71,619	10	16	16	0.0244	0.053	0.022
Matara	37,855	24,857	58,903	3	10	14	0.007	0.04	0.02
Hamabantota	4,831	2460	16703	3	11	1	0.00	0	0.006
Total	83,516	55286	147225	16	37	31	0.031	0.093	0.048

MICROFILARIA RATE IN GALLE DISTRICT (2007 - 2022)



Source-Anti Filariasis campaign Report & statistics

MICROFILARIA RATE IN MATARA DISTRICT (2007 - 2022)



Source- Anti Filariasis campaign Report & statistics

Figure 6.14: MF rate 2007 -2022

The MF rates of Galle and Matara shows a slight increase in 2021 while there a drop in 2022. This data indicates that preventive and control measures of Filariasis should be strengthened in Southern province giving much more priority to Galle and Matara ditricts.

6.6 Leprosy Control Programme

Leprosy is a chronic infectious disease caused by Mycobacterium leprae. It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations. The disease is classified as paucibacillary or multibacillary, depending on the bacillary load. Clinical manifestations include hypo pigmented, anesthetic skin lesions (pale or reddish), nodules, plaques, thickened dermis or skin infiltration, and in some instances, involvement of the nasal mucosa, resulting in nasal congestion and epistaxis. Involvement of certain peripheral nerves may also be noted, sometimes resulting in the characteristic patterns of disability. In most cases of both paucibacillary and multibacillary disease, the diagnosis is straightforward, but in a small proportion of cases, suspects without anesthetic patches require examination by a specialist to look for other cardinal signs of the disease, including nerve involvement and a positive laboratory test (the slit skin smear), if reliably available.

Leprosy remains an important problem globally. Timely detection of new cases and prompt treatment with MDT (Multi Drug Therapy) continue to be the main intervention strategies. Since 1995, WHO has supplied MDT free of cost to leprosy patients in all endemic countries as the treatment of the Leprosy.

Provincial leprosy control activities are carried out under the guidance of the national leprosy control programme and it has been operated under mentioned strategies.

I. case-finding

II. treatment and defaulter retrieval

III. Health education

IV. Rehabilitation and training

Table 6.14: Details of Leprosy, 2020-2022

	New patients			Deformities			Children			MB			Females		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Galle	66	57	63	9	3	5	6	1	4	53	30	45	35	19	26
Matara	57	48	52	5	3	2	6	1	3	40	32	36	15	19	22
Hambantota	38	33	45	1	1	-	0	1	1	28	25	31	13	9	17
Province	161	138	160	15	7	7	12	3	8	121	87	112	63	47	65

Source: National Leprosy Campaign

The prevention of leprosy ultimately lies in the early diagnosis and treatment of those individuals suspected or diagnosed as having leprosy, thereby preventing further transmission of the disease to others. Public education and community awareness are crucial to encourage individuals with leprosy and their families to undergo the screening for Leprosy and treatment with MDT. In 2021, 138 new leprosy cases were detected in the province and this was further increased to 160 in 2022 due to active case finding.

CHAPTER 07

ORAL HEALTH

7. Oral Health

CHAPTER 07

Oral health is not only important to one's general appearance, personality and sense of well-being, but also reflects overall health. Poor oral hygiene is well known to be associated with painful, unpleasant diseases. Service delivery towards the oral health is provided in the province by both public and private health sectors. Dental services of the province have been rendering its services with the following objectives.

1. Increase awareness of the importance of oral health for overall health and well-being.
2. Increase acceptance and adoption of effective preventive interventions.
3. Reduce disparities in access to effective prevention and dental treatment services

Dental caries have been identified as the most common dental disease. Oral Potentially Malignant Disorders (OPMD) are found among the people having betel chewing and tobacco smoking. School children are more susceptible to poor oral hygiene. School dental clinics play a major role to reduce oral morbidities and enhance oral health of school children by conducting routine clinics, special clinics and awareness programmes. Malocclusion is a common condition among young children followed by the early loss of deciduous teeth.

As existing hospital dental clinics are limited, mobile dental clinics are a valuable resource for the province that can provide dental services where routine dental clinics are unavailable. Patients who need consultative services are referred to the Teaching Hospital Karapitiya.

7.1 Hospital Services

All secondary care institutions and 57 PMCI in Sotuhern Province has dental clinics. Hospital dental clinic network has expanded during the last few years. Dental clinics in secondary care institutions provide emergency and routine care while most of the PMCI care is limited to routine care with intitial stabilization of emergencies.

Table 7.1: Performance of hospital dental clinics in 2021

Hospital	Emergency Care					Routine Care															Attendance			
	Extractions	Oro-facial pain relief	Dento- alveolar trauma	Soft tissue injuries	Post Op infections/bleeding	TF	Amalgam	GIC	Composite	RCT (Dressing)	RCT (Completions)	Pulp Therapy (Deciduous)	Scaling	Fluoride applications	Fissure Sealants	OPMD*	Minor Oral Surgery*	HE Sessions*	Referrals*	Others*	Total Attendance	Pregnant Mothers	Age Under 3	Age 13-19	Inward patients
Galle	21563	13232	321	314	136	7600	56	9527	1424	257	487	159	413	0	0	90	741	866	912	8539	67075	2521	231	4233	534
Matara	18487	14271	587	154	329	7713	188	9290	1358	845	402	664	1048	1	1	37	424	2276	2227	5437	50287	2850	282	3224	299
Hambanthota	11314	16490	152	73	39	4201	298	3887	256	38	12	0	20	0	0	7	23	1729	253	4815	38575	3135	162	1533	106
Province	51364	43993	1060	541	504	19514	542	22704	3038	1140	901	823	1481	1	1	134	1188	4871	3392	18791	155937	8506	675	8990	939

Table 7.2: Performance of hospital dental clinics, 2022

Hospital	Emergency Care					Routine Care															Attendance			
	Extractions	Oro-facial pain relief	Dento- alveolar trauma	Soft tissue injuries	Post Op infections/bleeding	TF	Amalgam	GIC	Composite	RCT (Dressing)	RCT (Completions)	Pulp Therapy (Deciduous)	Scaling	Fluoride applications	Fissure Sealants	OPMD*	Minor Oral Surgery*	HE Sessions*	Referrals*	Others*	Total Attendance	Pregnant Mothers	Age Under 3	Age 13-19	Inward patients
Galle	43,790	16,202	327	350	334	11,515	6	30,472	3,969	539	988	470	3,722	73	5	165	813	2,071	2,532	11,999	112,845	4,853	485	8,938	713
Matara	39408	22379	1024	212	387	23345	288	39394	2303	2610	1824	1640	5912	26	21	98	700	5077	5218	15072	119820	3973	685	8707	543
Hambanthota	15515	12834	70	61	75	4455	7	9159	26	52	0	264	1068	0	0	33	292	616	560	6868	48446	3330	379	2333	106
Province	98,713	51,415	1,421	623	796	39,315	301	79,025	6,298	3,201	2,812	2,374	10,702	99	26	296	1,805	7,764	8,310	33,939	281,111	12,156	1,549	19,978	1,362

7.2 Adolescent Dental Clinics

There are 12 Adolescent Dental Clinics (ADC) functioning under RDHS of each district. ADCs are supplementary to hospital clinics catering for the needs of the population who has difficulty in accessing a hospital clinic. Tooth extraction was the commonest procedure conducted in ADCs.

Table 7.3: Performance of Adolescent Dental Clinics in 2021

	Galle	Matara	Hambantota	Province
Extraction	6621	3104	842	10567
Oral-facial pain releif	2823	251	1244	4318
Dento alveoar trauma	07	0	0	07
Soft tissue injuries	10	0	0	10
Post Op infections/bleeding	36	80	0	116
TF	2796	1778	0	4574
Amalgam	104	317	0	421
GIC	3103	1554	188	4845
Composite	287	115	0	402
RCT(dressing)	60	80	0	140
RCT(completions)	37	52	0	89
Pulp therapy	28	173	0	201
Scaling	85	53	11	149
Fluoride applications	7	0	0	7
Fissure Sealants	8	108	0	116
OPMD	13	0	0	13
Minor oral surgery	74	15	0	89
HE session	359	0	596	955
Refferals	231	172	44	447
Others	1603	260	577	2440
Total Attendance	18292	6641	1265	26198
Pregnant mothers	392	358	151	901
Age under 3	81	130	0	211
Age13-19	1439	702	123	2264

Table 7.4: Performance of Adolescent Dental Clinics in 2022

	Galle	Matara	Hambantota	Province
Extraction	10578	6437	247	17262
Oral-facial pain releif	3572	460	436	4468
Dento alveoar trauma	34	20	0	54
Soft tissue injuries	13	133	0	146
Post Op infections/bleeding	36	91	0	127
TF	2593	1812	144	4549
Amalgam	358	48	321	727
GIC	7176	2810	0	9986
Composite	548	569	5	1122
RCT(dressing)	85	238	2	325
RCT(completions)	50	110	0	160
Pulp therapy	97	8	0	105
Scaling	1155	1533	0	2688
Fluoride applications	0	7	0	7
Fissure Sealants	0	325	0	325
OPMD	37	9	0	46
Minor oral surgery	83	19	0	102
HE session	657	459	0	1116
Refferals	1204	247	14	1465
Others	3603	464	470	4537
Total Attendance	25824	13964	1472	41260
Pregnant mothers	1095	301	201	1597
Age under 3	170	82	4	256
Age13-19	2788	1663	57	4508

7.3 Mobile Dental Clinic

A mobile dental clinic is available in the form of a bus in each RDHS. These mobile buses are rendering services on a roster basis to the PMCI which do not have dental clinic facilities.

Table 7.5: Performance of Mobile Dental clinic in 2021& 2022

2021	Emergency Care					Routine Care														Attendance			
	Extractions	Oro-facial pain relief	Dento- alveolar trauma	Soft tissue injuries	Post Op infections/bleeding	TF	Amalgam	GIC	Composite	RCT (Dressing)	RCT (Completions)	Pulp Therapy (Deciduous)	Scaling	Fluoride applications	Fissure Sealants	OPMD*	Minor Oral Surgery*	HE Sessions*	Referrals*	Others*	**Total Attendance**	Pregnant Mothers	Age Under 3	Age 13-19
Galle	609	233	0	0	0	453	0	469	56	0	0	0	2	0	0	25	0	304	15	537	2,703	350	0	215
Matara	254	120	87	1	0	407	0	444	0	0	0	0	185	0	44	0	0	0	51	704	2,938	2,011	4	184
Hambantota	114	24	0	0	0	18	8	0	0	0	0	0	0	0	0	0	0	0	4	194	416	15	2	2
Province	977	377	87	1	0	878	8	913	56	0	0	0	187	0	44	25	0	304	70	1,435	6,057	2,376	6	401

2022	Emergency Care					Routine Care														Attendance			
	Extractions	Oro-facial pain relief	Dento- alveolar trauma	Soft tissue injuries	Post Op infections/bleeding	TF	Amalgam	GIC	Composite	RCT (Dressing)	RCT (Completions)	Pulp Therapy (Deciduous)	Scaling	Fluoride applications	Fissure Sealants	OPMD*	Minor Oral Surgery*	HE Sessions*	Referrals*	Others*	**Total Attendance**	Pregnant Mothers	Age Under 3	Age 13-19
Galle	1,510	1011	1	0	0	386	0	962	82	0	0	0	75	0	0	18	0	194	280	0	4,549	232	0	99
Matara	198	282	0	0	0	693	0	1,971	0	0	0	0	428	0	169	15	0	21	464	329	5,830	1,222	12	2,866
Hambanthota	331	532	0	0	0	200	0	1,030	0	0	0	0	0	0	0	10	0	0	50	762	2,468	109	10	136
Province	2,039	1825	1	0	0	1,279	0	3,963	82	0	0	0	503	0	169	43	0	215	794	1,091	12,847	1,563	22	3,101

7.4 School Dental Clinics

There are 72 School Dental Clinics (SDC) in schools in Southern Province. As most of the beneficiaries of the dental clinics are preschool children and school children who spend the early stages of their lives and proper oral care will be beneficial to keep healthy mouths throughout their lifetime.

Table 7.6: Performance of school dental clinics in 2021

School Dental Clinic	Permanent filling	Dressing	Miscellaneous with Extractions	Complete Scaling	No of referrals	Total Attendance	Health Education				
	Deciduous and Permanent	Deciduous and Permanent					Children	Adults	Teachers	Others	No of Sessions
Galle	5570	3240	2009	1030	1492	21645	15587	3901	1413	511	1366
Matara	6182	2633	823	1802	1392	23391	26668	7624	3976	1169	1634
Hambanthota	1664	620	163	269	269	6234	4581	1805	236	331	310
Province	13416	6493	2995	3101	3153	51270	46836	13330	5625	2011	3310

Table 7.7: Performance of school dental clinics, 2022

School Dental Clinic	Permanent Filling	Dressing	Miscellaneous with Extractions	Complete Scaling	No of referrals	Total Attendance	Health Education				
	Deciduous and Permanent	Deciduous and Permanent					Children	Adults	Teachers	Others	No of Sessions
Galle	22997	9373	4490	4002	5058	67982	61090	19142	1671	2117	4008
Matara	20341	5009	1496	3714	2348	51438	44401	4296	545	3185	4444
Hambanthota	9235	1444	1103	1760	1431	39801	25598	3964	482	680	1037
Province	52573	15826	7089	9476	8837	159221	131089	27402	2698	5982	9489

7.5 Oral Healthcare Programme for Pregnant Mothers

Oral health is a major component of the overall health. It is important to maintain good oral health during the period of pregnancy as bad oral health has a potential for transmission of pathogenic bacteria into children from their mothers. Dental care during the pregnancy affects to prevent the long-term health problems of both mother and child. Out of the screened mothers in all 03 districts nearly 70%of pregnant mothers required some degree of intervention for their dental problems.

I. Reduce complications of dental diseases during pregnancy
II. Decrease early childhood caries by reducing the risk of transmission of causative bacteria to the newborn
III. Prevent worsening of the existing oral diseases
IV. Reduce the possibility of adverse pregnancy outcomes
V. Educate pregnant mothers on preventive measures for dental caries in young children

Table 7.8: Performance of oral health care programme for pregnant mothers, 2021

	Screened	Without oral defect	Who needed oral health care	With dental Caries	With periodental diseases	With any other oral disease	Who received care	Whose treatment has been completed
Galle	2955	915	2012	1861	645	47	2055	1439
Matara	12657	3853	8810	7092	2766	175	8898	4675
Hambantota	4247	1935	1765	25	707	65	2664	1685
Province	19859	6703	12587	8978	4118	287	13617	7799

Table 7.9: Performance of oral health care programme for pregnant mothers,2022

	Screened	Without oral defect	Who needed oral health care	With dental Caries	With periodental diseases	With any other oral disease	Who received care	Whose treatment has been completed
Galle	6045	1519	4316	3760	1305	66	4660	3187
Matara	5435	1414	4021	2604	1246	171	3820	3651
Hambantota	3668	1382	*	1542	502	60	2186	1286
Province	15148	4315	8337	7906	3053	297	10666	8124

* Data not provided

CHAPTER 08

SPECIAL ACHIEVEMENTS IN THE HEALTH CARE QUALITY AND SAFETY

08. Special Achievements in the Health Care Quality and Safety

CHAPTER 08

Southern province has commendable records of health care provision with great achievements in health outcomes. Ministry of health has established a separate directorate called "Healthcare Quality and Safety" in order to move towards the goal of higher life spans and better quality. Responsibilities of the directorate has been decentralized to the provinces and districts to execute the relevant functions align with national policy on health care quality and safety

8.1 Healthcare quality and safety unit of the Southern province

Healthcare quality and safety unit were established in the office of the provincial director of health services in 2013 under the guidance of former provincial director of health services Dr. Hemachandra Edirimanne, who had a special interest in improving quality and productivity in the health sector. Provincial healthcare quality and safety unit possesses number of responsibilities with regard to uplift the healthcare quality and safety in offices of regional directors in 3 districts and all the institutions under its purview. Virtually institutions of the province will have to apply healthcare quality and safety principals, skills, innovations, technology and institutional structure to improve the quantity and quality of the service they offer. Numerous awards were won by our team of provincial health department and various other health institutes under its purview under the guidance of this unit during past few years.

Main responsibilities of the provincial healthcare quality and safety unit

(1) Supervision of district QMU's and base hospital QMU's

(2) Conducting special surveys to assess perception of staff on quality improvement activities

(3) Organizing and conducting the activities to improve the team concept

(4) Conducting training programs to improve the productivity of the staff

(5) Conducting performance appraisal and felicitating programs

(6) Organizing, conducting and auditing ISO 9001; 2015 quality standardization provincial department of Health Services.

8.2 National Productivity Competition

National productivity competition is held by the national productivity secretariat to enhance the productivity of Sri Lanka by energizing the institutions through the competitiveness that affect the national development.

Most of the institutions belonging to the Southern provincial health department have not only improved the productivity and efficiency of the respective institutions but also have made victories at the national productivity award competitions conducted by the national secretariat of productivity.

Table 8.1: Grades obtained at the national productivity competition, 2020

	District	Name	Category	Position
1	Hambanthota	Office of The Regional Director of Health Services – Hambanthota	Inter Department Category	1st Place
2	Matara	Office of The Regional Director of Health Services - Matara	Inter Department Category	2nd Place
3	Matara	Office of The Medical Officer of Health Kekanadura	Inter Department Category	2nd Place
4	Galle	Office of The Department of Health Services - Southern province	Inter Department Category	3rd Place
5	Hambanthota	Base Hospital Walasmulla	Inter Department Category	3rd Place
6	Galle	Base Hospital Udugama	Inter Department Category	3rd Place
7	Matara	Divisional Hospital Weligama	Inter Department Category	3rd Place
8	Matara	Divisional Hospital Deiyandara	Inter Department Category	3rd Place
9	Hambanthota	Divisional Hospital Weeraketiya	Inter Department Category	3rd Place
10	Hambanthota	Divisional Hospital Ihalabeliglla	Inter Department Category	3rd Place
11	Hambanthota	Office of The Medical Officer of Health Weeraketiya	Micro Category	3rd Place
12	Hambanthota	Office of The Medical Officer of Health Tangalle	Micro Category	3rd Place
13	Hambanthota	Office of The Medical Officer of Health Hambantota	Micro Category	3rd Place
14	Hambanthota	Office of The Medical Officer of Health Sooriyawewa	Micro Category	3rd Place
15	Hambanthota	Divisional Hospital Kariyamaditha	InterDepartment Category	Special Commendation
16	Hambanthota	Divisional Hospital Ambalantota	Inter Department	Special
			Category	Commendation
17	Hambanthota	Divisional Hospital Katuwana	Inter Department Category	Special Commendation
18	Hambanthota	Divisional Hospital Ranna	Inter Department Category	Special Commendation
19	Hambanthota	Office of The Medical Officer of Health Ambalantota	Micro Category	Special Commendation
20	Galle	Office of The Regional Director of Health Services – Galle	InterDepartment Category	Special Commendation
21	Matara	Office of The Medical Officer of Health Morawaka	Micro Category	Commendation
22	Matara	Office of The Medical Officer of Health Dikwella	Micro Category	Commendation
23	Matara	Primary Medical Care UnitMaramba	Micro Category	Commendation
24	Matara	Office of The Medical Officer of Health Mulatiyana	Micro Category	Commendation

25	Galle	Office of The Medical Officer of Health Bope-Poddala	Micro Category	Commendation
26	Hambanthota	Office of The Medical Officer of Health Angunukolapelessa	Micro Category	Commendation
27	Matara	Office of The Medical Officer of Health Beliatta	Micro Category	Commendation
28	Matara	Divisional Hospital, Beliatta	Inter Department Category	Commendation

All health institution obtained any kind of place of the National Productivity Competition (Table 8.1) appreciated at DSV 2022.


