Our Vision

"Happy and Healthy People of Uva"

Our Mission

"Provision of effective and efficient healthcare services to people living in Uva Province in a Customer Friendly Environment"

1. General Information

1.1 Background

Uva Province is located in South Eastern parts of Sri Lanka and comprised of two administrative districts; Badulla and Monaragala. The Uva Province is bordered by Central, North Central, Eastern, Southern and Sabaragamuwa provinces. The total population of the province is 1,414,252 (2020 MOH data) while its land area is 8,488 km^2 resulting the population density of 166 per km^2 in 2022.

The province is located in the South Eastern slopes of the country and the elevation of the province ranges from as low as 25 meters to as high as 2,000 meters above sea level. The mean annual temperature ranges from 20.6° C to 34.0° C, while the annual average rainfall is from 1,300 mm to 1,800 mm in different parts of the province.

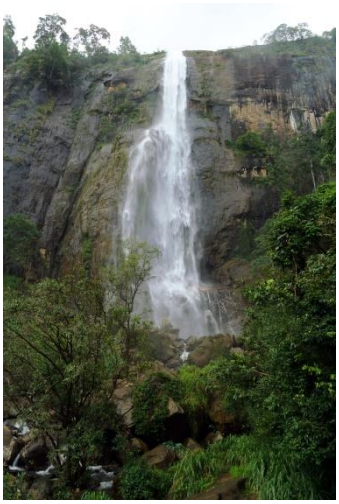
Much of the land area has been cultivated (Badulla 43% & Monaragala 45%) and the main cultivations are tea, paddy, vegetables and sugarcane. The province has two of the largest sugar factories in Sri Lanka which are Sewanagala and Pelwatte. The province has a fairly large forest land. In the district of Badulla, it was 28% of its total land area while it was 41% in the district of Monaragala. Around 3.5% of the total land area in the province is covered by water bodies.

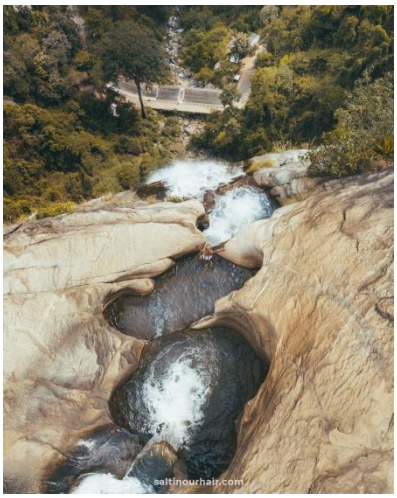
Uva province has many natural and historical attractions. The main attractions are Diyaluma, Dunhinda, Bambarakanda and Rawana Ella waterfalls, Yala, Kumana and Udawalawa National Parks and the ancient ruins such as Buduruwagala, Yudaganawa and Maligawila.

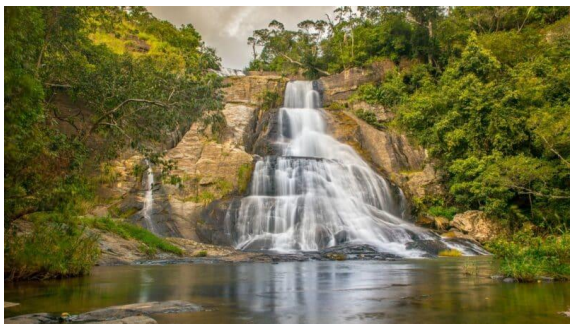
DIYALUMA FALLS

Diyaluma Falls is 220 m (720 ft) high and the second highest waterfall in Sri Lanka[1] and 619th highest waterfall in the world.[2] It is situated 6 km (3.7 mi) away from Koslanda in Badulla District on Colombo-Badulla highway. The falls are formed by Punagala Oya, a tributary of Kuda Oya which in turn, is a tributary of Kirindi Oya.

In Sinhalese, Diyaluma or Diya Haluma means "rapid flow of water" or may be translated as "liquid light". According to Sri Lankan historian, Dr R. L. Brohier, Diyaluma is the setting of the folklore about a tragedy involving a young chieftain who had been banished to the highlands and the attempt by his betrothed to join. As all the passes were guarded the young man let down a rope of twisted creepers over the escarpment, as she was hauled up she was dashed against the rocks and died. The Gods moved to pity by the harrowing spectacle, caused a stream of water to gush from the mountain and veil all evidence of the tragedy in a watery light, hence the term Diyaluma.[3]







lag of Uva

Figure 4: Flag of Uva province

The flag of Uva was gifted to the province by King Sri Wickrama Rajasinghe who ruled the kingdom of Kandy. According to the ancient manuscripts, this flag with a swan is said to represent the qualities of pleasantness, innocence, greatness and royalty.

Flower of Uva

Figure 5: Flower of Uva province

The Guruluraja flower is named as the flower of Uva Province. It is botanically known as *Rhynchostylisretusa* and belongs to the Orchidaceae family. This plant in English is called as Foxtail Orchid or 'Batticaloa Orchid'. It blooms in the months of November to April and is grown in houses for beautification.

1.2 Administrative divisions

The two districts of the province are divided into 26 Divisional Secretary Areas for administrative purposes which are in turn divided into 886 Grama Niladhari divisions. However, there are 27 Medical Officer of Health (MOH) Areas in the province as Mahiyangnanaya Divisional Secretary Area is divided into two MOH areas.

1.3 Population details

Table 1: Population Characteristics of Uva province

Characteristic	Badulla	Monaragala	Province
Total Population (2022)**	904,176	510,076	1,414,252
Total Population (2012)*	909,034	562,311	1,471,345
Urban population*	69,800 (8.6%)	0 (0.0%)	69,800 (5.5%)
Rural population*	591,707 (72.6%)	442,710 (98.1%)	1,034,417 (81.7%)
Estate population*	153,898 (18.9%)	8,348 (1.9%)	162,246 (12.8%)
Population density*	288 km^2	82 km^2	174 km^2
Population growth rate*	1.1	1.8	1.4
Population less than 15 years**	242,889	136,339	379,228
Population of 16-59 years**	555,455	326,633	882,088
Population ≥ 60 years of age**	105,832	47,104	152,936

**** These figures are based on Census & Statistics Survey 2012***

*****Estimated mid year population-2022***

The district of Badulla is geographically smaller in size compared to the district of Monaragala. However, out of the two districts, the total population of Badulla district is almost as twice as that of Monaragala. The population density is also much higher in Badulla district though the population growth rate is higher in the district of Monaragala.

The population of Uva is classified as urban, rural and estate according to the census data of 2012. Both districts are mainly comprised rural populations. Due to the tea estates, nearly 21% of the total population in the district of Badulla is living in estate sector. There are no areas in Monaragala that is classified as urban according to this classification.

For both districts, the majority (64%) of the population is within the productive age group of 16-59 years while nearly about 28% of the population being below 15 years of age.

Table 2: Sex, Ethnic and Religious Composition in the province

Characteristic	Badulla	Monaragala	Province
Sex Composition*			
Male	420,000 (48.0%)	278,010	698,010
Female	453,000 (52.0%)	284,301	737,301
**** Estimated values for 2018***	***# These figures are based on Census & Statistics Survey***		
Ethnic Composition#			
Sinhalese	595,372 (73.1%)	532,033	1,127,405
Sri Lankan Tamil	21,880 (2.7%)	15,170	37,050
Indian Tamil	150,484 (18%)	2,378	152,862
Moor	44,716 (5.5%)	12,636	57,352
Other	2953 (0.4%)	94	3,047
Religious Composition#			
Buddhist	591,799 (72.6%)	530,974	1,122,773
Hindu	157,608 (19.3%)	16,575	174,183
Islam	47,192 (5.8%)	12,622	59,814
Roman Catholic	12,020(1.5%)	925	12,945
Other	6,786 (0.8%)	1215	8,001

**** Estimated values for 2018*** # ***These figures are based on Census & Statistics Survey 2012***

2. Organization of Health Services

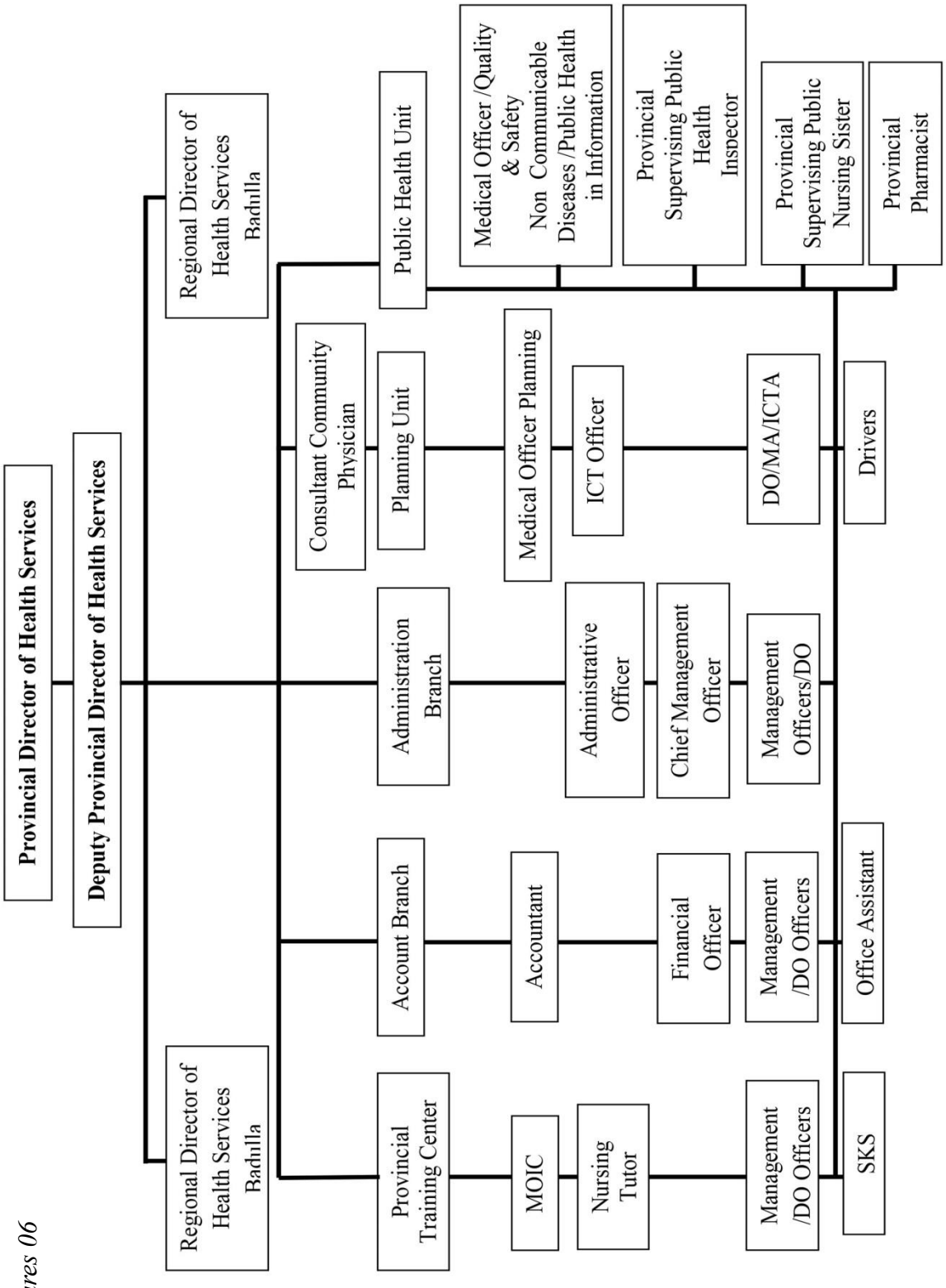
2.1. Introduction

The government Western Medical care System plays a major role in providing healthcare services to care seekers in the province. The Department of Health Services of the Line Ministry and the Provincial Health Department provides numerous preventive, curative, promotive as well as rehabilitative health services through a widespread network of curative and preventive healthcare institutions to these care seekers. Though the Line Ministry of Health plays a major role, the responsibility of providing services is mainly vested with Provincial Department of Health Services.

2.2. Provincial health administration

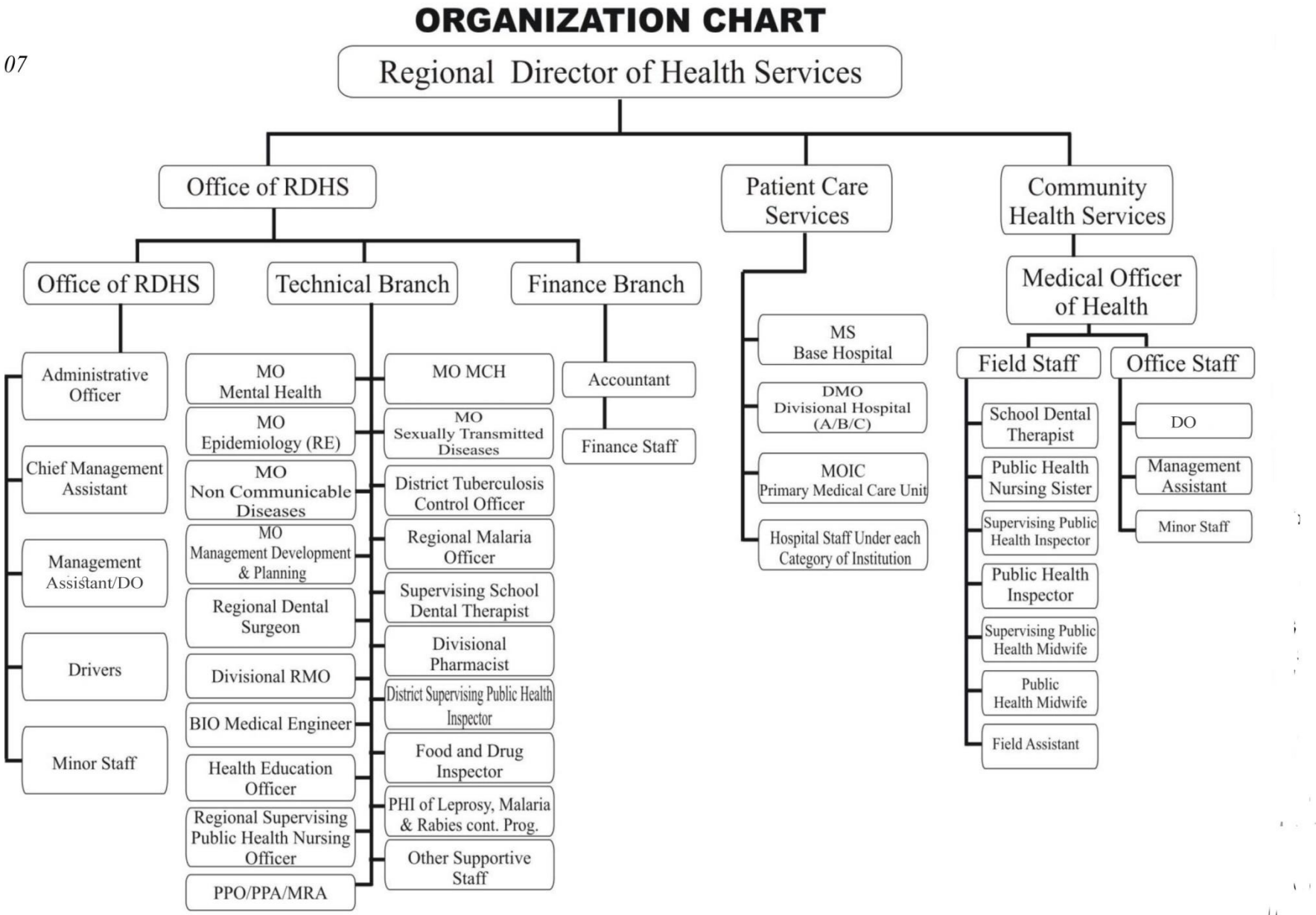
The Provincial Department of Health Services comes under the Provincial Ministry of Health, Indigenous Medicine, Probation and Childcare, Women Affairs and Social Welfare. The Department is headed by the Provincial Director of Health Services who is supported by two Regional Directors of Health Services heading each district. The organization structure of Provincial and Regional Directorates of Health Services are given in figures 6 and 7.

ORGANIZATION CHART



Figures 06

Figures 07


ORGANIZATION CHART
Regional Director of Health Services
Office of RDHS
Patient Care Services
Community Health Services
Office of RDHS
Technical Branch
Finance Branch
Medical Officer of Health
Administrative Officer
Chief Management Assistant
Management Assistant/DO
Drivers
Minor Staff
MO Mental Health
MO Epidemiology (RE)
MO Non Communicable Diseases
MO Management Development & Planning
Regional Dental Surgeon
Divisional RMO
BIO Medical Engineer
Health Education Officer
Regional Supervising Public Health Nursing Officer
PPO/PPA/MRA
MO MCH
MO Sexually Transmitted Diseases
District Tuberculosis Control Officer
Regional Malaria Officer
Supervising School Dental Therapist
Divisional Pharmacist
District Supervising Public Health Inspector
Food and Drug Inspector
PHI of Leprosy, Malaria & Rabies cont. Prog.
Other Supportive Staff
Accountant
Finance Staff
MS Base Hospital
DMO Divisional Hospital (A/B/C)
MOIC Primary Medical Care Unit
Hospital Staff Under each Category of Institution
Field Staff
Office Staff
School Dental Therapist
Public Health Nursing Sister
Supervising Public Health Inspector
Public Health Inspector
Supervising Public Health Midwife
Public Health Midwife
Field Assistant
DO
Management Assistant
Minor Staff

2.3 Health facilities in Uva Province

Curative health services

The people in the province receive curative care services through a network of curative care institutions. A summary of those institutions are given in Table 3. A detailed list of curative care institutions is given in annexure 1.

Table 3: Curative care institutions of Uva province

	Badulla	Monaragala	Province
Teaching Hospitals	1	0	01
District General Hospitals	0	01	01
Base Hospital (Type) A	2	0	02
Base Hospital (Type B)	1	03	04
Divisional Hospital (Type A)	2	01	03
Divisional Hospital (Type B)	9	05	14
Divisional Hospital (Type C)	32	08	40
Primary Medical Care Units	17	10	27
Total	64	28	92

Teaching Hospital, Badulla and District General Hospital, Monaragala, both of which come under the Line Ministry administration and two type A Base Hospitals, BH Diyathalawa and BH Mahiyangana from district of Badulla are the four tertiary care institutions in the province. The district of Badulla has two Type-A Base Hospitals; BH Diyathalawa and BH Mahiyanganaya and one Type-B Base Hospital; BH-Welimada. The district of Monaragala has three Type-B Base Hospitals; BH-Wellawaya, BH-Bibile and BH-Siyambalanduwa. There are 43 Divisional Hospitals in Badulla whereas in Monaragala there are 14 Divisional Hospitals. Both districts are having 27 Primary Medical Care Units (PMCU) for the provision of basic care to the community.

Preventive health services

Preventive health services are provided to the community, covering all urban, rural and estate areas, by MOH offices and the field health staff attached to them. A summary of the field areas are given in Table 4.

Table 4: MOH divisions, PHM and PHI areas and Specialized Units of Uva province-2023

	Badulla	Monaragala	Province
MOH divisions	16	11	27
PHM areas	326	26	352
PHI areas	65	48	113
Specialized units	05	05	10

Badulla is divided into 16 Medical Officer of Health are as compared to the district of Monaragala which has been divided into 11 MOOH areas. The 16 MOH divisions of Badulla district are subdivided into 325 PHM and 59 PHI areas. The 11 MOH areas in Monaragala district are divided into 191 PHM areas and 44 PHI areas to provide field health services. In addition, each districts have 5 Specialized Public Health Units, namely, the District Chest Clinic, District STD Clinic, District Leprosy Unit, District Rabies Unit and the Regional Malaria Unit.

2.4 Health Manpower

Total over 5844 health staff personals under 108 categories manned the Provincial Department of Health Services of Uva in 2023. Details are given in table 5.

Table 5: Details of health manpower of Uva province 2023

No	Designation	Approved Cadre	Existing Cadre 2023/12/31
1	Senior Medical Administrative Grade		2
2	Junior Medical Administrative Grade		1
3	Medical Consultant		45
4	Medical Officers		599
5	Registered Medical Officers/ AMO		34
6	Dental Surgeon		88
7	Nursing Officer		1150
8	Public Health Inspector (Super A Avisory)		5
9	Public Health Inspector (Field)		120
10	Public Health Midwife (Supervisory)		23
11	Public Health Midwife (Field)		585
12	Pharmacist		70
13	MLT		65
14	Other Staff		3058
	Total	**5844**	**5844**

3. Curative Healthcare Services

Curative healthcare services in the province are being provided to the community through a network of primary, secondary and tertiary care institutions. These include four tertiary care institutions, 4 secondary care institutions and 85 primary care institutions. Out of these, 90 institutions (Except the PGH- Badulla and the DHH- Monaragala) come under the administration of Provincial Department of Health Services.

3.1 Tertiary Health Care Services

Teaching Hospital (TH), Badulla and District General Hospital (DGH), Monaragala which are coming under the Line Ministry Administration and Type A Base Hospitals Diyathalawa and Mahiyangnana which are coming under Provincial Health Administration are the institutions in the province that provide tertiary care services to the province.