2020


National Productivity Award
2020


2020


2020

Figure 8.2: Grades obtained at the national productivity competition 2020

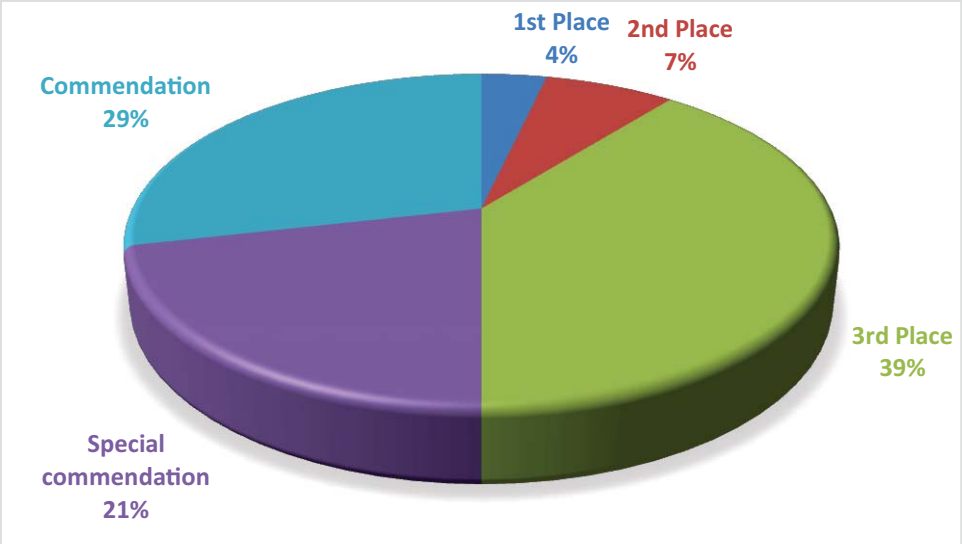


Table 8.2: National productivity awards & Other Awards

Name Of Award	Level	Year
1. Productivity Award - Southern Province 2007- Special Commendation (Service Category-Small Scale)	Provincial Level	2007
2. Productivity Award - Southern Province 2007– Special Commendation (Government Sector – Inter Department Category)	Provincial Level	2008
3. National Productivity Grade ''A'' (Government Sector- Micro Scale Service)	Provincial Level	2010/2011
4. National Productivity Award-Special Commendation	National Level	2015
5. National Productivity Award- 2nd Place	National Level	2018
6. National Productivity Award- 2nd Place	National Level	2020
7. Health Excellence Competition- Commendation	National Level	2009-2010
8. TAIKIAKIMOTO Award-First Place(Micro Scale Service Category)	International Level	2011
9. Sri Lanka National Quality Award - Commendation (Medium scale Service Category)	National Level	2013
10. Sri Lanka National Quality Award - Commendation (Medium scale Service Category)	National Level	2014

11. ISO 9001: 2008 Quality Certificate	International Level	2014
12. ISO 9001:2015 Quality Certificate	International Level	2018-2020
13. ISO 9001:2015 Quality Certificate	International Level	2021-2023

8.3 ISO 9001/ 2015 certificate

ISO 9001/2015 is a quality management system that helps to monitor continually and manage quality across all operations. It is one of the world's most widely recognised quality management standard, outlines ways to achieve as well as benchmark consistent performance and service. With another step forward team of the department of Southern province was able to get the ISO 9001/2015 certificate as an institution which has achieved international standards in its operations.

Apart from the awards, practising and application of concepts of quality ensure comfortable and safe working place, reduce search time, higher quality of work, cost reduction and made both officer and client friendly environment. Quality circles have been established with an aim to analyse and solve work-related problems and present their solutions to the management in order to improve the performance of the organisation and motivate and enrich the work of employees. Quality circles started using seven basic tools of quality, identified as being most helpful in troubleshooting issues and the employees have been well trained to handle the tools properly.

While imparting the quality service office of the PDHS also follow green productivity viz, a strategy that stands for simultaneously enhancing the productivity and environmental performance for overall socio-economic development that leads to sustainable improvement in the quality of human life. Office of the PDHS possesses a lot of future expectations and they wish to achieve them gradually in the course of time.

8.4 Dakshina Suwa Viruwo Program

A quality assessment, improvement and felicitation program, "Dakshina suwa viruwo" is being conducted by provincial director of health services (PDHS) office, Southern province since and now became an important annual event in the province.

The main objective of this program was to appraise performance and reward health institutes who upgraded the quality of patient care while encouraging more institutes to enroll into quality practices and convert them into client-friendly services. (Detailed account of this program has been given under the chapter 9)

8.5. Appreciation of extraordinary activities by health institutions and the staff

There are many national level awards win by southern province health institutions and the staff. We appreciated them by giving a trophy and certificates in DSV 2022

1. Injury surveillance 2019 competition, national level by NCD unit, health ministry: BH Tissamaharama won the first place for institutional (2ry care) mortality statics category
2. Base Hospital Tangalle receive the appreciation for the competition for evaluation of patient care institutions by directorate of health care quality and safety unit of health ministry
3. District hospital Kariyamaditta, granted excellent hospital for implementation of activities of PSSP project by PSSP project in 2019.
4. Mrs. A.A.S.Senevirathna, the best health education nurse for NCD at annual successes of Sri Lanka College of physician in 2022.
5. Mrs. H.L.Wasana Pushpakumari, Mrs.P.B.W.Dineshi, Mrs.S.G.Nadeeka Kelum and Mrs. A.A.S.Senevirathna selected one of the best 10-health education nurse about diabetics at a competition for world diabetic day 2020 by Sri Lanka diabetics association and by Sri Lanka College of endocrinologists.
6. Base Hospital Udugama appreciated at competition for patient safety day 2020, 2021 and 2022 by health care, quality and safety unit at ministry of health.
7. Mr.K.G.Geethananda selected as one of the best five-government servant in the section of control of Covid 19 pandemic at integrity icon by transparency international Sri Lanka institution.
8. Dr.Nishantha P. Wedage and Dr. Praneeth Thommadura selected as one of the last ten-government servant in the section of Covid 19 pandemic of integrity icon by transparency international Sri Lanka institution.

CHAPTER 09

PERFORMANCE APPRAISAL AND AWARDING PROGRAMME 'DAKSHINA SUWA VIRUWO'

09. Performance Appraisal and Awarding Programme 'Dakshina Suwa Viruwo'

CHAPTER 09

9.1 Introduction

The performance appraisal is one of the perfect interventions to address long-term goals of a particular organization. Relevant appraises feel pleased and valued. Thereby performance appraisal offers recognition to a particular institution and boosts their morale which positively changes capacity of the institution. The focus of performance appraisal is assessing and improving the actual performance of the institution and also enhancing the future potential of the institution. It is a powerful tool to calibrate and define the performance of the institution. It helps to analyse its contribution towards the achievement of the overall organisational goals and identifying it as a basic tool in the rewarding process. During the rewarding process, offering prizes as incentives are also important to motivate the relevant institutions, praise them for their performance and acknowledge their contributions to the department's mission.

Performance appraisal within the department of health services is a process by which department evaluates the performance of its institutions based on pre-set standards. Concession of the best performance of a particular institution is ultimately gained by the respective population. Hence the overall success of each and every institution depends on the quality of the services offered to the population. Dakshina SuwaViruwo is a unique and trend setting programme conducted by PDHS office - Southern province for quality assessment, improvement and felicitation of health care institutions. The main objective is to appraise performance and reward health institutions that upgraded the quality of patient care while encouraging more institutes to enrol in to quality practices and convert them into client friendly services.

Several aspects related to quality were considered like productivity, safety measures, standards of the processes, maintenance of statistics, competence of human resources and physical infrastructure. Selection was based on a standard marking scheme which consisted of all above components.

9.2 Objectives of the programme

1. To upgrade the quality of the health care institutions of the province
2. To convert institutions to client friendly service centres
3. To establish more efficient and effective processes within the institution
4. To pay special attention towards the standards of the processes carried out within the institutions
5. To minimise environmental related problems within the health institutions
6. To face the challenges of the institutions through collectivism
7. To minimise wastage and getting the maximum utilisation of resources
8. To get the customer's confidence and compliance towards the institutions
9. To get the attention of the health staff towards newer and convenient ways in getting the same process done
10. To pay more attention towards the cleanliness and outward appearance of the institution
11. To motivate staff through individual evaluation and to get the consumer trust through evaluation of the institution
12. To work without any bureaucracy

9.3 "Dakshina Suwa Viruwo" competition

All the institutions in the province are eligible for this competition and applied institutions for the competition were classified under the following categories. The preliminary inspection was conducted by the respective offices of RDHS. Institutional supervision at the provincial level was carried out by the provincial inspection team, composed of medical administrators, medical consultants, medical officers, officers of specialists of accounts & administration of office systems and productivity development officers of the national productivity secretariat.

9.3.1 Contesting categories

1. Office of the Regional Director of Health Services
2. Base hospitals A category
3. Base hospitals B category
4. Divisional hospitals((A and B categories)
5. Divisional hospitals of C category
6. Primary medical care units
7. Offices of medical officer of health
8. School dental clinics
9. Adolescent dental clinics
10. Special campaign
11. Private hospitals
12. Mothers Support Groups
13. COVID-19 treatment centers

At the provincial level, they were assessed under the following parameters that have been developed by the national secretariat of productivity.

9.3.2 Evaluation parameters

1. **Office of the Regional Director of Health Services**

   Within this category we are evaluating establishment, administration , planning, leadership & information technology, public health, accounts and productivity indicators.

2. **Base hospitals A & B category**

   There are 5 evaluating parameters in this two category. They are,

   i. Service Assessment

   Service assessment criteria covers service involving patent context. It includes blood bank, labour room, laboratory, radiology, infection control, waste management, medical records, health education activates, kitchen management, water supply and food hygiene infections, reception area, ETU, general wards, operating theater, diseases surveillance activities, immu-

nization activities, MCH services, dental care, mortuary services, leadership & management, information technology and disaster preparedness and response.

ii. Health Administration

iii. Accounts

iv. Productivity Indicators

v. Hospital Drug Stores

3. Divisional hospitals (A, B, C categories)

i. Service Assessment

Service assessment criteria covers service involving patent context. It includes labour room, laboratory, infection control, waste management, medical records, health education activities, kitchen management, water supply and food hygiene inspection, reception area, ETU, general wards, diseases surveillance activities, immunization activities, MCH services, dental care, mortuary services, leadership & management, information technology and disaster preparedness and response.

ii. Health Administration

iii. Accounts

iv. Productivity Indicators

v. Hospital Drug Stores

4. Primary medical care units

I. Service Assessment

Within this category we are concerning about waiting area, OPD & clinics, emergency care services, waste management, performance reviews, productivity indicators and overall management.

ii. Health Administration

iii. Accounts

iv. Productivity Indicators

v. Hospital Drug Stores

5. Offices of medical officer of health

A. Inspection of the MOH Office

i. Service Assessment

Within this category we are evaluating clinical service, maternal & child health activities. Such as antenatal clinics, postnatal clinics, family planning clinics, well women clinics, nutrition clinics, well baby clinics and health education clinics. Then we are concerning about health indicators. Also communicable disease prevention, EPI programme, food safety, stock management phamaceuticals and equipments, health information management, availability of plans, supervision, human resource management, intersectoral collaboration, public relation and community mobilization, NCD activities and waste management.

ii. Health Administration

iii. Accounts

iv. Productivity Indicators

v. Hospital Drug Stores

B. Field Supervision

This is a nea criteria for this category added of 2018 with 10% of total marks in 2019 our plan is to increase it up to 40% of total marks. All field activities in selected 03 PHM areas will evaluated.

6. School dental clinics & Adolescent dental clinics

i. Service Assessment

ii. Productivity Indicators

7. Special campaign

i. Service Assessment

ii. Health Administration

iii. Accounts

iv. Productivity Indicators

8. Private hospitals

i. Service Assessment

Service assessment criteria covers service involving patent context. It includes labor room, laboratory, radiology, infection control, waste management, medical records, health education activities, kitchen management, water supply and food hygiene infection, reception area, ETU, general wards, operating theater, diseases surveillance activities, immunization activities, MCH services, dental care, leadership & management, information technology and disaster preparedness and response.

ii. Productivity Indicators

9. Mothers Support Groups

i. Evaluation of projects & especial achievements.

ii. Field supervision

Outcome of projects & especial achievements evaluated at field level of mother support groups.

10. COVID 19 treatment centers

During the COVID-19 pandemic situation health sector faced to different and difficult tasks. Some health institutions converted as COVID-19 treatment centers. There are five COVID-19 treatment centers established in southern province at the maximum peak of COVID-19 Pandemic.

Galle	DH Ambalangoda / DH Karandeniya / DH Hikkaduwa
Matara	DH Weligama
Hambanthota	DH Ambalanthota

So we decide to make new evaluation criteria to measure prospective output and outcome of the COVID-19 treatment centers with the contribution of all three RDs , CCPs and relevant staff, finally we made a criteria to evaluate COVID-19 treatment centers.

In some categories there are only 3 institutions and depending on the total marks they will receive one of the three places. In 2018 we changed the marking scheme and put a cutoff marks for the places. Depending on the category of the institutions they have to take marks above that cut off marks and if not so, the places not awarded.

This is a great opportunity for the institutions to re think about the standard and their preference. So next time they will motivate to improve and full fill the standards.

9.4 "Dakshina Suwa Viruwo" Awarding Ceremony

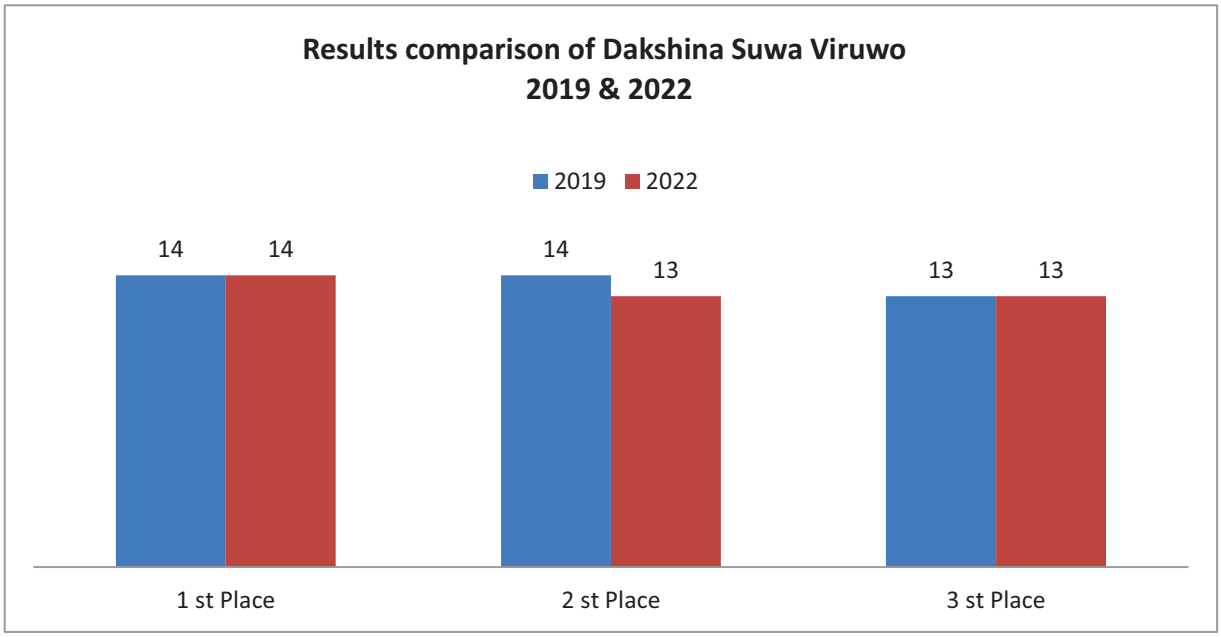
November 19th of 2022, was a memorable day for the department of health services because of the "Dakshina SuwaViruwo" awarding ceremony. It was held on that day with a large gathering at the auditorium in the faculty of medicine, Karapitiya. Above institutions were rewarded with an incentive cash prize, a certificate and a trophy. The chief guests on this occasion was the southern province Hon. Governor Dr. Willy Gamage. Director General of Health Services Dr.Asela Gunawardhana and some other superiors of the ministry of health and provincial authorities also participated in making this function more luminescent.

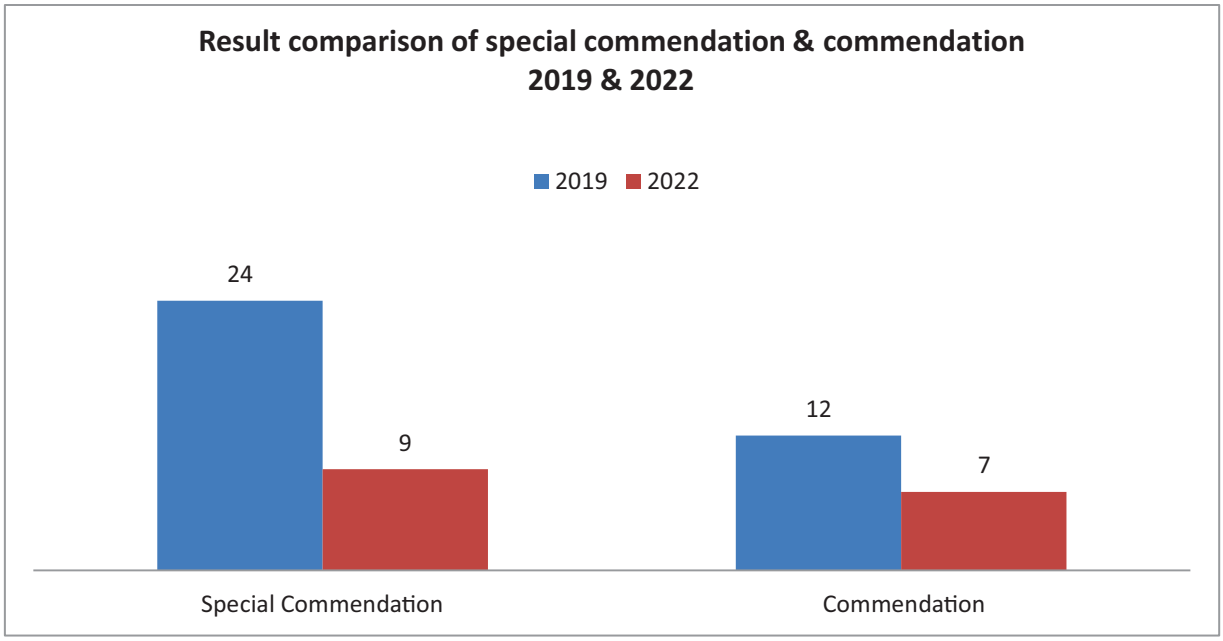
9.4.1 Awarding the institutions

All institutions who strive in a competition may not succeed, but being able to contest is some sort of a capability and it is significant to improve the self-esteem. Awards do not only acknowledge success, but they recognise many other qualities like ability, struggle, and effort and, above all, excellence too. " Dakshina SuwaViruwo" awarding ceremony was implemented in order to energise such institutions by offering a value for their competence in front of a cheerful audience. Further, the execution of this type of award ceremonies is beneficial for the motivation of other institutions. During this ceremony, compliment was offered for the 1st, 2nd, 3rd place, special commendation & commendation including cash, trophy and certificate as follows. We decided a cut-off mark for each catogery who can obtain 1st, 2nd and 3rd places. So there may be more than one 1st, 2nd or 3rd places in a same catogery. Also we have given certificates for district level performences.