3.2 Secondary Health Care Services

Secondary Healthcare Services are provided to the community by four Type- B hospitals namely BH-Welimada in the district of Badulla and BH-Bibile, BH-Wellawaya and BH-Siyambalanduwa in the district of Monaragala.

3.3 Primary Health Care Services

Primary health care services are delivered through Divisional Hospitals (DH -57) and Primary Medical Care Units (PMCU - 27) in the province.

3.1.1 Tertiary Health Care Services

TH, Badulla has been established in 1891 and became under the administration of Line Ministry of Health in 2000. DGH Monaragala has been established in 1876 as the first Central Dispensary in Sri Lanka. This hospital was upgraded to a District Hospital in 1961, a Base Hospital in 1990 and a District General Hospital in 2005. Today, the both hospitals provide a range of specialized and sub-specialized health services including advanced laboratory, transfusion and radiology services.

Table 6: Healthcare Services provided by TH Badulla and DGH Monaragala

	TH Badulla			District General Hospital Monaragala		
	2021	***2022***	***2023***	***2021***	***2022***	***2023***
No. of Wards	42	42	44	17	16	17
No. of beds	1514	1573	1573	579	578	575
OPD attendance	112,514	271,712	370,746	56,540	118,523	129,083
OPD attendance/ Day	365	365	1016	155	295	354
Admissions	93,375	105,896	118,704	57,145	59,819	64,954
Admissions/ Day	255	290	325	157	164	178
Bed Occupancy Rate	47.11%	63%	68.61%	59%	66%	75%

Maternal and Child Health Services

The TH-Badulla, DGH-Monaragala and BH-Mahiyangnanaya are the leading hospitals which provide Comprehensive, Emergency Obstetrics Care services to the community of Uva province. The details of the services provided from TH-Badulla and DGH-Monaragala are given in Table 07.

Table 07: MCH services provided by TH Badulla and DGH Monaragala

	TH, Badulla			DGH, Monaragala		
	2021	***2022***	***2023***	***2021***	***2022***	***2023***
Total No. of Deliveries	6,068	5,522	4,775	3,844	3,289	2,656
Deliveries (Spontaneous)	3,691	3,217	2,451	2187	1927	1546
Deliveries (Spontaneous)/day	16.62	15	06	6	5.4	4.24
Deliveries (Caesarian Section)	2,377	2,305	2,149	1657	1362	1110
Percentage (%) of Caesarian deliveries out of total live births	39.17	41.74	45%	43%	41%	41.73
Deliveries (Caesarian Section)/ Day	6.51	6.3	5.8	4.5	3.7	03
Total No of Live Births	6,108	5,352	4,816	3,870	3,317	2,660
Total No of Maternal Deaths	0	02	03	02	02	01
Total No of Still Births	51	42	29	17	15	24
Total No of Low Birth Weight Babies	1,302	1,478	1,234	690	711	561

Table 08: Surgical care provided by TH Badulla and DGH Monaragala 2021 – 2023

	TH, Badulla			DGH, Monaragala		
	2021	***2022***	***2023***	***2021***	***2022***	***2023***
Major operation done	13,165	15,756	11,862	2581	2428	2829
Minor operation done	9,386	9,773	20,007	7186	9648	8416

Patients Transfer

TH Badulla and DGH Monaragala receive majority of patient transfers for further management from primary and secondary care institutions in respective draining areas. Relatively a lesser number of patients were transferred out to other Hospitals from these two hospitals for further management.

Table 09: Transfer in and out details of TH Badulla and DGH Monaragala

	TH, Badulla			**DGH, Monaragala**		
	2021	***2022***	***2023***	***2021***	***2022***	***2023***
Total number of patient Transferred out/day	01	01	02	05	3.9	04
Total number of patient Transferred in/day	32	40	43	23	27.9	36
No.of Ambulance Available	16	16	20	13	16	16

3.2.1 Base Hospitals (Type A)

These Base Hospitals provide specialist inward care, specialist clinic services as well as radiology, laboratory and blood transfusion facilities to patients in the province. In addition to four basic specialist services; Medical, Surgical, Gynecological & Obstetrics and Paediactric, these hospitals provide other specialist services such as Eye, ENT, Psychiatry, Dermatology, Radiology, Orthopedics etc. A summary of the healthcare services provided from these hospitals are detailed in table 10.

Table 10: Health Service Provision at Type A Base Hospitals

	BH Diyathalawa			BH Mahiyangnanaya		
	2021	**2022**	**2023**	**2021**	**2022**	**2023**
Empanel Population	-	-	24,079	-	-	29,767
No of beds available	349	349	344	416	355	362
Bed Occupancy Rate	46	51	53	60	80	83
Total OPD attendance	93,764	162,867	239,033	89,015	164,127	205,125
Average OPD turnover/day	257	446	654	244	449	561
Total admissions	31,756	33,533	35,740	49,290	50,755	63,904
Average admission/day	87	91	98	135	139	175
No. of Wards	07	07	07	11	11	11
Total number of deliveries	1,504	1,337	1,083	3,643	3,066	2,504
Average number of deliveries/day	04	04	03	10	06	06
Total No of Live Births	1,511	1,334	1,075	3,668	3,056	2,487
Total No of Maternal Deaths	0	0	0	01	02	0
Total No of Still Births	09	03	08	21	10	17
Major operation done			1269			2855
Minor operation done			3414			8199

Transfers in and out

Being specialist centers, both hospitals receive a large number of transfers from draining healthcare institutions which are given in Table 11.

Table 11: Transfer in and out of Type A BH

Characteristic	**BH Diyathalawa**			**BH Mahiyangnanaya**		
	2021	***2022***	***2023***	***2021***	***2022***	***2023***
Total number of transfer out /year	2909	601	746	979	516	1192
Transfer out/day	08	02	2.04	03	01	03.26
Total number of	2125	2225	2009	4236	4358	3820

transfer in /year						
Transfer in/day	06	06	5.50	12	12	10.46
No. of Ambulances Available	04	04	04	07	07	07

Blood Transfusion Services

Having a Blood bank is a critical component in patient care services and these two institutions that provide transfusion services for 24 hours and in all seven days of the week.

Table 12: Blood transfusion services provided by Type A BH

	BH Diyathalawa		**BH Mahiyanganaya**	
	2022	***2023***	***2022***	***2023***
Number of blood packs collected at blood bank (%)	1658	160	2825	450
Number of blood packs received from outside blood donation camps (%)	183	1717	1869	2412
Number of discarded blood packs (%)	7.5%	3.1%	1.6%	2.44%

Specialist clinic services

These institutions provide specialist clinic care services for patients and a summary of clinic services are detailed below.

Table 13: Specialized clinics at Type A BH in 2023

Type of clinic	**BH, Diyathalawa**			**BH, Mahiyanganaya**		
	Total	**Number of Clinic days**	**Average Per Clinic**	**Total**	**Number of Clinic days**	**Average Per Clinic**
Medical	24637	99	249	52169	99	527
Diabetic	8604	44	195	-	-	-
Surgical	13821	97	142	17228	96	179
Pediatric	2260	49	46	4913	48	102
Well baby	2776	47	59	4560	47	97

Antenatal	3685	48	77	6505	98	66
Gynecology	1855	41	45	3358	112	30
ENT	4609	76	60	-	-	-
Psychiatry	5807	294	20	13335	243	55
Epileptic	-	-	-	-	-	-
Eye	-	-	–	16399	142	115
STD	-	-	-	1379	361	4
Respiratory	5067	37	137	-	-	-
Dermatology	12118	316	38	14994	191	79
Neurology	1334	12	111	-	-	-
Dental	17510	352	50	19838	364	55
Oncology	-	-	-	468	11	43
Renal	-	-	-	7291	94	88
Orthopedic	-	-	-	7630	245	16
Occupational therapy	1988					
Speech therapy	1641					
Rheumatology				3976	236	17

3.2.2 Base Hospitals (Type B)

There are four type B Base Hospitals in the province which provide basic specialist care and specialist laboratory and radiology facilities to their respective communities.

Table 14: Health Service Provision of Type B BH 2023

	BH-Welimada			BH-Wellawaya			BH-Bibile			BH-Siyambalanduwa		
	2021	**2022**	**2023**	**2021**	**2022**	2023	**2021**	**2022**	2023	**2021**	**2022**	2023
No of Beds	195	220	216	127	127	138	261	300	267	80	95	80
Bed Occupancy Rate	70	72	74	36.2	54.3	54.5	35.7	51	49	26.7	47.8	65.3
Total attendance OPD	92,124	149,853	219,199	54,239	111,842	163,234	63,446	114,347	203,238	50,562	102,949	125,782
Average OPD Turnover/ day	252	400	600	149	306	447	174	313	556	139	282	347
Total admissions	24,917	29,500	29,764	13,370	13,348	18,775	21,517	24,483	25,777	4,578	7,892	10,358
Average Admission / day	68	80	81	36	36	51.4	58.9	67	70.6	12	21	28.3
Total No. of deliveries	1,934	1,793	1,393	90	79	45	1,344	1,317	929	114	93	46
Number of deliveries per month	161	149	116	8	7	4	111	109	77	10	8	4
Total No of Live Births	1,940	1,788	1,385	90	78	45	1,336	1,310	943	113	92	45
Total No of Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0

Total No of Still Births	11	05	07	0	1	0	09	7	04	0	1	01

Table 15: Transfer in and out details of Type B BHs in 2023

	BH Welimada			BH Wellawaya			BH Bibile			BH Siyambalanduwa		
	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Total number of transfer out /Year	2,268	1,214	1,768	2,521	2,080	2,062	982	704	780	939	1,538	2,178
Transfer out/day	06	03	4.84	6.9	5.6	5	2	1.9	2.1	2.5	4.2	5
Total number of transfer in/year	1,353	1,670	1,290	-	-	1,461	170	465	185	-	-	-
No. of Ambulances Available	04	04	04	03	03	04	05	05	06	03	03	04

Specialized clinic services

Table 16: Summary of Specialized Clinic Services delivered through Type B Base Hospitals in 2023

Clinic	BH-Welimada			BH-Wellawaya			BH-Bibile			BH-Siyambalanduwa		
	Attendance	No. of Clinic Days	**Average**	Attendance	No. of Clinic Days	**Average**	Attendance	No. of Clinic Days	**Average**	Attendance	No. of Clinic Days	**Average**
Medical	44680	77	580	17035	48	355	76807	84	914	9362	48	195
Diabetic	23279	51	456	10195	48	212	5144	84	61	3750	24	156
Surgical	16780	50	336	-	-	-	10074	48	209	-	-	-
Pediatric	6289	100	62.85	1819	48	37	2896	48	60	1529	48	31
Well baby	290	45	6.44	204	48	04	2107	48	43	-	-	-
Antenatal	2011	48	42	-	-	-	4234	52	81	513	48	10
Gynecology	2216	46	48	-	-	-	1905	52	36	344	-	-
Psychiatry	6943	54	128.57	3294	48	68	3527	48	73	1426	48	29
Epileptic	0	0	0	-	-	-	-	-	-	-	-	-
Eye	0	0	0	260	12	21	-	-	-	-	-	-
Dental	13080	301	45.45	-	-	-	-	-	-	15576	-	-
Respiratory	0	0	0	-	-	-	-	-	-	-	-	-
Dermatology	0	0	0	162	03	54	6671	100	66	-	-	-
Family P.	847	48	17.64	691	48	14	420	60	07	965	96	10
Neurology	0	0	0	-	-	-	-	-	-	-	-	-
Oncology	0	0	0	-	-	-	-	-	-	-	-	-

3.1.1. Divisional Hospitals (Type A)

There are three 'type-A' Divisional Hospitals in Uva province. They are DH-Bandarawela and DH-Passara in the district of Badulla and DH-Buttala in the district of Monaragala.

Table 17: Healthcare service provision of Type A DHH -2023

	DH-Bandarawela			DH-Passara			DH-Buttala		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
No of beds	102	113	128	96	112	112	110	110	115
Bed Occupancy Rate	61	31	30.43	31	39	42.14	38	31.5	27.5
Average OPD turnover per day	156	305	458	143	251	309	116	238	305
Average admission per day	31	26	29	17	22	23	25	19	23
Total No. of deliveries per year	02	0	1	115	79	47	11	22	17
Total No. of deliveries per month	0	0	0.08	10	07	3.9	01	2	1.4

Table 18: Patients transfer at Type A DHH 2022– 2023

	DH Bandarawela		DH Passara		DH Buttala	
	2022	2023	2022	2023	2022	2023
Transfer out per year	1835	2002	2049	2545	2165	2616
Transfer out per month	152	167	170	212	180	218

Transfer out per day	05	5.48	06	07	6	07
Transfer in per month	02	3	01	3	-	-
No. of ambulances available	03	3	02	2	2	02

3.3.2 Divisional Hospitals (Type A)

Clinic Care Services at Type A DHH

Summary of the clinic services provided to community from type-A Divisional Hospitals during 2023 are described below.

Table 19: Clinic services provided by Type A DHH 2023

	DH-Bandarawela			DH-Passara			DH-Buttala		
	Total Attendance	No. of clinic days	No. of patients per clinic day	Total Attendance	No. of clinic days	No. of patients per clinic day	Total Attendance	No. of clinic days	No. of patients per clinic day
Medical	20799	92	226	21174	90	235	12723	48	265
Pediatric	-	-	-	208	24	8.6	-	-	-
Well baby	143	48	03	232	24	9.6	109	12	9
Antenatal	182	48	04	356	24	15	103	12	9
Psychiatry	3831	175	22	-	12	0	1031	12	86
Epileptic	-	-	-	-	-	-	-	-	-
Dental	18531	328	56	7501	264	28	7323	308	24
Respiratory	-	-	-	-	-	-	-	-	-
Family Planning	-	-	-	-	-	-	788	56	14
Dermatology	-	-	-	-	-	-	-	-	-
Rheumatic	-	-	-	-	-	-	-	-	-
Eye (Screen)	-	-	-	-	-	-	-	-	-
ENT	-	-	-	-	-	-	-	-	-

As far as the Type-B Divisional hospitals are concerned there are six in Badulla and five in Monaragala. A summary of the health services provided through these Type-B Divisional Hospitals are given in table 20.

Table 20: Healthcare services provided by Type B DHH 2023

Indicators	Badulla									Monaragala				
	DH Haputhale	DH Koslanda	DH Lunugala	DH Matigahathanna	DH Uvaparanagama	DH Girandurukotte	DH Meegahakiula	DH Uraniya	DH Kandeketiya	DH Badulkumbura	DH Inginiyagala	DH Katharagama	DH Madagama	DH Thanamalwila
No of Beds available	54	60	57	52	65	70	62	52	54	54	54	68	77	56
Average OPD attendance per day	128	158	168	55	219	267	358	202	203	240	162	273	263	350
Average admission per day	9.29	8.48	14.75	5.93	10	10.76	14.21	9.69	9.77	10	07	19	14	31
Bed Occupancy Rate (%)	20.66	34.41	46.93	NA	45	66.48	29.57	37.32	7.97	24.5	16.7	53.7	21.9	7.4
Total No. of Deliveries per year	0	9	3	13	0	0	0	0	17	11	0	04	05	04

As far as the utilization of Type B Divisional Hospitals in Uva Province are concerned the number of attendees to OPD per day varied from 66 at DH, Matigahathanna to 263 at DH, Badalkumbura in 2018. The lowest admissions per day (6) for inward care were reported from DH, Matigahathanna while the highest admissions for inward care per day (21) were from DH, Katharagama during the year 2018.

The utilization of available beds indicated by Bed Occupancy Rate was highest (49.1 %) at DH, Lunugala while it was lowest (12 %) at DH, Matigahathanna, DH Uraniya & DH Inginiyagala. Total number of deliveries during 2018 was highest at DH, Kandaketiya (62 per year) in contrast to the lowest at DH, Haputhale & Girandurukotte in which only one delivery is reported during 2018.

Table 21: Patient Transfers at Type B Divisional Hospitals in 2023

Indicators	Badulla district									Monaragala district				
	DH Haputhale	DH Koslanda	DH Lunugala	DH Matigahathanna	DH Uvaparanagama	DH Girandurukotte	DH Meegahakiula	DH Uraniya	DH Kandeketiya	DH Badulkumbura	DH Inginiyagala	DH Katharagama	DH Madagama	DH Thanamalwila
Total No. of patient transfer out	473	401	868	336	609	1520	1166	1244	1632	840	382	1560	1038	739
No. of patient transfer out per Month	39	33	72	28	51	127	97	104	136	70	31	130	86	61
Total No. of patient transfer in	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of Ambulances Available	1	1	1	1	1	1	1	1	1	01	01	01	01	01

Most of the Type-B Divisional Hospitals in the province received very few transfers from other hospitals. However, all Divisional Hospitals reported that many patients are being transferred out to higher level of care for further management. All Divisional Hospitals except DH Haputhale and DH Inginiyagala had transferred out more than a patient each day while this was highest at DH, Girandurukotta & Meegahakiula in Badulla district (115/month) and DH-Medagama in Monaragala district (90/month) while it was lowest at DH, Badalkumbura (35/month).

Table 22: Clinic services provided by Type B DHH in 2023

Clinic	Badulla district									Monaragala district				
	DH Haputhale	DH Koslanda	DH Lunugala	DH Matigahathanna	DH Uvaparanagama	DH Girandurukotte	DH Meegahakiula	DH Uraniya	DH Kandeketiya	DH Badulkumbura	DH Inginiyagala	DH Katharagama	DH Madagama	DH Thanamalwila
Medical	5091	4397	6415	4947	11911	13279	17949	8895	12631	11379	4496	14425	11715	8981
Peadiatric	0	0	84	0	54	477	0	112	0	-	-	-	-	-
Well baby	0	0	58	230	292	0	0	30	0	200	172	-	-	-
Antenatal	0	0	158	182	319	216	288	193	0	164	113	-	430	65
Psychiatry										856	44	712	217	953
Dental	4688	2878	4349	84	6608	5622	4639	3645	2618	5989	-	4602	4738	6908
Respiratory	0	00	0	0	0	0	0	0	0	1970	373	-	-	-
CKD	0	0	0	0	0	0	0	0	0	-	-	-	1533	279
Family Planning	0	0	0	0	0	0	0	0	0	80	170	-	-	220
Diabetic	0	0	0	0	0	0	0	0	0	6574	-	-	-	2794
NCD	0	0	0	0	0	0	0	0	0	-	760	-	1427	337

Clinic Services at Type B Divisional Hospitals in 2020

A summary of clinic services being provided to community from type B Divisional Hospitals in the province are presented in table 22. All type B Divisional Hospitals have conducted medical and dental clinics during 2018 while two (DH Koslanda & DH Katharagama) out of eleven hospitals under this category did not conduct antenatal clinics within their institutions. Family Planning services were not available during 2018 at seven hospitals (DH Haputhale , DH Koslanda & DH Lunugala from Badulla district and DH Inginiyagala, DH Katharagama , DH Medagama and DH Thanamalwila) DH, Uvaparanagama (23328) from the district of Badulla and DH, Thanamalvilla (17,879) from Monaragala reported the highest attendance at medical clinics compared to the lowest reported at DH, Koslanda (4558) per year from Badulla and DH, Inginiyagala (5451) per year from Monaragala during 2018.

3.3.3: Type C Divisional Hospitals

A summary of the healthcare services provided by type C Divisional Hospitals in the district of Badulla in 2018 are given Table 23.

Table 23: Healthcare service provision of Type C DH –in the district of Badulla 2023

Name of hospital	Badulla District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Haldummulla	54	202	9.06	1
DH, Bogahakumbura	33	180	9.39	0
DH, Kandegedara	23	118	8.78	0
DH, Ettampitiya	23	151	6.78	3
DH, Boralanda	22	196	11.54	0
DH, Mirahawatte	16	195	4.95	0
DH, Nadungamuwa	12	109	3.68	0
DH, Kahataruppa	16	97	3.46	0
DH, Springvally	14	95	4.5	0
DH, Ury	0	69	0	0
DH, Demodera	24	430	14.10	0
DH, Dambana	17	88	3.22	0
DH, Galauda	22	80	2.78	0
DH, Kerklies	0	87	0	0
DH, Roberiya	17	74	1.98	0
DH, Kandagolla	23	59	3.58	1
DH, Hopton	32	59	6.16	0
DH, Ekiriyankumbura	12	71	3.46	0
DH, Wewegama	0	92	0	0

DH, Meedumpitiya	20	44	0	0
DH, Canawerella	0	40	0	0
DH, Poonagala	0	76	0	0
DH, Unugalla	0	30	0	0
DH, Downside	0	94	0	0
DH, Haggala	0	79	0	0
DH, Uva Highland	0	97	0	0
DH, Mahadoowa	0	51	0	0
DH, Telbedda	0	64	0	0
DH, Sarniya	0	50	0	0
DH, Dambetenna	0	51	0	0
DH, Glannor	12	54	0.95	0
DH, Udaweriya				

The highest number OPD attendance per day (156) reported from DH, Haldummulla while the lowest (32) reported from DH, Glenore during 2018 in the district of Badulla. Highest number of admissions per day (12) was reported from DH, Bogahakumbura during 2018. As far as the number of deliveries is concerned there were 07 deliveries per entire year (2018) at DH, Attampitiya in the district of Badulla. Most of the type C Divisional Hospitals (23 out of 34) did not report a single delivery within their institutions during 2018 (Table 23).