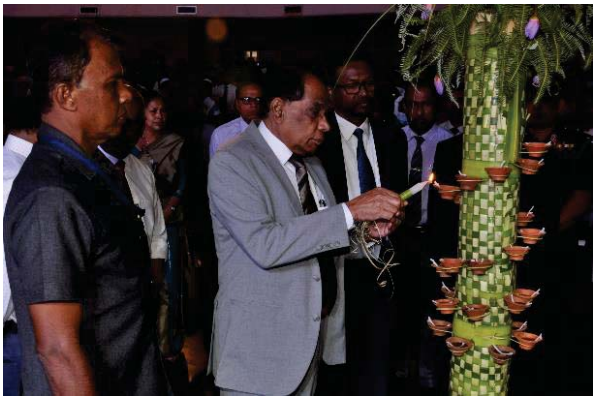
Results of the Dakshina Suwa Viruwo Programme 2022			
	DSV Results 2022		
	1 st Place	2 nd Place	3 rd Place
RDHS Category	Hambantota	Matara	Galle
Base Hospital Type A	Kamburupitiya	Tangalle	Elpitiya
Base Hospital Type B	Walasmulla	Udugama	Deniyaya
Divisional Hospital Type A & B	Weeraketiya	Deiyandara	Baddegama
Divisional Hospital Type C	Nakulugamuwa	Gonadeniya	Ihalabeligalla
Primary Medical Care Unit	Beralapanathara	Galbokka	Amugoda
			Beralihela
MOH Office	Kekanadura	Sooriyawewa	Athuraliya
		Weeraketiya	
School dental clinics	Sooriyawewa National School	Morawaka Primary School	Sangamitta College-Galle
			Debarawewa National School
Adolecent dental clinics	St.Mary College-Hambantota	Pitigala ADC	Yakkalamulla ADC
Best Chest Clinic	Hambantota	-	-
Best STD Clinic	Hambantota	-	-
Best Vector born disease Control Unit	Anti Malariya Campain Hambantota	-	-
Mother Support Groups	Weeraketiya-Pragathi	Athuraliya-Nilwala	Walasmulla
		Balapitiya-Suwahamuwa	
COVID-19 Treatment Centers	Ambalantota	Weligama	Karandeniya

Results of the Dakshina Suwa Viruwo Programme 2022 Special Commendation & Commendation		
	Special Commendation	**Commendation**
Base Hospital Type A	Balapitiya	-
Base Hospital Type B	-	Tissamaharama
Divisional Hospital Type A & B	Kariyamaditta	Sooriyawewa
		Katuwana
Divisional Hospital Type C	-	-
Primary Medical Care Unit	Palathuduwa	Thelikada
MOH Office	-	Bope Poddala
School Dental Clinics	Tangalle Adarsha Primary School	-
	Deniyaya central college	
	Meepawala Amarasooriya Vidyalaya	
Adolecent Dental Clinics	-	Eth Kandura
		Thelijjawila
Best Chest Clinic	Anti filaria Unit Galle	-
Best STD Clinic		
Best Vector born disease Control Unit		
Mother Support Groups	-	-
COVID-19 Treatment Centers	Arachchikanda	-
	Ambalangoda	


Results comparison of Dakshina Suwa Viruwo
2019 & 2022
2019
2022
14
14
14
13
13
13
1 st Place
2 st Place
3 st Place


Result comparison of special commendation & commendation
2019 & 2022
2019
2022
24
9
12
7
Special Commendation
Commendation

2022 “Dakshina suwa viruwo”




st Place
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Weeraketiya M
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Primary Medical Care


Primary Medical Care


Primary Medical Care


1st Place


1st Place


– Hambantota

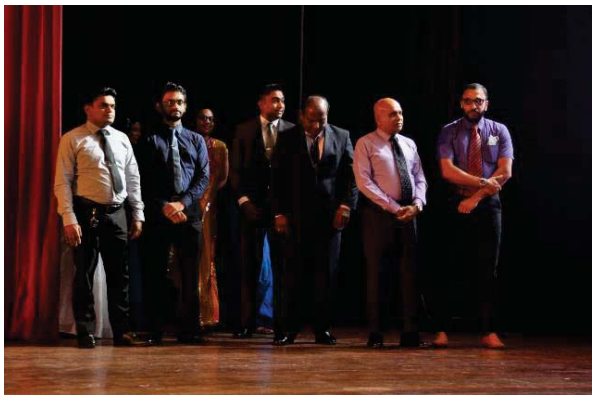

1st Place
Divisior l Hospital Nakulugamuwa


Divisional Hospi
1st Place


Covid 19 Treatment Centres
1st Place


Divisional Hospital Type


District Level Certificates




1st Place


3rd Place


1st Place
RDHS Office Hambantota

CHAPTER 10

FINANCIAL MANAGEMENT

10. Financial Management

CHAPTER 10

Financial management refers to the efficient and effective management of funds in such a manner as to accomplish the objectives of the organization. It is the specialized function directly associated with the top management. Financial management in the public sector is critical to improve the quality of the public sector outcomes. It effects how funding is used to address the priorities, availability of resource and cost effectiveness of the public services provided through health care facilities. Financial management consists of several components that enable to make decisions in regard to allocating funds, financing alternatives and to develop dividend policies in keeping with the organization's objectives. The allocation for health needs to be seen as an investment in human capital for the future as nothing worth any other than a healthy community for a country. Properly organized financial management system ensures the proper utilization of limited funds received for the province to cater the numerous health related requirements of the whole province.

Key role of financial management is financial planning including assessing the funds requirement, identifying fund sources, allocation of funds and controlling the utilization of funds towards achieving the goal of the department. Recurrent and Capital finance are the key components of the financial management that involves in maintaining the services and health development activities respectively. The total allocation received in 2020, 2021 & 2022 were Rs.9,990,079,717.00 Rs.11,539,465,797.00 and Rs.12,101,522,087.00 respectively. Percentage of expenditure out of the total allocation for the year 2018 - 2020 was 99.51%,97.91% and 97.85% respectively.

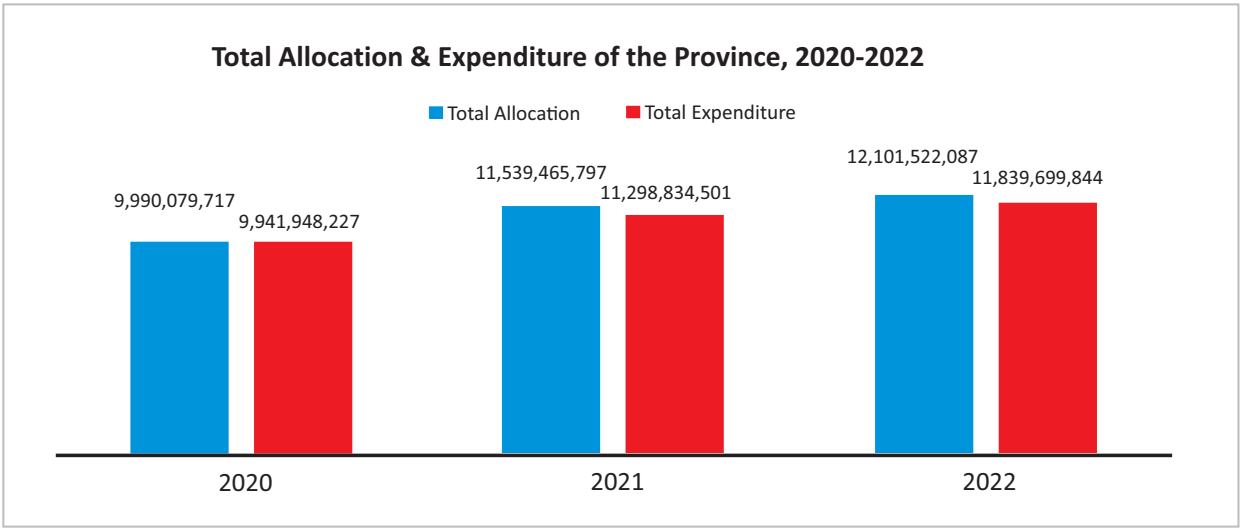


Figure 10.1: Total allocation and expenditure of Province, 2020-2022

Table 10.1: Financial Details of General Administration Service (305-3-2)

		2021 (305-3-2)			2022 (305-3-2)		
	Recurrent Expenditure	**2021 Total Estimate**	**Total Expenditure**	**Balance RS**	**2022 Total Estimate**	**Total Expenditure**	**Balance RS**
1001	Salaries and Wages	278,377,000.00	270,035,486.00	8,341,514.00	297,424,899.00	296,063,769.93	1,361,129.07
1002	Overtime and Holiday pay	140,000,000.00	130,388,188.00	9,611,812.00	116,500,000.00	106,761,758.64	9,738,241.36
1003	Other Allovances	131,957,000.00	124,988,382.00	6,968,618.00	166,534,128.00	161,192,166.58	5,341,961.42
1101	Travelling Expences	61,000,000.00	56,591,729.00	4,408,271.00	37,000,000.00	34,873,544.03	2,126,455.97
1201	Stationary & Office Requisities	15,300,000.00	14,164,541.00	1,135,459.00	24,264,087.00	19,028,308.95	5,235,778.05
1202	Fuel	45,500,000.00	43,231,999.00	2,268,001.00	76,934,440.00	69,479,007.52	
1205	Others	12,230,000.00	11,680,282.00	549,718.00	12,472,400.00	8,508,573.52	7,455,432.48
1301	Vehicals	41,500,000.00	40,517,161.00	982,839.00	34,400,000.00	33,325,262.98	3,963,826.48
1302	Plant, Machinery and Equipment	5,500,212.00	5,500,209.00	3.00	8,700,000.00	6,727,371.86	1,074,737.02
1303	Building	370,630.00	303,369.00	67,261.00	1,700,000.00	1,066,991.97	1,972,628.14
1401	Transport	1,000,000.00	670,668.00	329,332.00	600,000.00	600,000.00	633,008.03
1402	Postal and Communication Service	7,720,000.00	4,654,996.00	3,065,004.00	8,000,000.00	5,027,936.76	0.00
1403	Electricity and Water	12,600,000.00	10,062,659.00	2,537,341.00	10,000,000.00	9,585,887.16	2,972,063.24
1404	Rent and Local Taxes	10,920.00	10,078.00	842.00	317,952.00	317,951.60	414,112.840.40
1409	Others	13,092,660.00	13,092,658.00	2.00	15,000,000.00	14,381,656.73	618,343.27
1506	Property Loan interest to public	30,476,428.00	30,476,428.00	3.00	23,839,000.00	22,861,905.20	977,094.80
1702	contigency service	6,000,000.00	3,546,951.00	2,453,049.00	5,530,000.00	4,206,985.42	1,323,014.58
	Capital Expenditure						
2001	Buliding and structure				1,500,000.00	614,635.67	885,364.33
2002	Plant, Machinery and Equipment				12,500,000.00	7,756,637.87	4,743,362.13
2003	vehicals	2,000,000.00	824,264.00	1,175,736.00	7,594,000.00	4,107,204.17	3,486,795.83
2102	Furniture and office equipment	1,000,000.00	3,872,447.00	(2,872,447.00)	1,124,213.00	1,034,467.50	89,745.50
2103	Plant, Machinery and Equipment				2,000,000.00	1,655,315.00	344,685.00
2106	Soft ware development	500,000.00	422,000.00	78,000.00	2,406,000.00	1,363,540.00	1,042,460.00
	Total	**806,134,850.00**	**765,034,492.0000**	**41,100,358.00**	**866,341,119.00**	**810,540,879.06**	**55,800,239.94**

Table 10.2: Financial Details of Bio Medical Engeneering Service (305-3-3)

		2021 (305-3-3)			2022 (305-3-3)		
	Recurrent Expenditure	**2021 Total Estimate**	**Total Expenditure**	**Balance RS**	**2022 Total Estimate**	**Total Expenditure**	**Balance RS**
1001	Salaries and Wages	10,068,000.00	10,043,500.00	24,500.00	11,064,000.00	10,808,162.83	255,837.17
1002	Overtime and Holiday pay	1,500,000.00	1,406,495.00	93,505.00	800,000.00	785,823.75	14,176.25
1003	Other Allovances	4,547,000.00	4,496,859.00	50,141.00	5,693,648.00	5,693,648.00	-
1101	Travelling Expences	1,647,870.00	1,647,862.00	8.00	1,600,000.00	1,427,702.00	172,298.00
1201	Stationary & Office Requisities	500,000.00	420,776.00	79,224.00	600,000.00	600,000.00	-
1202	Fuel	1,201,270.00	1,201,265.00	5.00	1,200,000.00	504,556.00	695,444.00
1204	Medical Supplies	31,000,000.00	27,113,465.00	3,886,535.00	34,180,587.00	28,335,745.98	5,844,841.02
1205	Others	100,000.00	14,277.00	85,723.00	600,000.00	529,941.34	70,058.66
1206	Mechanical and Electrical good	132,600.00	132,520.00	80.00	72,160.00	72,160.00	-
1301	Vehicals	198,212.00	198,211.00	1.00	1,000,000.00	981,090.00	18,910.00
1302	Plant, Machinery and Equipment	175,000.00	174,962.00	38.00	1,000,000.00	334,881.85	665,118.15
1402	Postal and Communication Service	36,104.00	36,103.63	0.37	300,000.00	300,000.00	-
1403	Electricity and Water	149,144.00	149,143.00	1.00	180,990.00	180,989.75	0.25
1409	Others	260,000.00	258,272.98	1,727.02	400,000.00	395,814.51	4,185.49
1702	contigency service	300,000.00	8,379.00	91,621.00	300,000.00	236,630.00	63,370.00
	Total	**51,815,200.00**	**47,302,090.61**	**4,513,109.39**	**58,991,385.00**	**51,187,146.01**	**7,804,238.99**

Table 10.3: Financial Details of Patient Care Service (305-71-2)

		2021 (305-71-2)			2022 (305-71-2)		
	Recurrent Expenditure	**2021 Total Estimate**	**Total Expenditure**	**Balance RS**	**2022 Total Estimate**	**Total Expenditure**	**Balance RS**
1001	Salaries and Wages	2,995,744,060.00	2,936,798,207.00	58,945,853.00	3,122,215,925.00	3,093,587,932.64	28,627,992.36
1002	Overtime and Holiday pay	2,901,892,088.00	2,861,834,875.00	40,057,213.00	2,720,000,000.00	2,704,752,474.98	15,247,525.02
1003	Other Allovances	1,516,890,586.00	1,478,092,726.00	38,797,860.00	1,849,358,133.00	1,827,345,017.14	22,013,115.86
1101	Travelling Expences	44,700,000.00	39,739,707.00	4,960,293.00	27,829,000.00	26,062,487.82	1,766,512.18
1201	Stationary & Office Requisities	32,951,578.00	30,258,462.00	2,693,116.00	36,850,000.00	26,736,604.87	10,113,395.13
1202	Fuel	79,500,000.00	79,493,532.00	6,468.00	166,108,469.00	160,293,024.75	5,815,444.25
1203	Diets & uniform	140,000,000.00	127,340,459.00	12,659,54	220,047,256.00	213,254,799.78	6,792,456.22
1204	Medical supplies	33,169,100.00	28,593,722.00	1.00	53,902,662.00	47,697,850.87	6,204,811.13
1205	Others	38,780,500.00	38,780,487.00	4,575,378.00	41,887,723.00	37,741,279.20	4,146,443.80
1301	Vehicals	49,308,962.00	49,308,959.00	13.003.00	53,172,611.00	49,800,130.57	3,372,480.43
1302	Plant, Machinery and Equipment	31,890,236.00	31,890,234.00	2.00	46,698,605.00	37,375,345.86	9,323,259.14
1303	Building	22,200,000.00	21,861,611.00	338,389.00	15,412,505.00	14,566,974.97	845,530.03
1401	Transport	3,283,350.00	2,006,297.00	1,277,053.00	386,000.00	146,290.00	239,710.00
1402	Postal and Communication Service	10,539,218.00	10,539,215.00	3.00	13,049,120.00	12,348,293.48	700,826.52
1403	Electricity and Water	145,600,000.00	138,396,330.00	7,203,670.00	142,500,000.00	137,147,149.97	5,352,850.03
1404	Rent and Local Taxes	5,350,000.00	3,437,586.00	1,912,414.00	4,485,817.00	4,295,958.69	189,858.31
1409	Others	257,723,926.00	257,723,925.00	1.00	276,013,137.00	262,909,585.36	13,103,551.64
1506	Property Loan interest to public	4,316,000.00	2,953,404.00	1,362,596.00	19,150,000.00	18,638,715.81	511,284.19
1702	contigency service	2,310,000.00	2,049,607.00	260,393.00	6,500,000.00	4,474,934.28	2,025,065.72
2001	Building and structures	3,000,000.00	6,294,766.00	(3,294,766.00)	3,000,000.00	2,575,584.13	424,415.87
2003	Vehicals	2,000,000.00	1,374,044.00	625,956.00	1,000,000.00	-	1,000,000.00
2012	Furniture and office equipment	500,000.00	14,050,126.00		1,000,000.00	951,443.19	48,556.81
	Total	**8,321,649,604.00**	**8,162,818,281.00**	**172,381,449.00**	**8,820,566,963.00**	**8,682,701,878.36**	**137,865,084.64**

Table 10.4: Financial Details of Community Health Service (305-72-2)