A summary of the healthcare services provided by type C Divisional Hospitals in the district of Monaragala during 2018 are given Table 24.

Table 24: Healthcare service provision of Type C DH – Monaragala 2023

Name of Institution	Monaragala District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Sewanagala	39	226	36	0
DH, Handapanagala	13	136	09	-
DH, Dambagalla	29	241	11	02
DH, Okkampitiya	36	163	12	06
DH, Hambegamuwa	38	144	09	0
DH, Ethimale	25	197	06	1
DH, Higurukaduwa	21	79	03	0
DH, Pitakumbura	19	93	03	-

The highest number OPD attendance per day (268) was reported from DH, Sewanagala compared to the lowest (98) reported from DH, Higurukaduwa in the district of Monaragala during 2018. Highest number of admissions per day (19) was reported from DH, Sewanagala while the lowest (4) reported from DH Ethimale, during 2018. As far as the number of deliveries is concerned there were 16 deliveries reported at DH Dabagalla while no deliveries being reported at DH Pitakumbura ,DH Handapanagala and Higurukaduwa during 2018 in the district of Monaragala.

Table 25: Clinic Services delivered through Type C Divisional Hospitals in the district of Badulla 2023

Name of the hospital	Medical			Antenatal			Family Planning			Dental		
	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day
DH Haldummulla	6782	49	138	304	24	13	171	30	06	2553	152	17
DH Bogahakumbura	7626	48	159	237	32	07	258	16	16	3056	233	13
DH Boralanda	5789	48	121	659	32	20	362	20	18	4151	319	13
DH Demodara	10268	38	270	583	24	24	467	44	11	3627	344	10
DH Ekiriyankumbura	1970	26	76	563	24	23	88	52	02	851	67	13
DH Attampitiya	5988	48	125	693	12	58	261	12	22	951	75	13
DH Hopton	2080	22	94	395	22	18	59	NA	-	1744	243	07
DH Kandegedara	6356	48	132	234	24	10	78	61	01	3526	248	14
DH, Kendagolla	2528	48	53	295	24	12	38	24	2	2225	190	12

Name of the hospital	Medical			Antenatal			Family Planning			Dental		
	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per	Total Attendance	Total No. of Clinic days	No. of patients per	Total Attendance	Total No. of Clinic days	No. of patients per clinic day
DH, Kahataruppa	5743	104	55	521	30	17	-	-	0	2874	231	12
DH, Nadungamuwa	2509	36	70	490	24	20	250	48	5	1715	168	10
DH, Roberiya	2545	51	50	350	24	15	45	24	2	425	59	7
DH, Springwely	8590	102	84	0	0	0	-	-	0	4980	275	18
DH, Ury	4500	94	48	651	48	14	178	24	7	2062	94	22
DH, Glanor	1850	98	19	260	24	11	35	12	3	1323	324	4
DH, Galauda	4964	52	95	801	52	15	590	24	25	1790	339	5
DH, Mirahawaththa	4593	60	77	0	0	0	-	-	0	3685	145	25
DH, Meedumpitiya	1010	48	21	260	24	11	125	12	10	403	89	5
DH, Wewagama	1360	0	0	320	24	13	205	24	9	1219	139	9
DH, Dambethenna	1360	49	28	315	24	13	-	-	0	0	0	0
DH, Sarnia	800	22	36	328	24	14	98	24	4	0	0	0
DH, Thelbedda	1725	NA	0	340	24	14	650	20	33	376	37	10
DH, Hakgala	2878	NA	0	691	24	29	180	24	8	2212	238	9

	Medical	Antenatal	Family Planning	Dental

Name of the hospital	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day
DH, Dambana	**2220**				**0**					**2547**	**294**	
DH, Downside	2870	24	119	750	24	31	465	24		390	31	
DH, Poonagala	2231	48	46	255	24	11	620	32		0	0	
DH, Unugalla	1320	24	55	300	24	12	79	24		0	0	
DH. Uva Highland	2325	48	48	165	24		98	24		0	0	
DH, Cannaveralla	3996	90	44	315	24		57	18		0	0	
DH, Mahadowa	1670	24	69	210	24		60	12		0	0	
DH, Kerklies	4120	48	86	71	24		62	12		1162	94	

Clinic Services delivered through type C Divisional Hospitals in the Province.

All the type C Divisional Hospitals in the province had medical clinics being conducted during 2018 and all type C divisional hospitals except DH Handapanagala from Monaragala district had antenatal clinics being conducted. As far as the total number of attendees at medical clinics during 2018 is concerned it was highest (12716) at DH – Ettampitiya while it was lowest (413) at DH, Telbedda.

Table 26: Clinic Services delivered through Type C Divisional Hospitals in the district of Monaragala 2023

Name of the hospital	Medical		Antenatal		Family Planning		Dental		Well Baby	
	Total Attendance	Total No. of Clinic days	Total Attendance	Total No. of Clinic days	Total Attendance	Total No. of Clinic days	Total Attendance	Total No. of Clinic days	Total Attendance	Total No. of Clinic days
DH, Okkampitiya	12478	104	230	24	829	52	4419	312	364	12
DH, Pitakumbura	3168	36	144	12	-	-	-	-	76	12
DH, Sewanagala	14400	96	189	06	-	-	6785	352	-	-
DH, Hambegamuwa	1876	07	430	12	159	12	3629	304	21	12

DH, Hingurukaduwa	4558	52	151	12	81	5648	3153	-	-	-
DH, Handapanagala	3347	52	-	-	-	-	-	292	-	-
DH, Dambagalle	13366	152	572	24	1133	-	4770	152	-	-
DH, Ethimale	8817	96	478	12	523	48	-	-	67	12

Write up

3.3.4 Primary Medical Care Units (PMCU)

Primary Medical Care Units (previously known as Central Dispensaries) provide outpatient care for health care seekers coming to those institutions. There is a total of 26 PMCUs in the province and a summary of the healthcare services provided are given in table 27 &28.

Table 27: Healthcare services provided in 2023 through PMCUs in Badulla

Name of the Institutions	Total Attendance per year	Average OPD attendance per day	Total attendance at Clinics	No. of Clinic days	Average Attendance per Clinic day
PMCU, Hali –Ela	60618	205	8590	220	39
PMCU, Keppetipola	35148	125	12960	230	56
PMCU, Ballaketuwa	30642	85	6500	120	54
PMCU, Ella	25056	87	3202	125	26
PMCU, Hebarawa	21518	79	6065	254	25
PMCU, Bathalayaya	19143	70	2852	48	59
PMCU, Uvatissapura (Nagadeepa)	28595	101	5450	325	17
PMCU, Halpe	19899	69	5422	122	44
PMCU, Namunukula	16683	64	2010	98	21
PMCU, Thaldena	15985	58	3351	240	14
PMCU, Liyangahawela	24020	83	5950	185	32
PMCU, Rilpola	11615	39	1621	48	34
PMCU, Pannalawela	15801	60	1535	49	31
PMCU, Thannapanguwa	8514	30	1450	136	11
PMCU, Hewanakumbura	6549	23	-	-	-
PMCU, Silmiapura	13706	53	420	48	9
PMCU, Bibilegama	17520	48	2814	158	18

As far as the services being provided through Primary Medical Care Units in the district of Badulla are concerned, average number of attendees per day at OPD was highest (187) at PMCU, Hali-Ella compared to the lowest (25) reported from PMCU, Hewanakumbura. However, there was a significant difference in the number of clinic days functioned among these PMCUs during 2018; being highest (154) at PMCU Ballaketuwa and lowest (24) at

PMCU Rilpola in the district of Badulla.

Table 28: Healthcare services provided in 2023 through PMCUs in Monaragala

Name of the Institutions	Total attendance per year	Average OPD attendance per day	Total attendance at clinics	No. of clinic days	Average attendance per clinic day
PMCU, Dobmagahawela	20964	116	10139	204	49
PMCU, Buddama	23538	88	3283	208	15
PMCU, Godigamuwa	16385	56	3413	124	27
PMCU, Deliwa	11283	41	1585	20	79
PMCU, Rathmalgahaella	11969	39	2748	84	32
PMCU, Kotiyagala	12313	44	1149	40	28
PMCU, Kotagama	12988	47	5693	160	35
PMCU, Dewathura	5425	27	908	20	45
PMCU, Nanapurawa	13157	45	5798	160	36
PMCU, Bakinighawela	19495	75	2820	48	58

The average attendance per day at OPD (113) were highest in DH Buddama and the total attendance at clinic (6,850) were highest at PMCU Dombagahawela during 2018 in the district of Monaragala. The lowest attendance per day at OPD were 26 in PMCU Dewathura & the lowest clinic attendance per day were 19 in PMCU Godigamuwa.

4. Preventive Healthcare Services

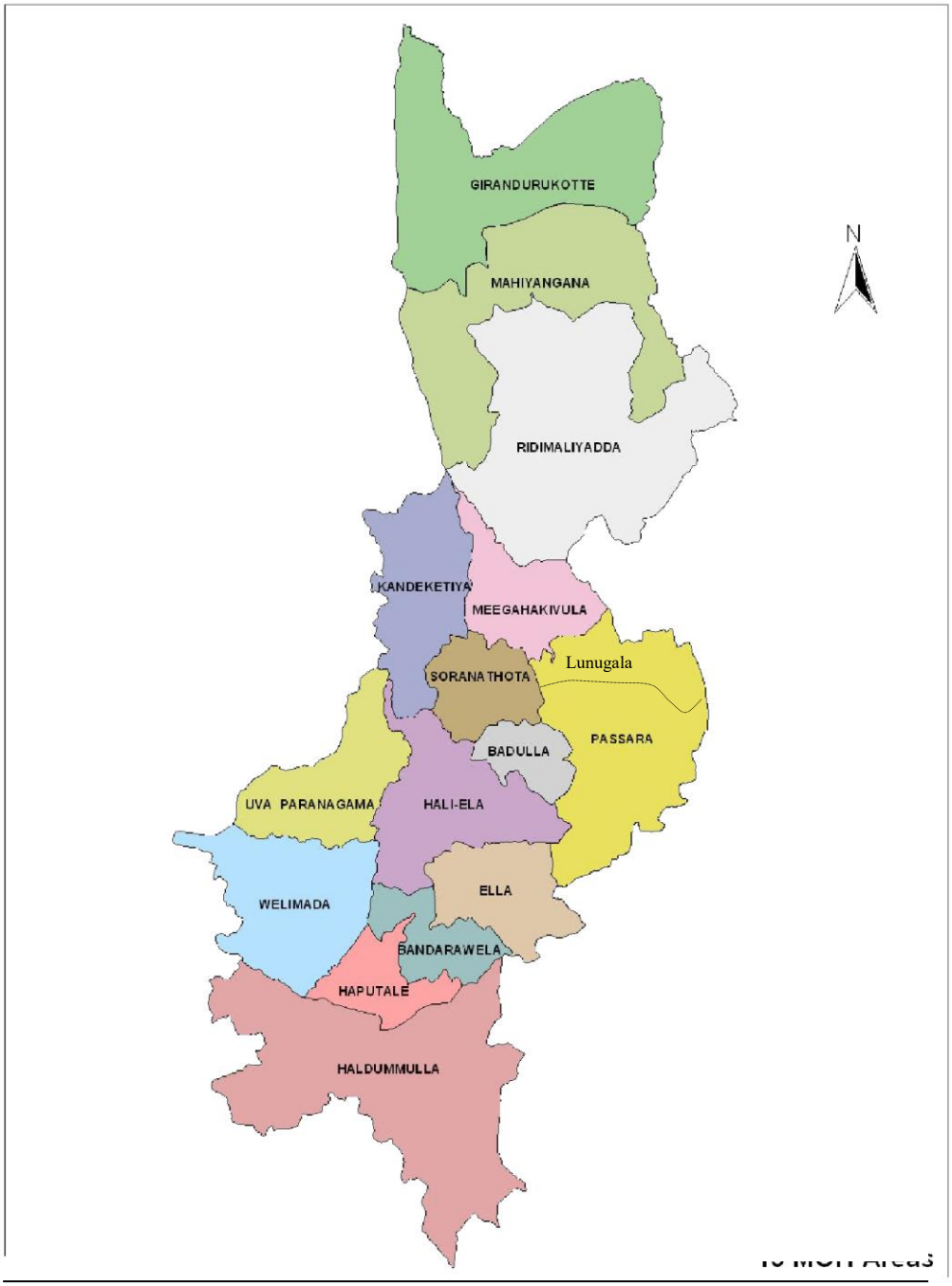
Preventive Health Services in Uva Province are being provided to the community by Medical Officer of Health Units. There are 27 MOOH areas in the province. Out of 27 MOOH areas in the province there are 11 MOOH areas in the district of Monaragala while 16 MOOH areas in the district of Badulla. A Medical Officer of Health is the officer in charge of each MOH area. The field staff such as Public Health Nursing Sisters (PHNS), Public Health Inspectors (PHI& SPHI), Public Health Midwives (PHM) supports the MOH to carry out health promotive and preventive services. The office staff including Health Management Assistant (HMAA), Planning & Programming Officers (PPOO) and Development Officers (DOO) helps in the administrative work. The services provided through an MOH office are those of MOH office itself as well as those provided at out-reach clinics covering the entire MOH division. These out-reach clinics are mainly conducted in Gramodaya Health Centers (GHC) scattered in the MOH division. In addition, the field officers provide domiciliary care visiting all houses in their respective areas.

The following are some of the main activity areas routinely addressed by the MOOH and their field staff;

- ✓ Maternal & Child Health
- ✓ Reproductive Health
- ✓ Adolescent health
- ✓ School Health
- ✓ Elderly Care
- ✓ Control of Communicable and Non Communicable Diseases
- ✓ Environmental Health
- ✓ Health education and counseling services
- ✓ Food Hygiene
- ✓ Inspection of building constructions
- ✓ Screening for chronic diseases such as CKD
- ✓ Co-ordination of development projects between Divisional Secretariat and Local Authority in their purview.
- ✓ Inspection of private Nursing Homes, Pharmacies and medical institutions.
- ✓ Occupational Health
- ✓ Health Sector Disaster Management

The MOOH are well supported by technical staff attached to the Regional Directorates of Health Services in each district. They include medical officers as well as other staff designated to look after specific public health areas. The Medical Officer of Maternal and Child Health, together with Regional Supervisory Public Health Nursing Officer support the MCH service provision while the Regional Epidemiologist together with the District Supervisory Public Health Inspector supports epidemiological and environmental health activities. The Medical Officer of Non Communicable Diseases is responsible for supporting NCD screening, and prevention and control activities while Regional Dental Surgeon together with Supervising School Dental Therapists look after dental care services in respective district. Regional Malaria Officers with their public health staff is responsible for all malaria prevention and control activities including vector surveillance in each district. Medical Officer of Planning together with Planning and Programming Officers attached to planning unit of each district plays a key role at district level by planning, monitoring and evaluating almost all health activities in the district. Health Education Officers of each district support the technical staff at district as well as the field staff in the field to implement public health programmes in the community. Public Health Inspectors of Rabies and Dengue are also supporting the Regional Directorate of Health Services by coordinating field staff with respective national campaigns in implementing their programmes.

Figure 8: Map of Badulla district with MOH divisions



MOH Area	Total Land area (Sq.km)	Estimated Population (2020)	Actual Population (2020)	No. of GN Divisions	No. of PHI areas	No. of PHM areas (Non-estate)	No. of PHM areas (estate)	Total PHM areas	Average Population per PHM area
Welimada	188	116111	107392	64	7			36	2983
Hali Ela	165	100277	102955	57	6			34	3028
Uvaparanagama	138	83356	83965	68	5			33	2544
Badulla	51	83084	80820	2929	9			23	3514
Bandarawela	71	72521	64090	3535	8			23	2787
Rideemaliadda	431	57149	65534	42	4			18	3641
Passara	136	5437	55606	41	5			20	2780
Haputhale	72	55134	53360	26	5			17	3139
Ella	111	50023	47783	32	6			18	2655
Mahiyangnana	350	43364	45712	18	6			18	2540
Haldummulla	412	41583	41188	39	3			15	2746
Girandurukotte	251	40532	44475	17	3			19	2341
Lunugala	144	34744	37961	28	4			16	2373
Kandekatiya	157	25548	28283	26	2			12	2357
Soranathota	79	24990	24594	25	3			11	2236
Meegahakiula	105	21832	24233	20	2			10	2423

Figure 18: Map of Monaragala district with MOH divisions


N
MADULLA
BIBILE
MEDAGAMA
BADALKUMBURA
MONARAGALA
SIYAMBALANDUWA
BUTTALA
WELLAWAYA
THANAMALWILA
KATHARAGAMA
SEVANAGALA

Table 30: MOH divisions in the district of Monaragala -2023

MOH Area	Total Land area (Sq.km)	Estimated Population (2020)	Actual Population (2020)	No. of GN Divisions	No. of PHI areas	No. of PHM areas (Non-estate)	No. of PHM areas (estate)	Total PHM areas	Average Population per PHM area
Badalkumbura	255	45532	47971	41	05	25	-	25	1918
Bibila	484	45788	50049	40	06	22	-	22	2274
Buttala	685	602070	63758	29	04	19	-	19	3355
Kataragama	608	20680	22640	05	03	07	-	07	3234
Madulla	723	35466	37729	38	04	19	-	19	1985
Medagama	254	40738	46517	35	04	20	-	20	2325
Monaragala	255	56223	58874	26	04	25	-	25	2354
Sevanagala	189	47572	57447	14	05	15	-	15	3829
Siyambalanduwa	1049	61355	65241	48	03	25	-	25	2609
Thanamalwila	560	30295	34092	14	05	14	-	14	2435
Wellawaya	598	68190	73002	29	05	25	-	25	2920

As far as the target population (actual population) is concerned the highest target population

(109,973) under care was reported from MOH area, Welimada compared to lowest target population (21,144) reported from MOH Area, Meegahakiula in the district of Badulla during 2018. In the district of Monaragala, the highest target population (65,416) and the lowest target population (16,845) were reported from MOH area, Wellawaya and MOH area, Katharagama respectively during 2018.

In the province the highest target population for care was from MOH area, Welimada and lowest from MOH area, Katharagama. As far as the area extent is concerned, the MOH area, Siyambalanduwa in the district of Monaragala had largest area extent (1049 km^2) while the MOH area Badulla in the district of Badulla had the lowest area extent (51.0 km^2).

Goals of the Family Health Programme

Following are the goals and objectives of the family health programme which mainly covers Maternal and Child Health Services in the Uva province.

The Family Health Programme is aimed at improving the health and wellbeing of mothers and children and thereby improves the quality of life of the family.

- **MCH policy Goal 1**: Ensure a safe outcome for both mother and newborn through provision of best available care during pre-pregnancy, pregnancy, delivery and postpartum period
- **MCH policy Goal 2**: Ensure survival and optimal health of all neonates through provision of best possible standards of care
- **MCH policy Goal 3**: Ensure all children to survive and reach their full potential for growth and development through provision of optimal care
- **MCH policy Goal 4**: Improve the health status of school children enabling them to optimally benefit from educational opportunities provided, and promote healthy lifestyles among themselves, and their families
- **MCH policy Goal 5**: Enable marginalized children and those with special needs to optimally develop their mental, physical and social capacities to function as productive members of society
- **MCH policy Goal 6**: Improve the health and wellbeing of adolescents
- **MCH policy Goal 7**: Enable all "couples" to have a desired number of children with optimal spacing and prevent unwanted pregnancies

- **MCH policy Goal 8**: Ensure that special reproductive health needs of women are

addressed

- **MCH policy Goal 9**: Promote gender equity and equality in relation to MCH
- **MCH policy Goal 10**: Ensure quality of data in the health management information system for MCH and its utilization at all levels
- **MCH policy Goal 11**: Promote the availability of adequate numbers of human resources in the correct skills to deliver quality MCH services
- **MCH policy Goal 12**: Ensure the availability of evidence based information for MCH Program management.

4.1 Maternal and Child Health service provision

Some of the population details with regard to maternal and child health services in the province are given below.

Table 31: Population statistics in relation to MCH care in 2023

Characteristic	Badulla	Monaragala	Province
Estimated total population	902,785	512,115	1,414,900
Estate population	177,030	11,115	188,145
Eligible families under care	158,954	101,448	260,402
Reported number of births	8,351	5,287	13,638
District birth rate (Estimated)	13.8/1000	13.4/1000	13.6/1000

National Birth Rate 16.9/ 1000

*(Source Ministry of Health – mid)

With an estimated population over 874,326 in the district of Badulla, nearly 158,856 eligible families were registered by PHMM to provide family health services. The estimated population in the district of Monaragala was 491,280 and it had registered 101,657 eligible families for MCH service provision. The province had reported over 20,372 births in 2018 with a provincial birth rate of 14.9 per 1,000 population. The district birth rate for Badulla was lower (13.5/1,000 population) than that of Monaragala (17.3/1,000 population).

4.1.1 Maternal Health

A summary of maternal health services provided in 2019 is given in table 32.