		2021 (305-72-2)			2022 (305-72-2)		
	Recurrent Expenditure	**2021 Total Estimate**	**Total Expenditure**	**Balance RS**	**2022 Total Estimate**	**Total Expenditure**	**Balance RS**
1001	Salaries and Wages	1,059,289,000.00	1,050,158,589.00	9,130,411.00	1,111,653,690.00	1,102,181,263.15	9,472,426.85
1002	Overtime and Holiday pay	532,700,000.00	528,517,945.00	4,182,055.00	443,000,000.00	438,605,640.50	4,394,359.50
1003	Other Allovances	464,311,750.00	463,750,535.00	561,215.00	566,759,671.00	548,092,417.44	18,667,253.56
1101	Travelling Expences	153,115,250.00	153,115,247.00	3.00	102,000,000.00	101,471,713.02	528,286.98
1201	Stationary & Office Requisities	6,000,000.00	3,517,343.00	2,482,657.00	11,860,000.00	4,233,143.30	7,626,856.70
1202	Fuel	21,800,000.00	20,297,630.00	1,502,370.00	35,810,402.00	33,078,492.05	2,731,909.95
1204	Medical supplies	610,000.00	6,300.00	603,700.00	6,000.00	5,425.00	575.00
1205	Others	9,000,000.00	6,156,408.00	2,843,592.00	5,958,900.00	4,046,609.12	1,912,290.88
1301	Vehicals	16,600,000.00	13,992,245.00	2,607,755.00	19,200,000.00	14,734,815.19	4,465,184.81
1302	Plant, Machinery and Equipment	4,000,000.00	3,727,774.00	272,226.00	4,650,000.00	4,202,790.87	447,209.13
1303	Building	2,610,000.00	1,451,201.00	1,158,799.00	2,680,000.00	1,462,709.50	1,217,290.50
1401	Transport	6,575,000.00	4,604,420.00	1,970,580.00	2,178,623.00	-	-
1402	Postal and Communication Service	6,575,000.00	4,604,420.00	1,970,580.00	10,000,000.00	1,758,328.27	420,294.73
1403	Electricity and Water	9,500,000.00	8,026,270.44	1,473,729.56	-	8,586,296.19	1,413,703.81
1404	Rent and Local Taxes	3,275,000.00	2,597,499.00	677,501.00	3,407,800.00	3,191,245.54	216,554.46
1409	Others	10,800,000.00	8,322,810.03	2,477,189.97	3,500,000.00	2,137,002.86	1,362,997.14
1506	Property Loan Interest to Public Servant				2,770,000.00	2,651,719.85	118,280.15
1702	contigency service	6,058,690.00	6,058,687.00	3.00	2,000,000.00	1,713,641.50	286,358.50
2001	Building and structures	3,000,000.00	1,323,623.00	1,676,377.00	3,000,000.00	392,271.60	2,607,728.40
2003	Vehicals	1,000,000.00	695,150.00	304,850.00	1,000,000.00	439,335.81	560,664.19
2012	Furniture and office equipment	500,000.00	466,452.00	33,548.00	1,000,000.00	68,900.00	931,100.00
	Total	**2,317,319,690.00**	**2,281,390,548.47**	**35,929,141.53**	**2,332,435,086.00**	**2,273,053,760.76**	**59,381,325.24**

Table : 10.5: Financial details of Management of Information & Health Education (305 -72-3)

		2021 (305-72-3)			2022 (305-72-3)		
	Recurrent Expenditure	**2021 Total Estimate**	**Total Expenditure**	**Balance RS**	**2022 Total Estimate**	**Total Expenditure**	**Balance RS**
1001	Salaries and Wages	20,620,120.00	20,620,108.00	12.00	9,901,460.00	9,892,237.59	9,222.41
1002	Overtime and Holiday pay	9,267,000.00	9,266,047.00	953.00	4,216,000.00	4,191,192.50	24,807.50
1003	Other Allovances	11,010,500.00	11,010,188.00	312.00	6,250,540.00	6,032,587.00	217,953.00
1101	Travelling Expences	250,000.00	249,722.00	278.00	800,000.00	495,842.00	304,158.00
1201	Stationary & Office Requisities	85,000.00	84,050.00	950.00	200,000.00	200,000.00	-
1202	Fuel	56,240.00	56,240.00	-	100,000.00	94,380.00	5,620.00
1205	Others	54,000.00	53,337.00	663.00	200,000.00	195,697.62	4,302.38
1301	Vehicals	200,000.00	62,020.00	137,980.00	100,000.00	92,820.00	7,180.00
1302	Plant, Machinery and Equipment	10,260.00	10,260.00	-	69,534.00	69,533.83	0.17
1303	Building			-	100,000.00	0.00	100,000.00
1401	others	7,333.00		7,333.00	100,000.00	91907.00	8,093.00
1402	Postal and Communication Service	19,000.00	18,037.00	963.00	50,000.00	32,522.34	17,477.66
1403	Electricity and Water	500,000.00	407,333.00	92,667.00	500,000.00	320,783.96	179,216.04
1702	contigency service	267,000.00	266,049.00	951.00	400,000.00	398,775.80	1,224.20
2102	Furniture and office equipment	200,000.00	185,698.00	14,302.00	200,000.00	107,900.00	92,100.00
	Total	**42,546,453.00**	**42,289,089.00**	**257,364.00**	**23,187,534.00**	**22,216,179.64**	**971,354.36**

10.1 Distribution of financial allocations

Table 10.6: Summary of allocation by programmes

	2020	2021	2022
General Administration	672,276,200.00	806,134,850.00	866,341,119.00
Bio Medical Engineering Service	34,934,800.00	51,815,200.00	58,991,385.00
Patient care services	7,276,744,117.00	8,321,649,604.00	8,820,566,963.00
Community Health Services	1,971,133,600.00	2,317,319,690.00	2,332,435,086.00
Management of Information & Health Education	34,991,000.00	42,546,453.00	23,187,534.00
Total	**9,990,079,717.00**	**11,539,465,797.00**	**12,101,522,087.00**

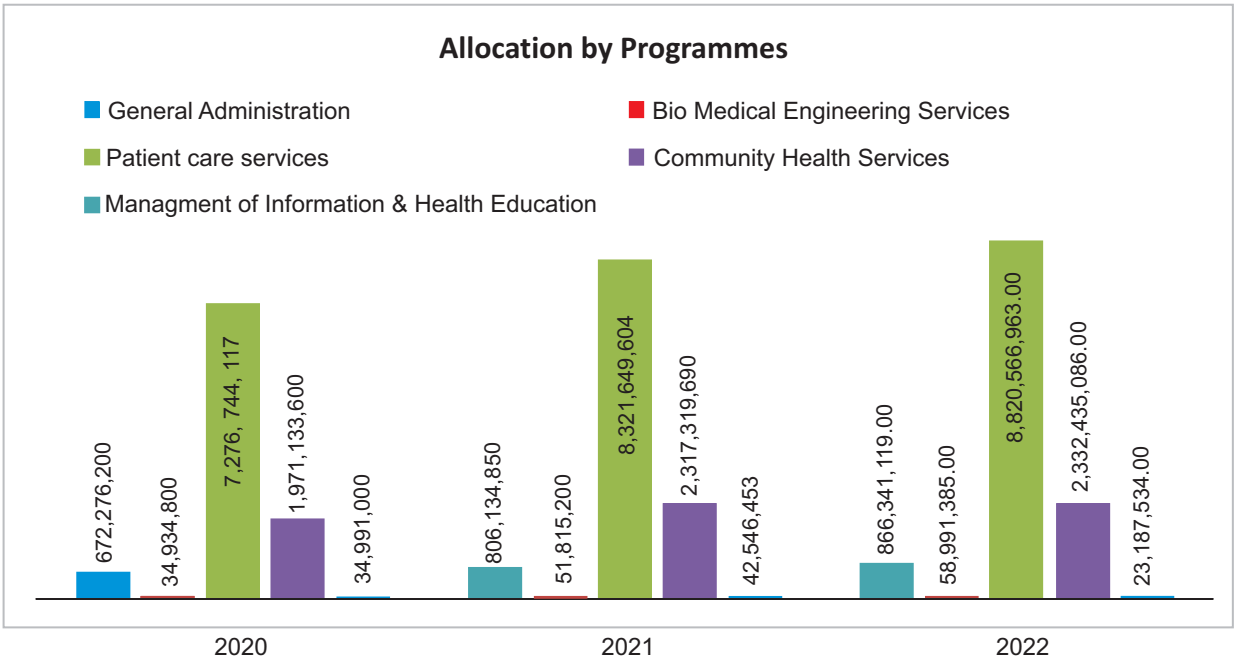


Figure 10.2: Distribution of allocations by programmes, 2020-2022

Table 10.7: Summary of Health expenditure by programmes

	2020	2021	2022
General Administration	668,291,329.24	765,034,492.00	810,540,879.06
Bio Medical Engineering Service	32,133,698.53	47,302,090.61	51,187,146.01
Patient care services	7,242,442,716.57	8,162,818,281.00	8,682,701,878.36
Community Health Services	1,965,296,909.64	2,281,390,548.47	2,273,053,760.76
Management of Information & Health Education	33,783,572.71	42,289,089.00	22,216,179.64
Total	**9,941,948,226.69**	**11,298,834,501.08**	**11,839,699,843.83**

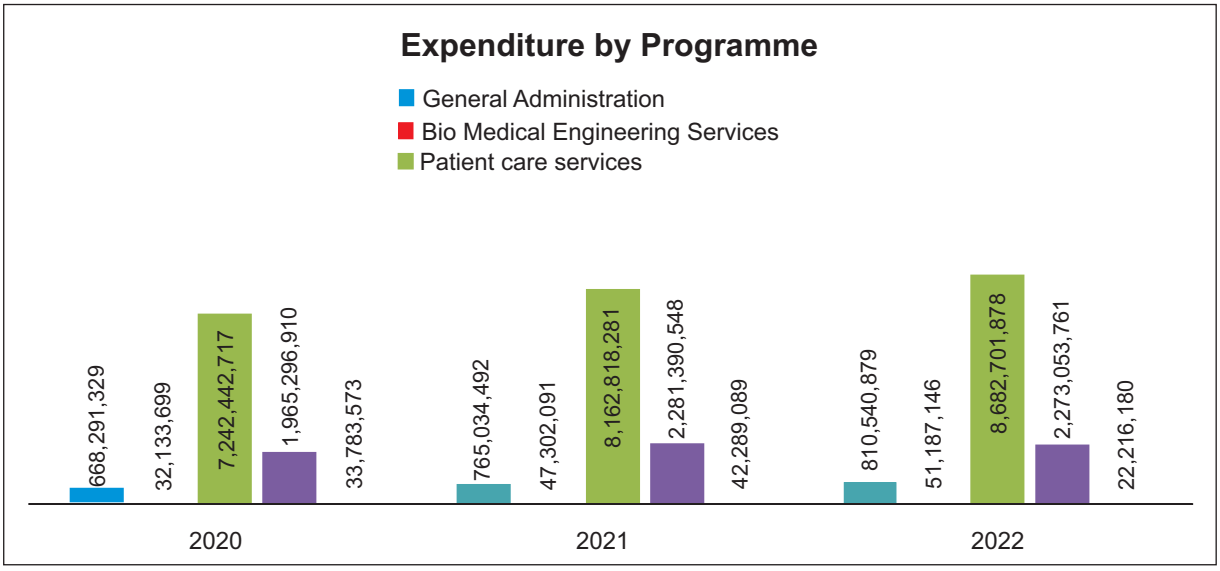


Figure 10.3: Distribution of expenditure by programmes, 2020 - 2022

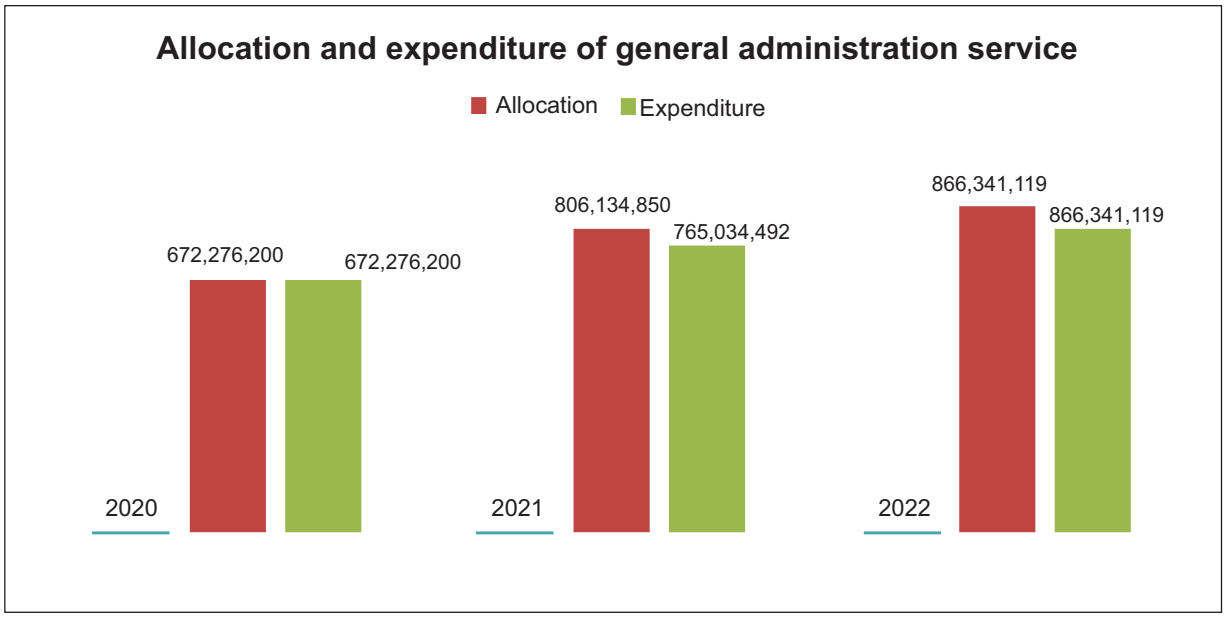


Figure 10.4: Allocation and expenditure of general administration service, 2020-2022

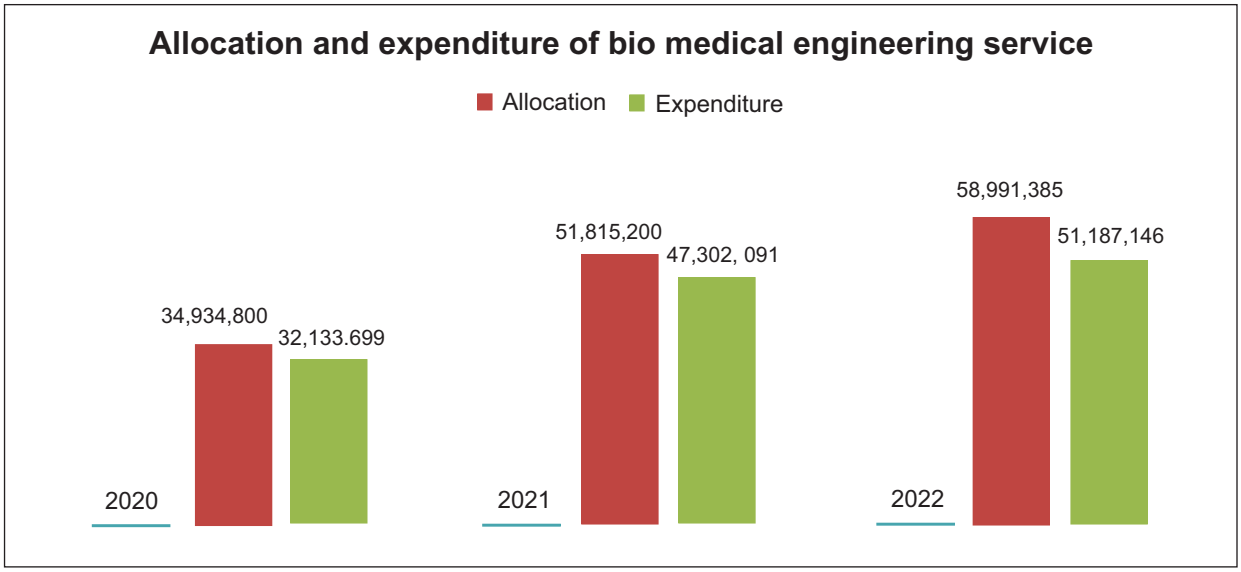


Figure 10.5: Allocation and expenditure of bio medical engineering service, 2020-2022