Table 32: Maternal healthcare provision in the province during 2023

Indicator	Badulla		Monaragala		Province	
	Number	%	Number	%	Number	%
Pregnant mothers registered	9,729	71	6,410	84.9	16,139	76.2
Pregnant mothers registered before 8 weeks	8,381	86.2	5,753	89.7	14,134	87.6
Pregnant mothers registered 8 - 12 weeks	875	9	426	6.64	1,301	8.1
Pregnant mothers registered after 12 weeks	473	4.9	231	3.60	704	4.4
Teenage Pregnancies Registered	370	3.8	215	3.4	585	3.6
P_5 or above pregnancies Registered	178	1.8	147	2.3	325	2
P5 mothers having 3 or more children (out of mothers, grovida 5 or more)	92	51.7	70	47.6	162	46.8
Pregnant mothers tested for VDRL before 12 weeks	6,037	70.8	4,869	88.7	10,906	77.8
Pregnant mothers tested for VDRL After 12 Weeks	2,430	28.5	586	10.7	3,016	21.5
Pregnant mothers screening for HIV	8,472	99.4	5,448	99.3	13,920	99.3
Pregnant mothers tested for Blood grouping and Rh at delivery	8,486	99.6	5,451	99.7	13,937	99.5
Pregnant mothers protected with Rubella vaccination	9,577	98.4	6,381	99.5	15,958	98.9
Reported mothers with antenatal morbidities	2,432	28.5	1,991	36.3	4,423	31.6

In 2018, PHMM had registered about 24,010 pregnancies in the province which was 93.5% of estimated pregnancies to be registered during 2018. Out of those registered pregnancies 85.9% had been registered within first 8 weeks of gestation by initiating care early in the pregnancy. Only 4.3% of registrations were done after the 12^{th} week of gestation. The percentage registration of pregnant mothers (% out of the estimated) and early registration of

pregnant mothers (Before 8 weeks of gestations) during 2018 were higher in the district of Monaragala compared to Badulla (Table 32).

The proportion of teenage pregnancies registered in the province was 4.8%. This was slightly higher in the district of Badulla compared to that of Monaragala (5.0% and 4.3% in Badulla & Monaragala respectively). Almost all pregnant mothers had been tested for VDRL and, blood grouping and Rh. Almost all pregnant mothers registered in 2018 were also protected against Rubella at the time of registration.

Table 33: Delivery outcome of pregnancies in 2023

Indicator	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
Deliveries reported by PHMM	8,514	68.4	5,486	80	14,000	72.8
Live birth reported	8,351	66.5	5,287	72.4	13,638	68.7
Single Birth	6,671		4,400		10,071	
Babies with low birth weight	1,518	18.5	787	15.2	2,305	17.2
Still births reported	59	7	35	6.6	94	6.8
Abortions reported	1,175	12.0	839	12.2	2,014	12.1
Home deliveries	24	0.28	03	0.05	27	0.19

A total of 21,413 deliveries, 141 still births and 2,323 abortions were reported by PHMM in the province during 2018. Over 99% of the deliveries had taken place in health care institutions. Both districts had reported 21 home deliveries during 2018.

Postpartum Care

Table 34: Postpartum Care provided in 2023

Characteristic	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
First visit during first 5 days of reported deliveries	6,830	80.1	3,833	69.8	10,663	76.1
First visit during first 6 to 10 days of reported deliveries	1,354	15.9	1,071	19.5	2,425	17.3
First visit during first 11 to 13 days of reported deliveries	197	5.7	124	7.2	321	6.3
Postnatal care 14-21 day (New)	486	2.3	395	7.2	881	6.2
Postnatal care around 42nd day	8,104	95.1	5,026	91.6	13,130	93.7
Mothers with post-partum complications	763	8.9	613	11.2	1,376	9.8

Domiciliary care is provided by the Public Health Midwives to mothers during post-partum period that is normally within 42 days of the delivery. The PHMM are advised to make two home visits to a postpartum mother within the first 10 days and one visit during the 11th- 28th days and one another visit around the 42nd day during this period.

Nearly 85.4% of postpartum mothers have received at least one postpartum visit by PHMM during first 10 days and nearly 2.3% and 87.5% have had another home visit by the PHMM during 11th-23th days and around 42nd day respectively. The PHMM had detected postpartum complications among 11.04% of postpartum mothers who were provided with necessary care and referrals.

Maternal Mortality during 2023

Reporting maternal deaths and investigating each and every maternal death at institution level as well as at field level is mandatory in Sri Lanka.

Table 35: Maternal deaths reported in 2022

Indicator	Badulla	Monaragala
Number of maternal deaths notified	2	4
Maternal Mortality Ratio	15.7/100000 LB	78.63/100000 LB

A total of 03 maternal deaths were reported in 2018 of which Badulla reported only 03 maternal deaths and Monaragala reported no maternal deaths.

4.1.2 Child Health

The provincial preventive health system provides much care to children through clinic and domiciliary services. One of the main child welfare activities being provided to the community is growth monitoring and promotion of children. Important health indicators related to growth monitoring and promotion during 2018 are described in table 35.

Table 36: Growth monitoring and promotion of children below 5 years of age in 2023

	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
No. of infants Registered	8,835	70.9	5,891	85.8	14,726	76.5
No. of Infants by under care	9,423		6,248		15,671	
Number of infants weighed	8,994	95.4	6,096	97.6	15,090	96.3
Infants below -2SD	745	8.3	379	6.2	1,124	7.5
Infants below -3SD	201	2.2	86	1.4	287	1.9
1-2 years under care	11,226		7,634		18,860	
1-2 years weighted	10,208	90.9	7,168	93.9	17,376	92.1
Weight less than -2SD	147	14.5	837	11.7	984	13.3
Weight less than -3SD	277	2.7	120	1.7	397	2.3
2-5 years under care	36,747		24,935		61,682	
2-5 years weighted	35,350	96.2	18,046	90.1	53,396	93.7
Weight less than -2SD	5,066	21.5	3,257	21.8	8,323	21.6
Weight less than -3SD	926	3.9	450	3	1,376	3.6

A total of 23,538 infants (93.8% of estimated for province in 2018) in the province were registered for care by PHMM during 2018. Nearly 92.4% (Badulla–89% and Monaragala–101.6%) of registered infants were weighed once a month during 2018. Out of infants who were weighed, a majority (94%) had reported satisfactory weight gain though 62% (7.1% in Badulla and 4.9% in Monaragala) infants were underweight (weight for age less than -2SD).

A total of 22,473 children between 1-2 years were registered for care during 2018. These children need to be weighed once a month and a majority (88.4%) were weighed accordingly. Out of these children 11.9% (Badulla – 13.26 & Monaragala – 9.9%) were found to be underweight (weight for age less than -2SD).

The PHMM had registered a total of 70,894 children between the ages of 2-5 years for child welfare service provision. These children need to be weighed once in three months unless otherwise indicated. Nearly 20% (Badulla – 20.2% & Monaragala – 20.1%) of children who were weighed found be underweight (weight for age less than 2SD) in 2018.

Mortality among under-five children in 2017

The details of deaths among children less than 5 years of age reported by field PHMM during 2017 are given below.

Table 37: Mortality among children under 10 years of age in 2023

Indicator	Badulla	Monaragala	Province
Number of early neonatal deaths reported(1-7 days)	56 (13.7%)	32 (12.6%)	88 (13.3%)
Number of late neonatal deaths reported (8-28 days)	12 (1.4%)	11 (2.1%)	23 (1.7%)
Number of infant deaths reported	97	60	157
Number of deaths among 1-5 years of age	20 (2.4%)	18 (3.4%)	38 (2.8)
Under 5 child mortality rate	14	14.8	14.3
Number of deaths among 5-10 years of age	14	05	19
Neonatal Mortality Rate	8.1	8.1	8.1
Infant Mortality Rate	11.6	11.3	11.5

A total of 188 infant deaths were reported during 2018 by PHMM in Uva Province. Out of

them, 117 were during neonatal period. Total number of 25 deaths reported among children of 1-5 year of age. The Infant Mortality Rate for the province was 5.7 per 1,000 live births (Badulla = 7.5 per 1,000 live births and Monaragala = 6.2 per 1,000 live births) in 2018.

Table 37: Mortality among children age 10-19 years in 2023

Indicator	Badulla	Monaragala	Province
Number of adolescence under care	109,252	57,582	166,834
Number of deaths among 10-19 years of age	22	18	40

4.1.3 Family Planning services

Family planning service provision is an integral component of the MCH package delivered by the healthcare delivery system. Details of family planning services provided to the community in the province are described below.

Table 38: Family planning service provision in 2022

Indicator	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
Total users of OCP	11,543	7.3	8,362	8.4	20,049	7.7
Total users of condoms	10,180	6.4	6,745	6.6	16,925	6.5
Total users of injectable	25,153	15.9	19,350	19.2	44,609	17.2
Total users of implants	15,203	9.6	7,112	6.9	22,239	8.6
Total users of I.U.D	21,560	13.6	16,673	16.2	37,992	14.6

Total No of Modern Methods	111,027	70	58,242	67.2	180,200	69.3
Total Natural/Traditional Methods	7,752	4.9	6,552	6.4	14,304	5.5
All methods (CPR)	118,779	74.9	75,725	74.6	194,504	74.8
Unmet Need	5,909	3.7	3,557	3.4	9,467	
LRT	27,376	17.3	11,015	10.9	38,391	14.8
Vasecthomy	10	0.01	4	0	14	0.01

Out of temporary modern family planning methods provided in the province, a majority (15.7%) of clients appear to be using I.U.D followed by inject tables (DMPA) (13.80%) and OCP (8.16%) during 2018. The proportion of clients in the target group for family planning who was using modern family planning methods was 67.21% in the province during 2018. This proportion was higher (69.01%) in Badulla than that (65.5%) of Monaragala. The unmet need for family planning in the province in 2018 was 4.57% (Badulla–5.05% vs Monaragala – 4.1%).

4.1.4 Well Women Clinic services

Well women clinic services were started with the objective of screening women over 35 years of age for non-communicable diseases such as cervical cancers, breast cancers, diabetes mellitus and hypertension under MCH package in 1993. A summary performance of Well Women clinic services in the province during 2018 is presented in table 38.

Table 39: Well women clinic services provided in 2023

Characteristic	Badulla	Monaragala	Province
First visits to clinic – 35 years of age 45 years of age	 70 49.9	 91.8 68.3	 77.9 56.6
Pap smear taken 35 years of age 45 years of age	69 48.2	88.7 66.5	76.1 54.8

Squamous Intra epithelial lesion. Low grade High grade	 0 1	 8 18	 8 19
Malignancy	2	0	2
Number of defects identified – Breast abnormalities	185 (2)	112 (1.6)	297 (1.8)
Number of hypertensive patients identified	536 (5.9)	437 (6.1)	973 (6)
Number of diabetic patients identified	474 (8.8)	94 (2.2)	568 (5.9)

Total number of 9972 clients attended Well Women Clinic services in the province during 2018. Almost all (96.27%) were tested with pap smear for cervical abnormalities. About 20 cervical abnormalities, 221 Breast abnormalities, 660 newly diagnosed patients with hypertension and 273 newly diagnosed diabetes cases were identified through WWC services in the province during 2018.