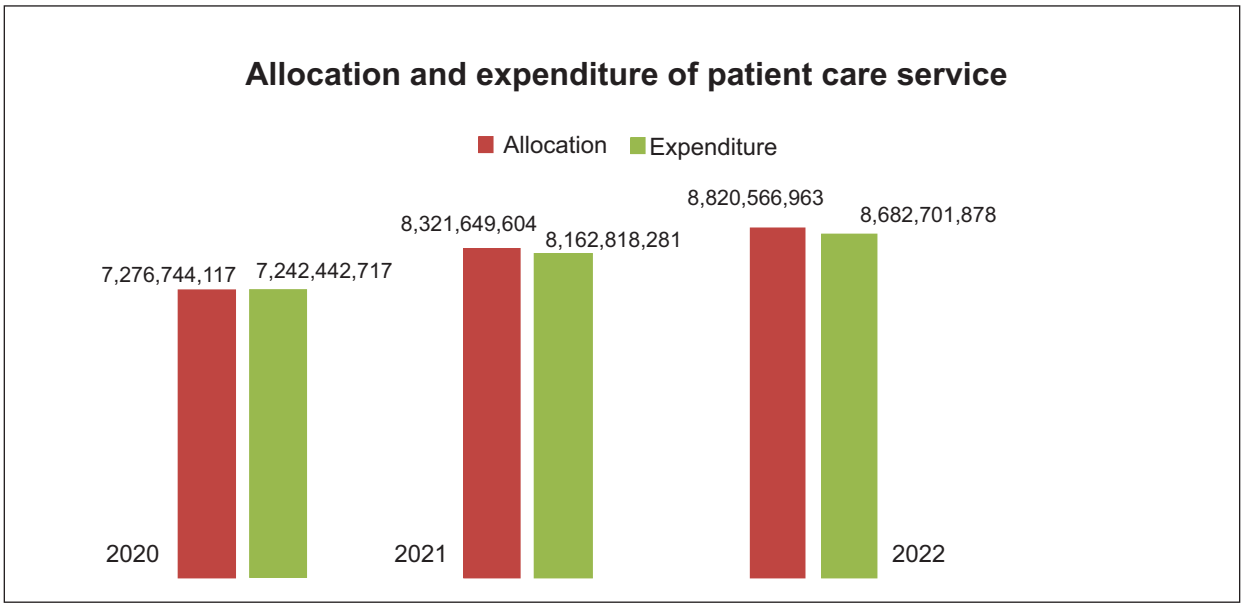


Figure 10.6: Allocation and expenditure of patient care service, 2020-2022

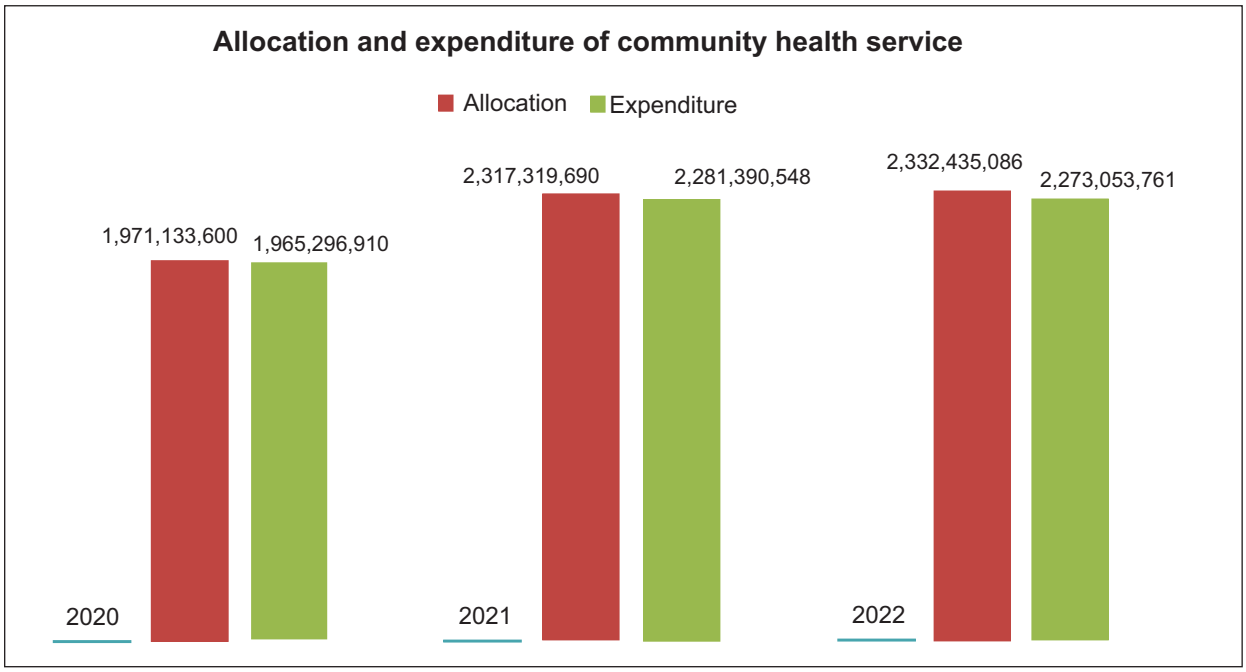


Figure 10.7: Allocation and expenditure of community health service, 2020-2022

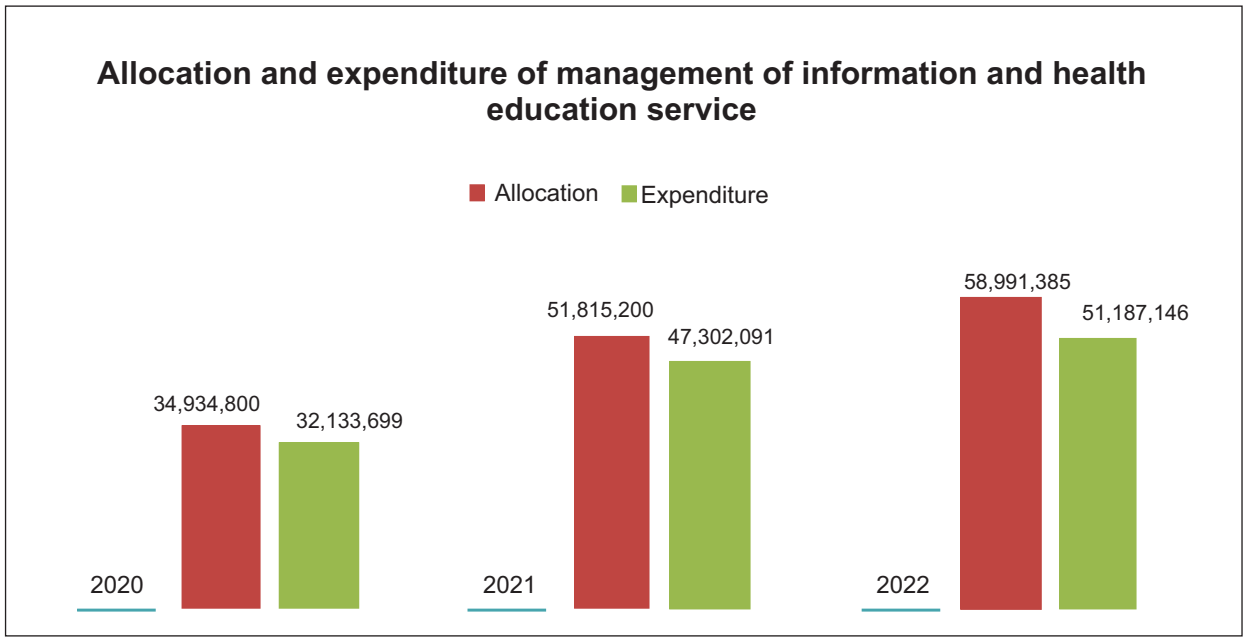
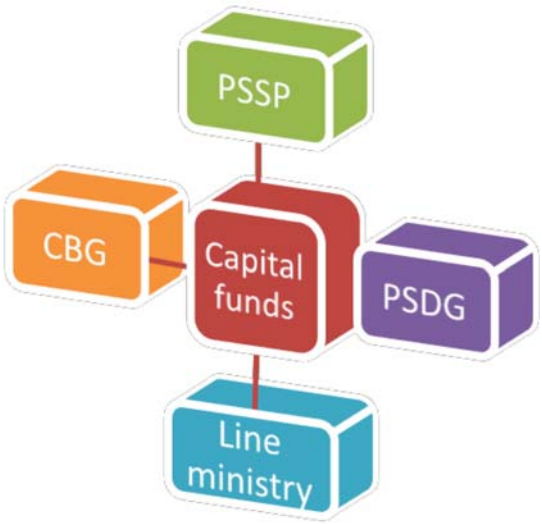
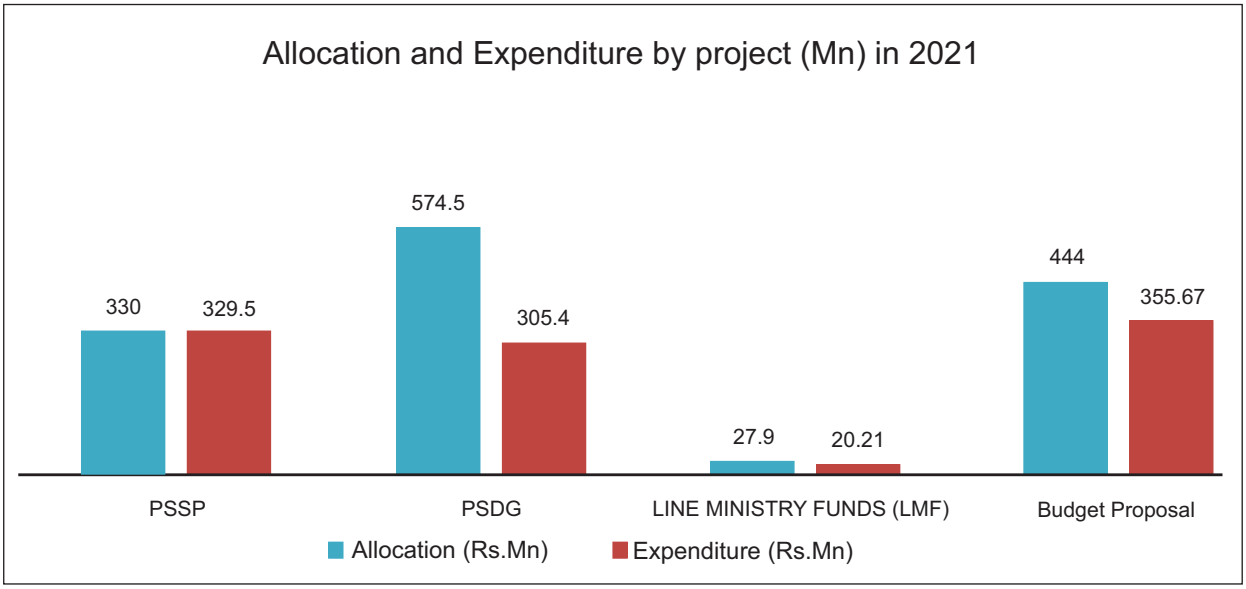


Figure 10.8 Allocation and expenditure of management of information and health education service, 2020-2022

10.2 Capital funds

Development of infrastructure facilities is fundamental to the execution of health services of the province. A strong infrastructure provides the capacity to prepare for and respond to both emergency and on-going threats concerning health of the community. Provincial Specific Development Grant (PSDG), Primary Healthcare System Strengthening Project Funds (PSSP) and funds received from the line ministry are mainly recognized as the capital funds. These funds are utilized for the development of the health infrastructure of the province including buildings, purchasing of medical and general equipment and human resource development etc.





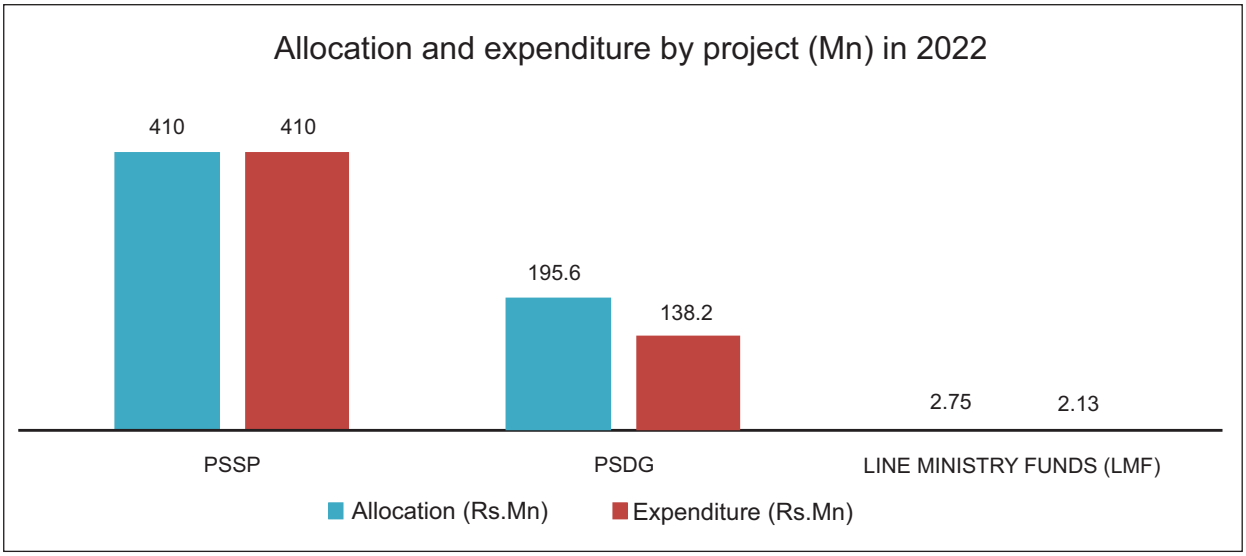


Figure 10.9: Total allocation and expenditure by project, 2021 & 2022

10.2.1 Provincial Specific Development Grant (PSDG)

This fund is expected for financing capital nature development projects paying special attention to infrastructure development projects.Health sector development plans that address the provincial health needs are prepared and forwarded to the finance commission. For each investment, measurable results (output, outcome and impact) need to be identified. There should be pre-defined indicators and periodical monitoring and evaluation of achievements. Results based monitoring and evaluation process conducted by the health authorities and facilitated by the finance commission. PSDG is used for the construction activities purchasing of general equipment,purchasing of medical equipment and programmes.

	2021	2022
Allocations (Mn)	574.5	195.6
Expenditure (Mn)	305.4	138.2

Table 10.8: Major PSDG activities for the year 2021

Galle District	Matara District	Hambantota District
Provision and establishment of cluster incinerator in Udugama BH & Hikkaduwa DH	Provision of backup generator (01) for the operation theatre BH Deniyaya	Expansion of Generator room BH Walasmulla
Provisio of backup generator to BH Udugama	Construction of Generator Room - MOH Mulatiyana	Construction of two storied clinic building - Walasmulla BH
Provision of Theater Lamp with Monitor for BH-Elpitiya		Improvements of generator room at Hambantota RDHS office
		Slit Lamp with Tonometer for eye Unit BH Tangalle
Provision of AC machines for Endoscopy unit,Dental consultant room,obs OT,dental clinic,Labour room, Blood bank, Conference hall,Covid HDU,Xray on call room in Elpitiya BH		Provision of Theater Lamp with Monitor for BH - Thissamaharama
Provision of AC Machine for Theater in BH-Elpitiya		BH Tangalle C pap machine 2
BH Balapitiya C pap machine 1		

Table 10.9: Major PSDG activities for the year 2022

Galle District	Matara District	Hambantota District
Provision of Ultra Sound Scanner for BH Elpitiya	Provision of Multimoniters (Ward type)-5 for BH Deniyaya, 3- DH-Akuressa-2	Provision of backup generator for BH Walasmulla
		Operating illuminating microscope for Tangalle BH
		Provision of High-End Ultra Sound Scanner for BH-Tissamahara
Preperation of master plans to 7 BHs (excluding BH Deniyaya)		

In addition to PSDG the Chief Secretory Office and the Governors Office had issued special funds to year 2020 to mitigate activities aimed at controlling the spread of COVID 19 related activities The main objective is for the immediate funding requirements to meet all the expenditures committed with COVID 19 related healthcare facilities including drugs ,testing , equipments development of quarantine centers and capacity expenses

Urgent Pocument for COVID-19 Management-2021

Chief ministry fund for COVID 19	25 Mn

10.2.2 Primary Healthcare System Strengthening Project Funds (PSSP)

Primary health care (PHC) institutes are the "first contact curative care service" to many people in Sri Lanka especially in rural communities minimizing social disparities. Comprehensive primary health care system in Sri Lanka contributing to the remarkable achievement of health care indices in Sri Lanka.

However, the Ministry of Health in Sri Lanka recognized the need of reforming the PHC system to achieve the United Nations health related sustainable development goals (SDGs) and universal health coverage, joined hands with the Ministry of Provincial Councils and Local Government and initiated a 5-year project to reform and strengthen the primary healthcare services, island wide as Primary Healthcare Strengthening project.

This project is carrying out from 2019 to 2023 as a World Bank budgetary support and the objective of the project is to strengthen the infrastructure and establish healthcare delivery systems for PHC settings and thereby to increase the utilization and to improve quality of people-centered primary healthcare services. This in turn helps to reduce the overburden to the secondary & tertiary care institutions.

There are 109 Primary Medical Care Institutions (PMCI) providing PHC within the province, located through out the province There are 109 Primary Medical Care Institutions (PMCI) providing PHC within the province,

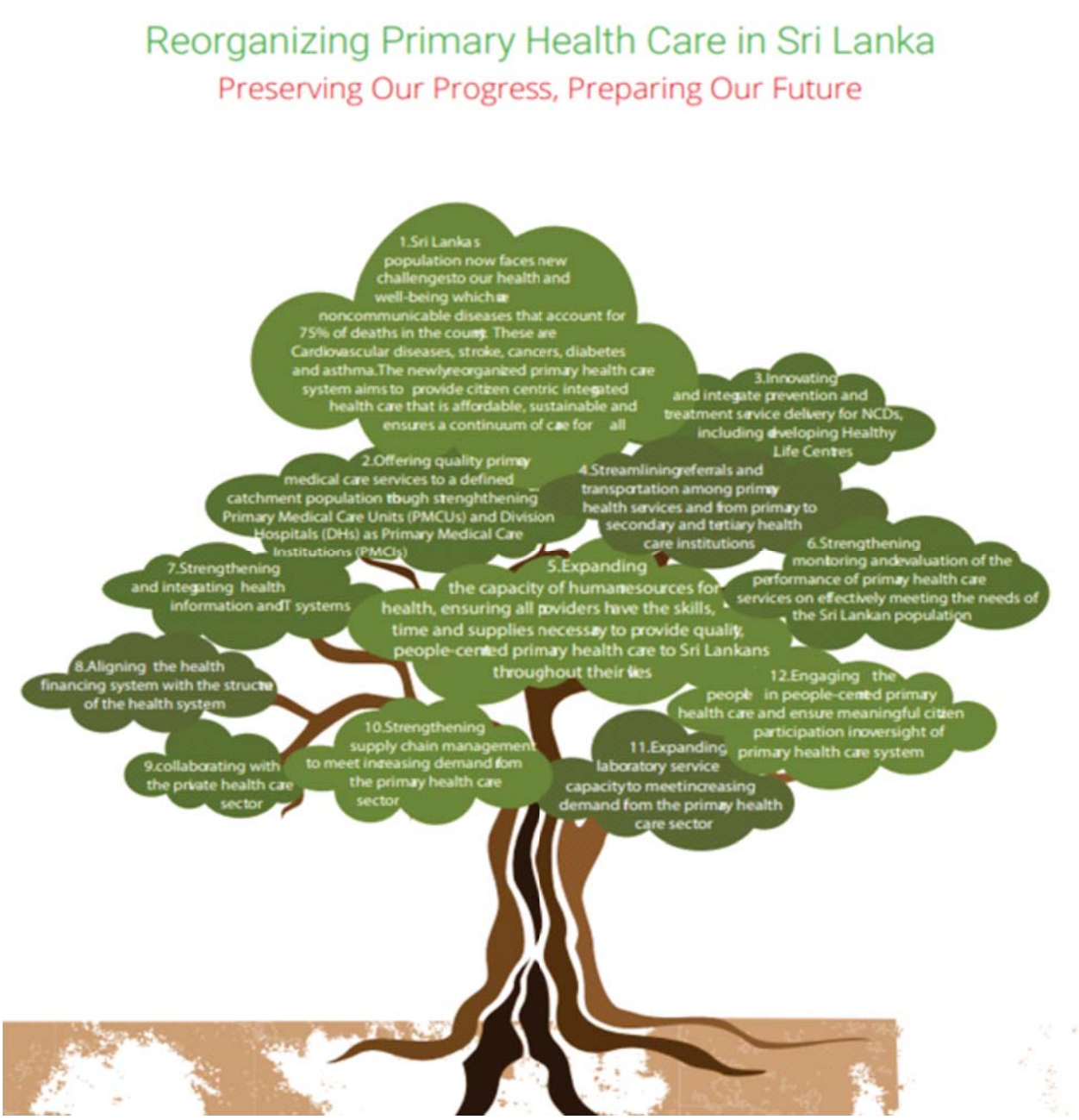
The PHC reform focuses three main thematic areas namely;

- Re-organizing primary healthcare to meet Sri Lanka's needs.
- Improving information management systems for people-centric services.
- Strengthening the health sector through key system improvements.

Accordingly, PSSP project empanel population aged 35 years above in to respective PMCIs, register them, give unique personal health identification number and screen them for noncommunicable diseases (NCD) and risk factors and follow up if needed. Furthermore, the project supports for infrastructure improvement, capacity building of staff on NCD There are 109 Primary Medical Care Institutionsmanagement, improvement of health information system and improvement of diagnostic services. Similarly, to ensure the health for all and equity, ministry of health with support of the World Health Organization (WHO) adopted the "Essential healthcare package" and many other policy standards to streamline the health care delivery and published as circulars, guidelines and manuals especially on drugs, medical equipment, essential services and skills & trainings if healthcare staff. Following are the main focused areas under PSSP project on reforming PHC. (PMCI) providing PHC within the province,

- Strengthening of laboratory services
- Strengthening of emergency care services
- Strengthening of health information system
- Strengthening of drug management system
- Empanelment of population & thereby streamlining referral system
- Strengthening of NCD services including cancer prevention and palliative care
- Strengthening of nutrition clinics
- Strengthening of oral care services
- Strengthening of mental health services
- Standardization of services of PMCI
- Capacity & building of skills of the medical and nursing staff

In addition to the above, strengthening of well-women clinic services provided by medical officer of health.



Reproduced: Road Map for the Primary Healthcare System Strengthening Project (PSSP) World Bank Group, Ministry of Health

The PSSP project carries out as results-based funding project monitoring and evaluation carrying out trough predefined disbursement link indicators and result indicators which is verifying at agreed intervals by an independent evaluation team and the results link with the disbursement of fund.

However, this project mainly emphasizes the strengthening of PMCI,s in accordance with the project development objectives southern province utilized PSSP fund to strengthen secondary care services during the year 2022.

Table 10.10: Utilization of PSSP Funds in Southern Province, 2021-2022

Year	Imprest received (Mn)	Expenditure as at 31st December (Mn)
2021	330	329.5
2022	410	410

The summary of key health care system strengthened in the southern province during the year 2021 & 2022 is presented below.

1. Networking & digitalization to support population registration-2021

Galle	Matara	Hambantota
DH Benthota	DH-Akuressa	DH Nakulugamuwa
DH Habaraduwa	DH Mawarala	DH kirinda
DH Induruwa	DH Urugamuwa	DH Gonadeniya
DH madampagama	DH Ruhunugama	DH Hakuruwela
DH Uragaha	PMCU Dehigaspe	DH Middeniya
DH Nagoda	PMCU Yatiyana	DH Beragama
PMCU Ginthota	PMCU Pallegama	DH Ranna
PMCU Kosgoda	PMCU Makandura	PMCU Mattala
PMCU Pilana	PMCU-Beralapanathara	
PMCU Haburugala	PMCU Maramba	

Networking & digitalization to support population registration-2022

Galle	Matara	Hambantota
DH Niyagama	PMCU Mirissa	PMCU Beralihela
DH Opatha	PMCU Midigama	PMCU Galpoththayaya
DH Ahangama	PMCU Galbokka	PMCU Wilamulla
DH Hikkaduwa	PMCU Denipitiya	PMCU Uduwila
DH Baddegama	PMCU Kekanadura	PMCU Ridiyagama
PMCU Lankagama	PMCU Kapugama	PMCU Bandagiriya
PMCU Halvitigala	PMCU HakmanaP	PMCU Getamanna
PMCU Hammaliya	MCU Kotapola	
PMCU Maththaka	PMCU Thelijjawila	
PMCU Nakiyadeniya	PMCU Devinuwara	
PMCU Yakkalamulla		
PMCU Gintota		

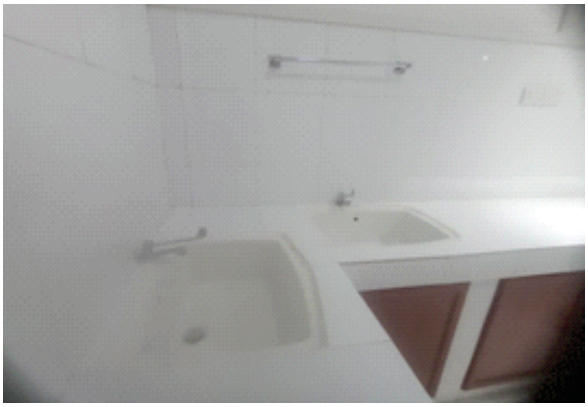
2. Strengthening & upgrading laboratory services-2021

Under this key system improvement, PMCI with available cadre for medical laboratory technologists (MLT), steps had taken to establish or strengthen medical laboratories whin the institution and for the others a cluster system developed to collect and transport the sample to extend the services for the population empaneled to those PMCIs. Accordingly, the following institutes was developed to provide comprehensive laboratory services as per their level of services need to be executed.

Galle	Matara	Hambantota
DH Uragaha	DH Akuressa	DH Ihala Beligalla
DH Neluwa	DH Urugamuwa	DH Beliatta
DH Imaduwa	PMCU pallegama	
DH Ahangama	DH Narawelpita	
DH BentotaThasim	DH mawarala	
Chest Clinic		

Strengthening & upgrading laboratory services-2022

Galle	Matara	Hambantota
BH Balapitiya	DH Urubokka	DH Nakulugamuwa
DH Unawatuna,	DH Deiyandara	DH Ranna
DH Uragaha	DH Mawarala	
DH Imaduwa	DH Urugamuwa	
	DH Gangodagama	
	PMCU Pallegama	
	PMCU Beralapanathara	



3. Ensured continuous electricity supply by establishing electricity generators-2021

Galle	Matara
DH Induruwa	DH Urubokka
Thasim Chest Clinic	BH Deniyaya
RMSD	DU Urugamuwa

Ensured continuous electricity supply by establishing electricity generators-2022

Galle	Matara
BH Elpitiya	PMCU Pallegama
BH Udugama	PMCU Kotapola
DH Batapola	
DH Bentota	
DH Neluwa	

4. Emergency care services strengthened 2021

Galle	Matara	Hambantota
DH Unawatuna	DH-Akuressa	BH Tangalle
DH Imaduwa	DH Mawarala	BH Tissa
DH Batapola	DH Urugamuwa	BH Walasmulla
BH Balapitiya	DH Ruhunugama	DH Ambalantota
BH Elpitiya	PMCU Dehigaspe	DH Kirama
BH Udugama	PMCU Yatiyana	DH Lunugamvehera
DH Ambalangoda	PMCU Pallegama	DH Nakulugamuwa
DH Hiniduma	PMCU Makandura	DH Goonadeniya
DH Induruwa	PMCU-Beralapanathara	DH Middeniya
DH Neluwa	PMCU Maramba	
DH Thalapitiya		
DH Ahangama		
PMCU Maha Induruwa		
DH Madampagama		
DH Baddegama,		
DH Uragaha		
DH Nagoda		
DH Bentota		
DH Karandeniya		
PMCU Pilana		

Emergency care services strengthened 2022

Galle	Matara	Hambantota
DH Baddegama	PMCU Mirissa	BH Thissamaharama
DH Ahangama	PMCU Midigama	BH Walasmulla
DH Neluwa	PMCU Galbokka	BH Tangalle
DH Uragasmanhandiya	PMCU Denipitiya	DH Weeraketiya
PMCU Thelikada	PMCU Kekanadura	DH Katuwana
	PMCU Kapugama	DH Kirinda
	PMCU Kotapola	
	PMCU Thelijjawila	
	PMCU Devinuwara	

5. Out-patient care services strengthened 2021

Galle	Matara	Hambantota
BH- Balapitiya	DH-Akuressa	DH Nakulugamuwa
BH- Udugama	DH Mawarala	DH Kirinda
DH- Ambalangoda	DH Urugamuwa	DH Gonadeniya
DH- Baddegama	DH Ruhunugama	DH Hakuruwela
PMCU- Ahangama	PMCU Yatiyana	DH Middeniya
PMCU Mattaka,	PMCU Beralapanathara	DH Beragama
PMCU- Opatha	PMCU Dehigaspe	DH Ranna
PMCU- Thalapitiya		PMCU Mattala
DH Rathgama,		BH Thissamaharama
MOH Thawalama,		
PMCU- Halvitigala		
DH- Hikkaduwa		
PMCU- kosgoda		
PMCU- Thelikada		
PMCU- Lankagama		
DH Bentota		
DH Batapola		
DH Unawatuna		
DH Imaduwa		
DH Neluwa		
DH Karandeniya		
DH Hiniduma		
DH Induruwa		
DH Habaraduwa		
DH Madampagama		
DH Uragaha		
DH Nagoda		
DH Niyagama		
MOH Imaduwa		
PMCU Agaliya		
MOH Udugama		

Out-patient care services strengthened 2022

Galle	Matara	Hambantota
PMCU Dellawa	PMCU Pallegama	PMCU Beralihela
PMCU Aluththanayamgoda	PMCU Makandura	PMCU Galpoththayaya
PMCU Kahaduwa	PMCU-Beralapanathara	PMCU Wilamulla
DH- Baddegama	PMCU Maramba	PMCU Uduwila
PMCU- Ahangama		PMCU Ridiyagama
PMCU Pilana		PMCU Bandagiriya
PMCU Ambalangoda		PMCU Getamanna
PMCU Hammaliya		PMCU Samadigama
PMCU Haburugala		BH Walasmulla
PMCU Mahainduruwa		BH Tangalle
PMCU Gintota		DH Middeniya
PMCU Maththaka		DH Beragama
PMCU- kosgoda		DH Nakulugamuwa
PMCU- Thelikada		DH Kirinda
PMCU- Lankagama		DH Hakuruwela
PMCU Omaththa		
PMCU Amugoda		
PMCU Halvitigala		
PMCU Yakkalamulla		
PMCU Nakiyadeniya		
PMCU Kirindiela		
PMCU Hipankanda		
PMCU Agaliya		
PMCU Wanduramba		
PMCU Ahungalla		

6. Strengthened drug management systems-2021

Galle	Matara	Hambantota
DH Ahangama	DH Akuressa	DH Nakulugamuwa
PMCU- Hammeliya	DH Mawarala	DH Kirinda
DH Imaduwa	DH Ruhunugama	DH Gonadeniya
PMCU- Hikkaduwa	DH Urugamuwa	DH Hakuruwela
DH Niyagama	PMCU Makandura	DH Middeniya
DH Unawatuna	DH Akuressa	DH Beragama
OHC Habaraduwa	DH Mawarala	DH Ranna
PMCU Agaliya,	DH Ruhunugama	PMCU Mattala
PMCU Ahangama,	DH Urugamuwa	
PMCU Gintota		
PMCU Hipankanda		
PMCU Kahaduwa		
PMCU Kirindiela		
PMCU Omattha		
PMCU Ambalangoda		
DH Rathgama		
PMCU Pilana		

Strengthened drug management systems-2022

Galle	Matara	Hambantota
PMCU Hipankanda	DH Akuressa	PMCU Beralihela
PMCU- Thelikada	DH Ruhunugama	PMCU Galpoththayaya
DH Uragaha	BH kamburupitiya	PMCU Wilamulla
		PMCU Uduwila
		PMCU Ridiyagama
		PMCU Bandagiriya
		PMCU Getamanna
		PMCU Samadigama
		RMSD Hambantota

7. Strengthened mental health services-2021

Galle	Matara	Hambantota
Mental Health Unit-Galle	DH Akuressa	Ruhunu Suwa Niwahana
	BH kamburupitiya	BH Tangalle
	MOH Morawaka	BH Walasmulla

Strengthened mental health services-2022

Galle	Matara	Hambantota
Mental Health Unit-Galle	BH kamburupitiya	RDHS Office
	DH kamburugamuwa	Ruhunu Suwa Niwahana
		BH Thissamaharama

8 Strengthened oral health care services-2021

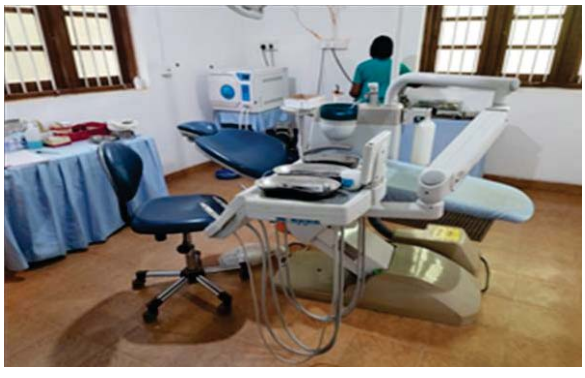
Galle	Matara	Hambantota
DH Habaraduwa	DH Mawarala	BH Tangalle
DH Ahangama	DH Akuressa	BH Thissamaharama
DH Rathgama	DH Dickwella	DH Kariyamaditthta
ADC Ethkandura		DH Katuwana
OHC Habaraduwa		DH Angunakolapelessa
Sangamittha B.V.		DH Weeraketiya
Ampegama MV		
Nagoda Royal C		
Batapola MV		
Baddegama Christ church		
Balapitiya Rewatha		
Balapitiya Siddhartha		
Karandeniya MV		
Thunduwa MV		
Kuleegoda SumanaWanduramba MV		
Kahaduwa MV		
Ahangama Saripatthra MV		
Elpitiya Ananda MV		

Galle	Matara	Hambantota
Kandegoda MV		
Southland BV		
Rippon BV		
Malharussulhiya V		
Gonapinuwala Saralankara V		
Meepawala Amarasooroya V		
Wanduramba MV		
Mahinda C.		
Richmond C		
Thawalma MV		
Batemulla M		
Polpagoda MV		
Unawatuna MV		
Kahaduwa MV		
Balapitiya Rewatha		
Thawalama MV		
Elpitiya Ananda MV		
Bentota Gamini MV		
Kularathna MV		
Dharmashoka V		
Seenigama Wimalabuddhi MV		
Sirisumana MV		
Baddegama Romman Cathelic MV		
Niyagama Vijitha MV		
Neluwa MV		
Poddhiwala MV		
Rathgama Sirisumana V		

Strengthened oral health care services-2022

Galle	Matara	Hambantota
DH Habaraduwa	PMCU Pallegama	PMCU Samadigama
DH Ahangama	PMCU Beralapanathara	BH Tangalle
DH Rathgama,		BH Walasmulla
ADC Ethkandura		BH Thissamaharama
OHC Habaraduwa		DH Ihala Beligalla
Sangamittha B.V.		DH Beragama
Ampegama MV		Debarawewa National School
Nagoda Royal C.		Tangalle Model School
Batapola MV		Getamanna Vijaya Maha Vidyalaya
Baddegama Christ church		Walasmulla Primary School
Balapitiya Rewatha		Katuwana Primary School
Balapitiya Siddhartha		S.T Mary Adolescent Dental Clinic
Karandeniya MV		Weeraketiya Rajapaksha Maha Vidyalaya
Thunduwa MV		
Kuleegoda Sumana		
Wanduramba MV,		
Kahaduwa MV,		
Ahangama Sariputthra MV		
Elpitiya Ananda MV		
Kandegoda MV		
Southland BV,		
Rippon BV,		
Malharussulhiya V		
Gonapinuwala Saralankara V		
Meepawala Amarasooroya V		
Wanduramba MV		
Mahinda C.		
Richmond C		

Galle	Matara	Hambantota
Thawalma MV		
Batemulla M		
Polpagoda MV		
Unawatuna MV		
Kahaduwa MV		
Balapitiya Rewatha		
Thawalama MV		
Elpitiya Ananda MV		
Bentota Gamini MV		
Kularathna MV		
Dharmashoka V		
Seenigama Wimalabuddhi MV		
Sirisumana MV		
Baddegama Romman Cathelic MV		
Niyagama Vijitha MV		
Neluwa MV Poddhiwala MV		
Rathgama Sirisumana V		



9. Strengthened well-women clinic services provided through MOH offices-2021

Galle	Matara	Hambantota
MOH Office -Hikkaduwa	MOH Akuressa	MOH Lunugamwehera
MOH Office-Rathgama	MOH Kamburupitiya	MOH Okewela
MOH Office-Karandeniya	MOH Matara MC	MOH Hambantota
MOH Udugama	MOH Malimbada	MOH Tangalle
MOH Office-Habaraduwa		
MOH Office-Welivitiya Divithura		
MOH Office-Gonapinuwala		
MOH Office-Bope Poddala		
DH- Baddegama		
MOH Office-Ambalangoda		
MOH Office-Imaduwa		
MOH Balapitiya		
MOH Elpitiya		
MOH Akmeemana		
MOH Galle		
MOH Induruwa		
MOH Thawalama		
MOH Niyagama		
MOH Yakkalamulla		
MCH Unit		

Strengthened well-women clinic services provided through MOH offices-2022

Galle	Matara	Hambantota
MOH Rathgama	MOH Athuraliya	MOH Tangalle
MOH Udugama		MOH Lunugamwehera
MOH Welivitiya Divithura		MOH Ambalantota
MOH Gonapinuwala		MOH Angunakolapelessa
MOH Baddegama		
MOH Imaduwa		
MOH Balapitiya		
MOH Elpitiya		
MOH Galle		
MOH Induruwa		
MOH Thawalama		
MOH Niyagama		
MOH Yakkalamulla		

Covid-19 intermediate care centers, isolation & triage areas and to establish secondary care treatments for those infected with COVID-19 virus.

Impact of the Covid-19 pandemic to the Southern province identified as a major public health challenge to the health system. Therefore, funds through PSSP project utilized to improve covid-19 management services, especially on establishing intermediate care centers, isolation & triage areas and to establish secondary care treatments for those infected with covid-19 virus.

2021

Galle	Matara	Hambantota
DH Baddegama	DH Akuressa	BH Tissamaharamaya
DH Niyagama	DH Weligama	Eraminiyaya Covid Center
DH Induruwa	DH Gangodagama	DH Middeniya
DH Ambalangoda	BH kamburupitiya	DH Ambalantota
DH Opatha	PMCU Pallegama	DH Lunugamvehera
DH Habaraduwa		DH Kirama
DH Bentota		DH Beliatta
DH Ahangama		DH Weeraketiya
DH Thalapitiya		DH Nakulugamuwa
PMCU Kahaduwa		DH Sooriyawewa
		BH Tangalle
		BH Walsmulla

2022

Matara
DH Akuressa
DH Weligama
DH Gangodagama
BH kamburupitiya
PMCU Pallegama

10.2.3 Line Ministry Funds (LMF)

Since year 2016 ministry of health provides funds to the province to the health system development.This fund is mainly used for the development of primary and secondary health care institutions, purchasing of medical laboratory & general equipment,minor repairs of base hospitals and chronic kidney diseases prevention programme.Funds utilization as of 31st December 2021 & 2022 is given below.

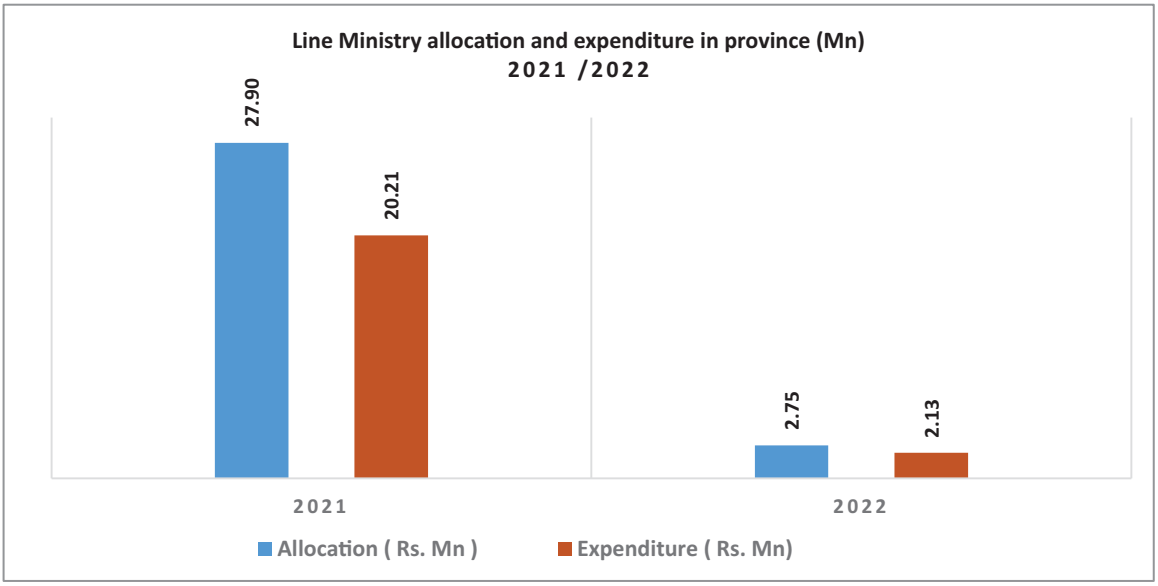


Figure 10.10: Total allocation and expenditure in LMF project in 2021 & 2022

Major LMF activities for the year 2021

Galle District	Matara District	Hambantota District
Purchasing of IT equeipments -BH Udugama	Multipara Monitors BH Kamburupitiya BH Deniyaya	Purchasing of medical equeipments - BH Tangalle
Multipara Monitors - BH Balapitiya BH Elpitiya BH Udugama		Multipara Monitors BH Tangalle BH Walasmulla BH Thissamaharama

Major LMF activities for the year 2022

Galle District	Hambantota District
Expansion of patient toilets near operating room.- BH Elpitiya	Renovation of Patient toilets- BH Wallasmulla

10.2.4 Implementation of Budget Proposal-2021(Rural Hospital Development)

Criteria based funds is one of the provincial funds that is used to minor infrasturce development activities of the province.Funds are mainly utilized by the minisrty of health of the Southern province.Realatively small allocation received when considereing with other fund sources.

	Allocation (Rs.)	Cumalative Expenditure (Rs)
Galle	132,347,368.65	91,022,031.18
Matara	139,672,726.98	130,564,713.70
Hambantota	161,012,132.78	134,083,799.19
Price Variation	10,967,771.59	
Total	**444,000,000.00**	**355,670,544.07**

Maternal and child Health

Galle	Matara	Hambantota
MOH Ambalangoda	MOH-Kirinda-Puhulwella	MOH Tangalle
MOH-Akmeemana	MOH-Weligama	MOH Okewela
MOH-Bopepoddala	MOH-Morawaka	MOH Katuwana
MOH-Gonapinuwala	MOH-Athuraliya	MOH Weeraketiya

MOH-Imaduwa	MOH-Kotapola	MOH Ambalantota
MOH-Hikkaduwa	MOH-Welipitiya	MOH Walasmulla
MOH-Rathgama	MOH-Akuressa	MOH Lunugamwehera
MOH-Udugama	MOH-Kamburupitiya	MOH Agunakolapalassa
MOH-Neluwa	MOH-Dickwella	MOH Sooriyawewa
MOH - Welivitiya divitura	MOH-Thihagoda	
MOH-Hikkaduwa	MOH-Pasgoda	
MOH-Baddegama		
MOH-Thawalama		

Improvement of Base Hospital

Galle	Matara	Hambantota
BH Elpitiya	BH-Deniyaya	BH Tangalle
BH Udugama	BH-Kamburupitiya	BH Walasmulla
BH-Balapitiya		BH Thissamaharama

Improvement of Divisional Hospital

Galle	Matara	Hambantota
DH-Baddegama	DH-Weligama	DH Kirinda
DH Benthota	DH-Morawaka	
DH-Induruwa	DH Urubokka	
DH Unawatuna	DH-Akuressa	
DH Ahangama		
DH-Madampagama		
DH Rathgama		
DH Nagoda		
DH Neluwa		
DH Niyagama		
DH Hiniduma		

DH Opatha		
DH Thalapitiya		
DH Madampagama		
DH-Uragaha		

Improvement of PMCUs

Galle	Matara	Hambantota
PMCU Hammaliya	PMCU Darangala	PMCU Vitarandeniya
PMCU Thelikada	PMCU-Mirissa	
PMCU Wanduramba	PMCU Denipitiya	
MOH-Udugama	PMCU-Kotapola	
PMCU Ahungalla	PMCU-Kamburugamuwa	
PMCU Haburugala		
PMCU Gintota		
PMCU Amugoda		
PMCU Hikkaduwa		
PMCU Hipankanda		
PMCU Pitigala		
PMCU Halvitigala		
PMCU Agaliya		

References

1.**Department of Census and Statistics.** Statistical Abstract. *Department of Census and Statistics.* [Online] 2021. http://www.statistics.gov.lk/abstract2021/CHAP1/1.1.

2. **Department of Census and Statistics**. Mid-year Population by Districts. [Online] 2022. [Cited: September 04, 2023.] http://www.statistics.gov.lk/Resource/en/Population/Vital_Statistics/Mid-year_population_by_district.pdf.

3. **Department of Census and Statistics**. Census of Population and Housing - 2012. *Department of Census and Statistics.* [Online] 2012. [Cited: Sepetember 04, 2023.] http://www.statistics.gov.lk/PopHouSat/CPH2012Visualization/htdocs/index.php?usecase=indicator&action=Map&indId=10.

4. **Department of Census and Statistics.** Vital Statistics. *Department of Census and Statistics.* [Online] [Cited: 10 04, 2023.] http://www.statistics.gov.lk/VitalStatistics/StaticalInformation#gsc.tab=0.

5. **Registrar General's Department.** Vital Statistics. *Registrar General's Department.* [Online] [Cited: 10 07, 2023.] https://www.rgd.gov.lk/web/index.php/en/statistics2/vital-statistics.html#indicators.

6. **World Health Organization.** International classification of Diseases. *World Health Organization.* [Online] [Cited: 10 07, 2023.] https://www.who.int/standards/classifications/classification -of-diseases.

7. **Family Health Bureau.** Maternal Morbidity, Mortality Surveillance Unit. *Family Health Bureau.* [Online] https://fhb.health.gov.lk/index.php/en/technical-units/maternal-child-morbidity-mortality-surveillance-unit-2.

8. **Family Health Bureau**. Child Morbidity, Mortality Unit. *Family health Bureau.* [Online] [Cited: 10 02, 2023.] https://fhb.health.gov.lk/index.php/en/technical-units/maternal-child-morbidity-mortality-surveillance-unit.

9. **Department of Census and Statistics.** *Sri lanka Labor Force Survey - Annual Report 2021.* 2021.

10. **Department of Census and Statistics**. *Household Income and Expenditure Survey- 2019 - Final Report.* 2019.

11. **Ministry of Health** . *Policy on Healthcare Delivery for Universal Health Coverage* . [Online] http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/2018/Policyonhealthcaredelivery.pdf.

12. **Ministry of Health, WHO.** *Sri Lanka Essential Services Package.* s.l. : Ministry of Health, 2019. 978-955-3666-49-9.

ANNEXURES

Number of Institutions under Department of Health Services Southern Province

Institution (Presently Established)	PDHS	RDHS Galle	RDHS Matara	RDHS Hambanthota	Total (Under Provincial Health Department)
Base Hospital type A	0	3	1	1	**5**
Base Hospital type B	0	0	1	2	**3**
Divisional Hospital type A	0	2	3	0	**5**
Divisional Hospital type B	0	8	6	9	**23**
Divisional Hospital type C	0	11	7	8	**26**
Primary Medical Care Unit	0	25	18	14	**57**
MOH Office	0	20	17	12	**49**
Administrative Institutions	1	1	1	1	**4**
Regional Medical Supplies Division	0	1	1	1	**3**
Chest Campaign	0	1	1	1	**3**
STD Control Unit	0	1	1	1	**3**
Vector borne Disease Control Unit	0	1	1	1	**3**
Occupational Health Centre	0	1	0	0	**1**
Ruhunu Suwa Niwahana	0	0	0	1	**1**
Bio Medical Engineering Unit	1	0	1	1	**3**
Engineering Unit	1	0	0	0	**1**
Public Health Laboratory	1	0	0	0	**1**
Regional Training Centre	1	0	0	0	**1**
Adolescence Dental Clinc (Funtioning under MOHs Offices Established in School premises and in PMCUs)	0	8	2	1	**11**
Total	**5**	**83**	**61**	**54**	**203**

Annexure 2

All Provincial Health Services Institutions in Galle District

		Galle District		
6	1	Office of the Regional Director - Galle		
7	2	Vector borne Disease Control Unit-Galle		
8	3	Regional Medical Supplies Division - Galle		
9	4	Occupational Health Center - Habaraduwa		
10	5	Chest Clinic - Galle		
11	6	STD Campaign - Balapitiya		
12	7	Balapitiya	Base Hospital	Type A
13	8	Elpitiya	Base Hospital	Type A
14	9	Udugama	Base Hospital	Type A
15	10	Ambalangoda	Divisional Hospital	Type A
16	11	Baddegama	Divisional Hospital	Type A
17	12	Batapola	Divisional Hospital	Type B
18	13	Bentota	Divisional Hospital	Type B
19	14	Hikkaduwa	Divisional Hospital	Type B
20	15	Hiniduma	Divisional Hospital	Type B
21	16	Imaduwa	Divisional Hospital	Type B
22	17	Karandeniya/Borakanda	Divisional Hospital	Type B
23	18	Neluwa	Divisional Hospital	Type B
24	19	Unawatuna	Divisional Hospital	Type B
25	20	Ahangama	Divisional Hospital	Type C
26	21	Habaraduwa	Divisional Hospital	Type C
27	22	Indhuruwa	Divisional Hospital	Type C
28	23	Madampagama	Divisional Hospital	Type C
29	24	Nagoda	Divisional Hospital	Type C
30	25	Niyagama	Divisional Hospital	Type C
31	26	Opatha	Divisional Hospital	Type C
32	27	Rathgama/Poonangoda	Divisional Hospital	Type C
33	28	Thalapitiya	Divisional Hospital	Type C
34	29	Uragaha	Divisional Hospital	Type C
35	30	Pitigala	Divisional Hospital	Type C
36	31	Agaliya	Primary Medical Care Unit	
37	32	Ahangama	Primary Medical Care Unit	
38	33	Ahungalle	Primary Medical Care Unit	
39	34	Aluththanayamgoda **	Primary Medical Care Unit	
40	35	Ambalangoda	Primary Medical Care Unit	
41	36	Amugoda	Primary Medical Care Unit	
42	37	Dellawa	Primary Medical Care Unit	
43	38	Gintota	Primary Medical Care Unit	
44	39	Habhurugala	Primary Medical Care Unit	
45	40	Halwitigala	Primary Medical Care Unit	
46	41	Hemmeliya	Primary Medical Care Unit	
47	42	Hikkaduwa	Primary Medical Care Unit	
48	43	Hipankanda	Primary Medical Care Unit	
49	44	Kahaduwa	Primary Medical Care Unit	
50	45	Kiridiela	Primary Medical Care Unit	
51	46	Kosgoda	Primary Medical Care Unit	
52	47	Lankagama	Primary Medical Care Unit	
53	48	Maha Indhuruwa	Primary Medical Care Unit	
54	49	Maththaka	Primary Medical Care Unit	
55	50	Nakiyadeniya	Primary Medical Care Unit	
56	51	Omaththa	Primary Medical Care Unit	
57	52	Pilana	Primary Medical Care Unit	
58	53	Thelikada	Primary Medical Care Unit	
59	54	Wanduramba	Primary Medical Care Unit	
60	55	Yakkalamulla	Primary Medical Care Unit	

61	56	Akmeemana	MOH	
62	57	Ambalangoda	MOH	
63	58	Baddegama	MOH	
64	59	Balapitiya	MOH	
65	60	Bentota/ Indhuruwa	MOH	
66	61	Bope- Poddala	MOH	
67	62	Elpitiya	MOH	
68	63	Galle M.C.	MOH	
69	64	Gonapinuwala	MOH	
70	65	Habaraduwa	MOH	
71	66	Hikkaduwa	MOH	
72	67	Imaduwa	MOH	
73	68	Karandeniya/Borakanda	MOH	
74	69	Nagoda/ Udugama	MOH	
75	70	Neluwa	MOH	
76	71	Niyagama	MOH	
77	72	Rajgama / Rathgama	MOH	
78	73	Thawalama	MOH	
79	74	Welivitiya Divithura	MOH	
80	75	Yakkalamulla	MOH	

** - Presently Not Functioning

Annexure 3

All Provincial Health Services Institutions in Matara District

		Matara District		
81	1	Office of the Regional Director - Matara		
82	2	Bio Medical Engineering Unit - Matara		
83	3	Regional Medical Supplies Division - Matara		
84	4	Vector borne Disease Control Unit-Matara		
85	5	Chest Clinic - Matara		
86	6	STD Campaign - Matara		
87	7	Kambhurupitiya	Base Hospital	Type A
88	8	Deniyaya	Base Hospital	Type B
89	9	Akuressa	Divisional Hospital	Type A
90	10	Mawarala	Divisional Hospital	Type A
91	11	Weligama	Divisional Hospital	Type A
92	12	Deiyandara	Divisional Hospital	Type B
93	13	Dickwella	Divisional Hospital	Type B
94	14	Gangodagama	Divisional Hospital	Type B
95	15	Morawaka	Divisional Hospital	Type B
96	16	Narawelpita	Divisional Hospital	Type B
97	17	Urubokka	Divisional Hospital	Type B
98	18	Ruhunugama	Divisional Hospital	Type C
99	19	Thalalla	Divisional Hospital	Type C
100	20	Urugamuwa	Divisional Hospital	Type C
101	21	Midigama	Divisional Hospital	Type C
102	22	Kotapola	Divisional Hospital	Type C
103	23	Pallegama	Divisional Hospital	Type C
104	24	Kirinda - Puhulwella	Divisional Hospital	Type C
105	25	Beralapanathara	Primary Medical Care Unit	
106	26	Dehigaspe	Primary Medical Care Unit	
107	27	Denipitiya	Primary Medical Care Unit	
108	28	Deranagala	Primary Medical Care Unit	
109	29	Devinuwara	Primary Medical Care Unit	
110	30	Galbokka	Primary Medical Care Unit	
111	31	Hakmana	Primary Medical Care Unit	
112	32	Horagoda	Primary Medical Care Unit	
113	33	Kamburugamuwa	Primary Medical Care Unit	
114	34	Kekanadura	Primary Medical Care Unit	
115	35	Marambha	Primary Medical Care Unit	
116	36	Makandura	Primary Medical Care Unit	
117	37	Mirissa	Primary Medical Care Unit	
118	38	Pallawela (Kapugama)	Primary Medical Care Unit	
119	39	Rotumba	Primary Medical Care Unit	
120	40	Thelijjawila	Primary Medical Care Unit	
121	41	Thihagoda	Primary Medical Care Unit	

122	42	Yatiyana	Primary Medical Care Unit	
123	43	Akuressa	MOH	
124	44	Athuraliya	MOH	
125	45	Deniyaya	MOH	
126	46	Devinuwara	MOH	
127	47	Dickwella	MOH	
128	48	Hakmana	MOH	
129	49	Kamburupitiya	MOH	
130	50	Kekanadura (Matara Pradeshiya Saba)	MOH	
131	51	Kirinda - Puhulwella	MOH	
132	52	Malimbada	MOH	
133	53	Matara M.C.	MOH	
134	54	Morawaka	MOH	
135	55	Mulatiyana	MOH	
136	56	Pasgoda	MOH	
137	57	Thihagoda	MOH	
138	58	Weligama	MOH	
139	59	Welipitiya	MOH	

Annexure 4

All Provincial Health Services Institutions in Hambantota District

		Hambanthota District		
140	1	Office of the Regional Director - Hambanthota		
141	2	Bio Medical Engineering Unit - Hambanthota		
142	3	Regional Medical Supplies Devision - Hambanthota		
143	4	Vector borne Disease Control Unit-Hambanthota		
144	5	Chest Clinic - Hambanthota		
145	6	STD Campaign - Hambanthota		
146	7	Ruhunu Suwa Niwahana - Hambanthota		
147	8	Tangalle	Base Hospital	Type A
148	9	Thissamaharamaya	Base Hospital	Type B
149	10	Walasmulla	Base Hospital	Type B
150	11	Ambalanthota	Divisional Hospital	Type B
151	12	Angunakolapelessa	Divisional Hospital	Type B
152	13	Beliatta	Divisional Hospital	Type B
153	14	Kariyamaditta	Divisional Hospital	Type B
154	15	Katuwana	Divisional Hospital	Type B
155	16	Lunugamwehera	Divisional Hospital	Type B
156	17	Sooriyawewa	Divisional Hospital	Type B
157	18	Thissa Kirinda	Divisional Hospital	Type B
158	19	Weeraketiya	Divisional Hospital	Type B
159	20	Beragama	Divisional Hospital	Type C
160	21	Gonadeniya	Divisional Hospital	Type C
161	22	Hakuruwela	Divisional Hospital	Type C
162	23	Ihalabeligalla	Divisional Hospital	Type C
163	24	Kirama	Divisional Hospital	Type C
164	25	Middeniya	Divisional Hospital	Type C
165	26	Nakulugamuwa	Divisional Hospital	Type C
166	27	Ranna	Divisional Hospital	Type C
167	28	Abesekaragama	Primary Medical Care Unit	
168	29	Bandagiriya	Primary Medical Care Unit	
169	30	Beralihela	Primary Medical Care Unit	
170	31	Elalla	Primary Medical Care Unit	
171	32	Galpottayaya	Primary Medical Care Unit	
172	33	Getamanna	Primary Medical Care Unit	
173	34	Mattala	Primary Medical Care Unit	
174	35	Palatuduwa	Primary Medical Care Unit	
175	36	Ridiyagama	Primary Medical Care Unit	
176	37	Samadigama	Primary Medical Care Unit	
177	38	Uduwila	Primary Medical Care Unit	
178	39	Warapitiya	Primary Medical Care Unit	

179	40	Wilamulla	Primary Medical Care Unit	
180	41	Witarandeniya	Primary Medical Care Unit	
181	42	Ambalanthota	MOH	
182	43	Angunakolapelessa	MOH	
183	44	Beliatta	MOH	
184	45	Hambanthota	MOH	
185	46	Katuwana	MOH	
186	47	Lunugamwehera	MOH	
187	48	Okewela	MOH	
188	49	Sooriyawewa	MOH	
189	50	Tangalle	MOH	
190	51	Tissamaharamaya	MOH	
191	52	Walasmulla	MOH	
192	53	Weeraketiya	MOH	

Annexure 5

Galle District Health Institutions in each MOH divisions

MOH Office	BH (Type A)	BH (Type B)	DH (Type A)	DH (Type B)	DH (Type C)	PMCU	Special Campaigns	Adolescence Dental Clinic	Other
1. Akmeemana						1. Pilana		1. Pilana	
2. Ambalangoda			1.Ambalangoda	1.Batapola		2. Ambalangoda		2.Devananda Vidyalaya-Ambalangoda	
3. Baddegama			2.Baddegama			3. Hammeliya 4. Thelikada 5. Wanduramba			
4.Balapitiya	1.Balapitiya					6. Ahungalla 7. Kosgoda	1.STD Control Unit		
5. Bope Poddala						8. Gintota		3.Gintota	
6. Elpitiya	2.Elpitiya				1.Pitigala	9. Amugoda 10. Kahaduwa 11. Mattaka 12. Omaththa			
7. Galle M.C					2.Thalapitiya		2. Chest Clinic	4. St. Aloysius Collage	
8.Gonapinuwala				2.Hikkaduwa		13. Kirindiela			
9.Habaraduwa				3.Unawatuna	3. Ahangama 4. Habaraduwa	14.Ahangama	3. OHC-Habaraduwa 4. Rabies Control Unit 5. Vector borne Disease Control Unit		1.RDHS Office 2. RMSD 3 Mental Health Resources Center 4. Mobile Lab 5. Mobile Dental Unit
10.Hikkaduwa					5.Madampagama	15.Hikkaduwa			
11.Imaduwa				4. Imaduwa					
12.Induruwa				5. Bentota	6.Induruwa	16. Haburugala 17. Maha Induruwa			
13.Karandeniya				6.Karandeniya	7.Uragasmanhandiya	18.Hipankanda			
14. Neluwa				7.Neluwa		19 Dellawa 20. Lankagama			
15. Niyagama					8.Niyagama			5.Pitigala	
16. Ratgama					9. Ratgama				
17. Thawalama				8. Hiniduma	10.Opatha	21. Halwitigala		6.Panangala Mahabodi Viduhala	
18. Udugama	3.Udugama				11.Nagoda	22.Aluththanayamgoda (N.F)			
19. Welivitiya Divitura						23. Agaliya		7. Ethkandura Seewalee Viduhala	
20.Yakkalamulla						24. Nakiyadeniya 25. Yakkalamulla		8.Yakkalamulla	

Annexure 6

Matara District Health Institutions in each MOH divisions

MOH Office	BH (Type A)	BH (Type B)	DH (Type A)	DH (Type B)	DH (Type C)	PMCU	Special Campaigns	Adolescence Dental Clinic	Other
1.Akuressa			1.Akuressa			1.Marambha			
2.Athureliya									
3.Deniyaya		1.Deniyaya			1.Pallegama				
4. Devinuwara					2.Thalalla 3.Kotapola	2.Pallawela (Kapugama) 3.Devinuwara			
5. Dikwella				1.Dikwella	4. Urugamuwa				
6.Hakmana				2. Narawelpita 3. Gangodagama		4.Hakmana			
7. Kirinda Puhulwella					5.Kirinda Puhulwella				
8.Kamburupitiya	1.Kamburupitiya				6. Ruhunugama				
9. Malimbada						5.Horagoda 6.Thelijjawila		1.Thelijjawila	
10. Matara M.C.							1. STD Control Unit 2. Chest Clinic 3. Rabies Control Unit 4. Vector borne Disease Control Unit		1. RDHS Office 2. RMSD 3. Biomedical Unit 4. Mental Health Resources Center 5. Mobile Lab 6. Mobile Dental Unit
11. Matara Pradeshiya Saba (Kekunadura)						7. Kekunadura			
12. Morawaka				4. Morawaka		8. Dehigaspe 9. Derangala			
13. Mulatiyana				5.Deiyandara		10.Makandura		2.Makandura	
14. Pasgoda			2. Mawarala	6. Urubokka		11. Beralapanathara 12. Rotumba			
15. Thihagoda						13. Thihagoda 14. Yatiyana			
16.Weligama			3. Weligama		7.Midigama	15. Galbokka 16. Mirissa 17. kamburugamuwa			
17. Welipitiya						18. Denipitiya			

Hambanthota District Health Institutions in each MOH divisions

Annexure 7

MOH Office	BH (Type A)	BH (Type B)	DH (Type A)	DH (Type B)	DH (Type C)	PMCU	Special Campaigns	Adolescence Dental Clinc	Other
1.Ambalantota				1.Ambalantota		1. Samagigama 2. Ridiyagama			1.Ruhunu Suwa Niwahana
2.Angunakolapelassa				2.Angunakolapelassa 3.Kariyamaditta	1.Hakuruwela	3. Abesekaragama			
3. Beliatta				4. Beliatta	2. Ihalabeligalla	4. Getamanna			
4. Hambantota					3 Beragama	5.Badagiriya 6. Elalla	1. STD Control Unit 2. Chest Clinic 3. Rabies Control Unit 4. Vector borne Disease Control Unit	1. St. Mary's Convent	2. RDHS Office 3. RMSD 4. Biomedical Unit 5 Mental Health Resources Center 6. Mobile Lab 7. Mobile Dental Unit
5.Katuwana				5. Katuwana	4. Middeniya	7. Warapitiya			
6. Lunugamvehera				6. Lunugamvehera		8.Mattala 9. Beralihela			
7. Okewela									
8. Sooriyawewa				7. Sooriyawewa					
9. Tangalla	1. Tangalle				5. Nakulugamuwa 6. Ranna	10. Palatuduwa 11. Witharandeniya			
10. Tissamaharama		1.Tissamaharama		8. Tissa -Kirinda		12. Uduwila 13. Wilamulla			
11.Walasmulla		2. Walasmulla			7. Kirama				
12. Weeraketiya				9. Weeraketiya	8. Gonadeniya	14. Galpottayaya			

Annexure 8

Details of Indoor & Outdoor Patients Year 2022

Galle District											Annual		
			Number of Wards	Number of Beds	Number of Admissions	Number of Inpatients Days	Bed Occupancy rate	Number of OPD Attendance	Number of Clinic Attendance	Number of Deliveries	Deaths(Within 48 hours)	Transfers	Number treated at the Emergency treatment units (If ETUs' are available)
1	BH	Balapitiya	13	477	40,231	80,409	46.18%	103,029	125,083	1,831	306	2,076	7,563
2	BH	Elpitiya	11	358	43,222	78,619	60.17%	128,461	90,786	2,114	277	1,580	11,323
3	BH	Udugama	7	150	15,229	41,167	75.19%	72,909	43,579	594	87	1,236	15,234
4	DH	Ambalangoda	6	101	6,860	4,151	11.26%	60,145	3,993		0	305	4,619
5	DH	Baddegama	6	111	7,423	7,250	17.89%	74,389	26,317	6	0	1,042	5,960
6	DH	Batapola	4	60	3,569	4,503	20.56%	61,907	14,516	0	5	503	
7	DH	Bentota	5	52	4,966	5,484	28.89%	53,144	18,455	0	4	521	2,756
8	DH	Hikkaduwa	7	279	4,424	6,098	5.99%	62,246	15,177	0	5	703	3,311
9	DH	Hiniduma	PCU+ 04	85	3,219	4,421	14.25%	32,948	11,269	17	7	377	3,219
10	DH	Imaduwa	5	68	5,200	10,155	40.91%	80,077	14,060	13	8	2,150	4,304
11	DH	Karandeniya	ETU+3	63	6,852	6,349	27.61%	83,367	25,432	0	12	165	
12	DH	Neluwa	4	59	3,880	4,636	21.53%	58,381	12,419	10	7	701	587
13	DH	Unawatuna	2	55	1,087	5,813	28.96%	43,918	16,567	0	0	38	1,067
14	DH	Ahangama	5	42	4,667	5,613	36.61%	59,218	14,534	0	6	633	237
15	DH	Habaraduwa	3	53	1,518	3,189	16.48%	43,375	4,164	0	4	258	466
16	DH	Induruwa	6	31	4,076	3,202	28.30%	44,796	8,964	0	1	633	2,103
17	DH	Madampagama	2	15	548	671	12.26%	43,347	4,850	0	0	225	510
18	DH	Nagoda	2	14	1,924	3,101	60.68%	30,471	5,656	0	0	280	487
19	DH	Niyagama	2	12	2,003	3,005	68.61%	53,551	11,608	0	0	407	
20	DH	Rathgama	4	51	7,322	8,980	48.24%	58,749	7,866	0	3	677	6,522
21	DH	Uragaha	3	34	1,853	2,312	18.63%	40,093	10,237	0	3	720	5
22	DH	Opatha	1	6			0.00%	30,590	4,955		0		83
23	DH	Thalapitiya	1	11	8	12	0.30%	32,716	6,809	4	0	3	
24	DH	Pitigala						2,630	420		0		
25	PMCU	Agaliya						16,057	879				
26	PMCU	Ahangama						40,190	153				
27	PMCU	Ahungalla						17,349	1,277				
28	PMCU	Ambalangoda						25,607					
29	PMCU	Amugoda						31,762	757				
30	PMCU	Gintota						55,781	1,914				
31	PMCU	Haburugala						25,980	1,670				
32	PMCU	Halwitigala						7,072	326				
33	PMCU	Hemmeliya						26,859	4,319				
34	PMCU	Hikkaduwa						34,715	598				
35	PMCU	Hipankanda						16,368	957				
36	PMCU	Kahaduwa						12,663	636				
37	PMCU	Kiridiela						20,537	1,741				
38	PMCU	Kosgoda						28,271	1,922				
39	PMCU	Lankagama						3,724	1,680				
40	PMCU	Maha Induruwa						23,589	2,296				
41	PMCU	Mattaka						7,707	825				
42	PMCU	Nakiyadeniya						19,429	1,664				
43	PMCU	Omattha						19,890	3,667				
44	PMCU	Pilana						35,892	3,751				
45	PMCU	Dellawa						2,404	0				
46	PMCU	Thelikada						20,864	3,614				
47	PMCU	Wanduramba						56,704	2,514				
48	PMCU	Yakkalamulla						10,716	1,215				
49		Occupational Health centre						58,265	14,527				
50	PMCU	Aluththanayamgoda(NF)											
		Total	**99**	**2187**	**170081**	**289140**	**7**	**1972852**	**550618**	**4589**	**735**	**15233**	**70356**

Galle Distric 2022	Number of Wards	Number of Beds	Number of Admissions	Number of Inpatients Days	Bed Occupancy rate	Number of OPD Attendance	Number of Clinic Attendance	Number of Deliveries	Deaths(Within 48 hours)	Transfers	Number treated at the Emergency treatment units (If ETUs' are available)
Primary	68	1202	71399	88945	20%	1668453	291170	50	65	10341	36236
Secondary	31	985	98682	200195	56%	304399	259448	4539	670	4892	34120
Total	**99**	**2187**	**170081**	**289140**	36%	**1972852**	**550618**	**4589**	**735**	**15233**	**70356**

Annexure 9

Details of Indoor and out door Patients Year 2022

Matara District **Annual**

			Number of Wards	Number of Beds	Number of Admissions	Number of Inpatients Days	Bed Occupancy rate	Number of OPD Attendance	Number of Clinic Attendance	Number of Deliveries	Deaths (Within 48 hours)	Transfers	Number treated at the Emergency treatment units (If ETUs' are available)
1	BH	Kamburupitiya	10	315	30,304	54,175	47.6	118,508	143,155	1,916	145	960	4,717
2	BH	Deniyaya	7	144	13,710	25,272	43.3	54,262	43,495	215	44	1,823	3,595
3	DH	Akuressa	5	114	10,686	13,582	32.60	78,679	27,334	16	13	1,552	10,121
4	DH	Mawarala	4	76	2,077	3,907	13.00	50,907	11,099	4	2	591	30
5	DH	Weligama	6	105	5,811	10,899	17.40	74,990	23,402	2	6	322	4,570
6	DH	Dickwella	4	82	5,098	7,845	24.90	55,926	18,844	11	3	588	3,376
7	DH	Gangodagama	5	59	4,644	6,976	31.40	73,991	12,552	0	1	150	2,872
8	DH	Narawelpita	5	84	3,005	5,695	18.11	54,604	10,400	0	2	223	183
9	DH	Morawaka	7	120	5,543	13,804	31.50	72,557	18,929	28	22	667	2,000
10	DH	Urubokka	6	60				48,343	10,989				2,974
11	DH	Deiyandara	4	55	2,895	3,669	16.50	75,042	18,841	4	7	490	803
12	DH	Thalalla	3	21	2,100	2,813	36.70	38,561	10,774	0	5	463	335
13	DH	Urugamuwa	4	18	1,677	2,044	35.00	41,949	8,087	0	2	183	N.F.
14	DH	Ruhunugama	2	15	949	972	14.60	46,353	9,845	0	0	24	57
15	DH	Kirinda - Puhulwella						47,313	13,914				
16	DH	Midigama						40,524	4,762				
17	DH	Pallegama						42,251	9,491				
18	DH	Kotapola						23,745	3,352				
19	PMCU	Galbokka						54,051	10,376				
20	PMCU	Kamburugamuwa						35,038	3,684				
21	PMCU	Dewinuwara						41,371	11,277				
22	PMCU	Mirissa						38,265	9,982				
23	PMCU	Rotumba						19,621	2,289				
24	PMCU	Denipitiya						27,668	5,297				
25	PMCU	Hakmana						19,127	1,136				
26	PMCU	Kekanadura						55,209	5,996				
27	PMCU	Dehigaspe						43,739	6,318				
28	PMCU	Beralapanathara						36,421	13,164				
29	PMCU	Makandura						42,654	4,222				
30	PMCU	Thelijjawila						23,893	3,970				
31	PMCU	Yatiyana						37,745	4,772				
32	PMCU	Derangala						18,460	3,037				
33	PMCU	Maramba						22,398	3,123				
34	PMCU	Thihagoda						18,634	1,840				
35	PMCU	Horagoda						16,683	1,661				
36	PMCU	Kapugama/Pallawela						21,217	3,046				
37	Clinic	Chest Clinic						7,086	1,327				
Total			**72**	**1,268**	**88,499**	**151,653**		**1,617,785**	**495,782**	**2,196**	**252**	**8,036**	**35,633**

Matara District - 2022

	Number of Wards	Number of Beds	Number of Admissions	Number of Inpatients Days	Bed Occupancy rate	Number of OPD Attendance	Number of Clinic Attendance	Number of Deliveries	Deaths(Within 48 hours)	Transfers	Number treated at the Emergency treatment units (If ETUs' are available)
Primary	55	809	44,485	72,206	24%	1,445,015	309,132	65	63	5,253	27,321
Secondary	17	459	44,014	79,447	47%	172,770	186,650	2,131	189	2,783	8,312
Total	**72**	**1,268**	**88,499**	**151,653**	33%	**1,617,785**	**495,782**	**2,196**	**252**	**8,036**	**35,633**

Annexure 10

Details of Indoor and out door Patients Year-2022

Hambantota District — **Annual**

			Number of Wards	Number of Beds	Number of Admissions	Number of Inpatients Days	Bed Occupancy rate	Number of OPD Attendance	Number of Clinic Attendance	Number of Deliveries	Deaths(Within 48 hours)	Transfers	Number treated at the Emergency treatment units (If ETUs' are
1	BH	Tangalle	12	318	37455	83259	71.7	135220	121088	2708	124	1724	14002
2	BH	Walasmulla	8	180	22039	58202	88.6	115145	47902	772	88	1021	10474
3	BH	Tissa	7	217	26817	42419	53.6	104605	49773	975	72	1764	1738
4	DH	Kariyamaditta	4	62	5036	6561	29.0	67954	16355	3	2	759	4907
5	DH	Agunukolapelessa	4	76	6503	7792	28.1	117210	18265	5	6	760	5783
6	DH	Beliatta	4	71	5329	7725	29.8	90839	20291	4	0	632	2025
7	DH	Katuwana	4	72	4564	6823	26.0	80100	13474	4	1	921	2693
8	DH	Ambalantota	4	78	2904	2493	8.8	44549	14693	0	3	1060	1677
9	DH	Lunugamvehera	4	50	2797	1774	9.7	80974	18139	1	4	690	875
10	DH	Sooriyawewa	4	70	6473	8651	33.9	90686	13985	14	5	1463	6239
11	DH	Weeraketiya	4	106	5094	8579	22.2	82885	21324	2	4	1202	3875
12	DH	Gonadeniya	2	30	575	1507	13.8	46829	8425	0	0	401	561
13	DH	Hakuruwela	3	34	2964	2317	18.7	54765	10246	0	1	806	2291
14	DH	Ihala Beligalle	4	21	2321	2429	31.7	22144	3075	1	0	222	572
15	DH	Kirama	4	60	3787	2238	10.2	54828	6088	2	4	557	0
16	DH	Nakulugamuwa	2	22	1949	2305	28.7	50767	9413	0	4	252	929
17	DH	Ranna	3	20	2466	3241	44.4	64837	9343	0	0	753	2466
18	DH	Beragama	3	20	2196	2792	38.2	44479	5171	0	0	392	0
19	DH	Kirinda	3	60	1190	2370	10.8	22013	5997	0	0	346	115
20	PMCU	Middeniya	4	57	3018	3352	16.1	36642	4279	0	0	765	2108
21	PMCU	Wilamulla	0	0	0	0	0	18000	3918	0	0	0	0
22	PMCU	Getamanna	0	0	0	0	0	8980	2632	0	0	0	0
23	PMCU	Uduwila	0	0	0	0	0	9635	4106	0	0	0	0
24	PMCU	Bandagiriya	0	0	0	0	0	14406	3425	0	0	0	0
25	PMCU	Galpoththayaya	0	0	0	0	0	8048	3045	0	0	0	0
26	PMCU	Abesekeragama	0	0	0	0	0	12848	1811	0	0	0	0
27	PMCU	Palathuduwa	0	0	0	0	0	13598	1236	0	0	0	0
28	PMCU	Vitharandeniya	0	0	0	0	0	28628	3025	0	0	0	0
29	PMCU	Warapitiya	0	0	0	0	0	17421	2071	0	0	0	0
30	PMCU	Beralihela	0	0	0	0	0	27498	3392	0	0	0	0
31	PMCU	Ridiyagama	0	0	0	0	0	23995	3110	0	0	0	0
32	PMCU	Ellala	0	0	0	0	0	4706	0	0	0	0	0
33	PMCU	Mathala	0	0	0	0	0	10964	1477	0	0	0	0
34	PMCU	Samadhigama	0	0	0	0	0	7253	977	0	0	0	0
		Total	**87**	**1624**	**145477**	**256829**		**1613451**	**451551**	**4491**	**318**	**16490**	**63330**

Hambanthota Distric 2022

	Number of Wards	Number of Beds	Number of Admissions	Number of Inpatients Days	Bed Occupancy rate	Number of OPD Attendance	Number of Clinic Attendance	Number of Deliveries	Deaths(Within 48 hours)	Transfers	Number treated at the Emergency treatment units (If ETUs' are available)
Primary	60	909	59,166	72,949	22%	1,258,481	232,788	36	34	11,981	37,116
Secondary	27	715	86,311	183,880	70%	354,970	218,763	4,455	284	4,509	26,214
Total	**87**	**1,624**	**145,477**	**256,829**	**43%**	**1,613,451**	**451,551**	**4,491**	**318**	**16,490**	**63,330**

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SOUTHERN PROVINCE