4.2 School Health

Conducting school medical inspection is an important activity conducted by all Medical Officers of Health, during which all children in Grades 1, 4, 7 and 10 are examined.

Table 40: School healthcare provision in 2023

		Badulla		Monaragala		Uva Province	
		No.	%	No.	%	No.	%
Total number	>200 Student	238	37	154	50.65		

of schools	<200 Student	411	63	150	49.35		
Total		633		304	100		
SMI completed schools		628	97				
Total number of children to be examined		73842					
Total number of children examined		68,308	92.5	37,641	98.9	105,949	94.7

There were 944 (Including International school and Piriwan schools) schools in the province for School Medical Inspection during 2018. Out of those 944 schools 55% were having children less than 200 while only 45% had children more than 200. School Medical Inspections were conducted in all schools. However, it is only 93.18% of children to be examined were examined through SMI in the province during 2018. The number examined out of the target school children was higher (96.8%) in the district of Monaragala compared to that (89.57%) of Badulla.

4.4 Communicable disease control

Communicable disease surveillance 33

is an important activity carried out by public health services in the province as well as in the country. Over 25 diseases are weekly reported and one of the main objectives of communicable disease surveillance is to identify disease outbreaks early and thereby to prevent and control those outbreaks. MOOH and PHII play a major role in investigation, confirmation and reporting these diseases to the Regional as well as Central levels. The following table describes the reporting of selected communicable diseases in the province during 2018.

Table 41: Reporting of selected communicable diseases in 2023

	Badulla	Monaragala	Province
Dengue fever/ DHS	2,037	672	2709
Dysentery	47	20	67
Encephalitis	7	05	12
Enteric fever	0	-	0
Food poisoning	45	05	50
Leptospirosis	389	507	896
Typhus fever	70	36	106
Viral hepatitis	99	24	123

The number of Dengue Fever/ DHS cases reported during 2018 has remarkably decreased in the province compared to the number reported in 2017. The district of Badulla compared to district of Monaragala was most affected by the outbreak of dengue in 2017. Total number of Leptospirosis reported during 2018 has increased in the district of Monaragala while it has relatively increased in Badulla compared to what has reported in 2017.

4.5 Non-Communicable Diseases

The demographic transition and changes in lifestyles of people are two main reasons for observed increase trend in the prevalence of Non-Communicable Diseases (NCD), mainly Hypertension, Diabetes Mellitus, Cancer and Cardio Vascular Diseases in Sri Lanka. Hence, there is much emphasis on public health sector with regard to prevention and control of NCDs in the province as well as in the country. Healthy Lifestyle Centers (HLC) were established in all MOH divisions with the main objective of promoting healthy lifestyles among the target population. Screening for risk factors of NCDs, undiagnosed cases of NCDs and management of those diagnosed with NCDs are the main activities of NCD prevention and control programme in the province as well as in the country. Medical Officer of NCD attached to Regional Directorate of Health Services at each district is responsible for coordinating NCD prevention and control activities between the national and peripheral levels. The following table summarizes some of the NCD prevention and control activities conducted in the province during 2018.

Table 42: Prevention and control of NCD activities in the province during 2023

Characteristic	Badulla	Monaragala	Province
Target population for the year 2021	354,400	204,866	559266
Number of HLCs established	64	28	92
Number of people screened in 2021	40,577	20,162	60739
Percentage of target population screened	11.45	9.84	21.29
Total population screened by the end of 2021	40,577	2,054	42631
Cumulative coverage	36.89%	166826	

A total of 86 Healthy Lifestyle Centers (HLC) were established in the province by the end of 2018. Out of the target population 13.96% and 30.7% were screened in Badulla and Monaragala respectively during 2018. By the end of 2018, 99% (Badulla - 84% vs Monaragala – 115%) of the target population in the province has been screened for NCDs.

The following table describes a summary of NCD prevention and control activities conducted

in 2018.

Table 43: Details of the screened population in both districts -2023

	Badulla					Monaragala				
	Male	**%**	**Female**	**%**	**Total**	**Male**	**%**	**Female**	**%**	**Total**
Total screened	16,351	9.22%	24,226	13.67%	40,577	7,481	7.3	12,681	12.3	20,162
Smokers detected	4,945	30.24	28	0.08	4,973	2,085	27.9	43	0.3	2,128
Alcoholics detected	8,841	54.07	53	0.021	8,894	3,187	42.6	15	0.1	3,202
Beatle chewers detected	8,343	51.02	4,910	20.26	13,253	3,188	42.6	1,341	10.6	4,529
People with high BMI (25-29.9)	3,302	20.19	7,328	30.24	10,630	1,555	20.8	3,810	30.0	5,365
People with high BMI (>30)	574	3.51	2,354	9.71	2,928	301	4.0	1,114	8.8	1,415
People with high BP (>140/90)	3,796	23.21	5,368	22.15	9,164	1,766	23.6	2,666	21.0	4,432
People with high Fasting Blood Sugar (>126mg/dl)	238	1.45	357	1.47	595	616	8.2	1,013	8.00	1,629
Referrals made to consultant centers	465	2.84	848	3.50	1,261	1,388	18.6	2,251	17.8	3,639

4.6 Prevention control of dengue in the province

The first dengue case in Uva province was detected in 1991 at Kandeketiya PHI area which was recorded as an imported case from Colombo. With the reporting of the second case in year 2000, first dengue control unit was established in the district of Badulla, as the first dengue control unit in Sri Lanka to look after prevention and control of dengue at regional level. This Unit was under supervision of PDHS Uva, RDHS Badulla, RE Badulla and RMO Badulla.

Some of the responsibilities of this unit were detection of mosquito breeding cites, detection and calculation of vector control indices to monitor dengue situation, fogging activities, health education programmes, liaising with the central dengue control unit at Ministry of Health, Colombo.

There were total number of 1075 dengue cases reported in the province during 2018 which was a decreased in outbreak proportion compared to 6070 in 2017. Out of the total reported in the province 455 cases were from the district of Badulla while 620 from Monaragala. There were only one deaths being reported in the district of Monaragala during 2018.

Table 44: Reported Dengue cases in 2023

Indicator	Badulla	Monaragala	Uva Province
Number of confirmed cases	1,529	672	2,201
Number of deaths	02	01	03

4.7 Tuberculosis and Chest Diseases

The District Chest Clinic, Badulla was established in 1958 with the objective of prevention and control of Tuberculosis in Uva Province. However, with the increase in prevalence of respiratory diseases it was decided to appoint a consultant chest physician to District Chest Clinics in 1997 and therefore, the services of the chest clinic were expanded to a greater extent providing services to patients with asthma, chronic obstructive airway diseases, Bronchiectasis, TB and a range of other chronic lung diseases as well. A total number of 43,237 patients were seen at District Chest Clinic, Badulla and about 1,145 patients at outreach clinics annually. Monthly Clinics are being conducted at Badulla prisons and open

prison camp at Thaldena where every new prisoner is screened for TB. In addition to District Chest Clinic at Badulla the District Chest Clinic, Monaragala was established in 2002 to look after management, prevention and control of TB and Chest diseases in the district of Monaragala.

Sputum Smear examination for diagnosis of TB is the main activity carried out at both District Chest Clinics in addition to X-Ray filming being provided to the community in the province. Apart from these services there are 16 microscopy centers in the province out of which 8 centers were from the district of Badulla while the other 8 from Monaragala.

Uva Province records a very low defaulter rate and no Multi Drug Resistant Tuberculosis cases being reported to-date. All TB patients were screened for HIV routinely. However, only two TB patients were found to be positive for HIV during past ten years. A summary of services provided for TB control activities during 2018 are described in table 47.

Table 45: TB diagnosis and care provided in 2023

	Badulla				**Monaragala**			
	PTB Smear+ ve	**PTB Smear - ve**	**EPTB**	**Total**	**PTB Smear+ ve**	**PTB Smear – ve**	**EPTB**	**Total**
Number of patients treated	116	61	94	271	72	14	38	125

The total number of patients treated in the year 2018 was 405 out of which 276 cases (68.14%) were from the district of Badulla and 129 (31.8%) from Monaragala. Out of those treated majority (54.56%) were smear positive pulmonary TB cases. However, 107 cases (26.41%) were Extra Pulmonary TB (EPTB) cases.

4.8 STD/AIDS

Uva province has two specialized units; one in each Regional Directorates to provide services. The services provided range from diagnosis, management, prevention and control of STD/AIDS in the province. A summary of STI/AIDS services provided during 2017 are given in table 48.

Table 46: Health services provided in relation to STD/AIDS during 2023

	Syphilis	Gonorrhoea	Genital Herpes	Genital Warts	Candidiasis	Tricomonaisis	Other STII	Total
Badulla	15	08	84	90	144	01	113	425
Monaragala	13	05	45	40	64	0	71	238
Total								**663**

During 2018, total number of 593 patients with STII was treated in the province and majority (68.29%) of those treated was from the district of Badulla. The district of Monaragala reported 188 patients with STII for the year 2018. Candidiasis and Genital Herpes were the most common STII for which clients attended to STI/AIDS clinics in both districts during 2018.

4.9 Rabies

In keeping with the national policies and programmes, the Provincial Department of Health Services, Uva province carries out many activities for prevention and control of Human Rabies. There are two Regional Rabies control units in the province; one in each district. These Rabies control units carry out prevention and control activities closely liaising with the area Medical Officers of Health. The main objective of a Regional Rabies control unit is to reduce the number of stray dogs by promoting responsible dog ownership. The main prevention and control activities conducted were dog vaccination, providing Depo Provera to female dogs and sterilization of dogs. A summary of Rabies prevention and control activities conducted in the province during 2018 are described below.

Table 47: Prevention and Control Activities carried out in the province during 2022

District	Target dog population	ARV Performed		No. Depo given		Dog sterilization		Deaths due to Human Rabies
		No	%	No	%	No	%	
Badulla	113,014	63,025	55	0	0	1,176	6.9	0
Monaragala	65,602	61,618	93.92	-	-	1,682	0.025	0
Province	178,616	124,643	74.46	0	0	2,858	3.4	0

The percentage of ARV performed in the district of Monaragala was relatively higher compared to that of Badulla during 2018. Only one human death was reported in the district of Badulla compared to none from Monaragala during 2018. The coverage of dog population by Depo Provera Injectable were 6.312% in the province during 2018. Dog sterilization was one of the main activity carried out by the rabies control programme to control the dog population in the country. Unfortunately we don't have data on this activity as the dog sterilization programme in 2018 was carried out by the department.

4.10 Malaria

Each district in the province has Regional Malaria Unit that conducts prevention and control activities of Malaria. Maintaining entomological surveillance system, integrated vector control and management, and case detection, confirmation, notification and follow up of patients with Malaria are the main prevention and control activities being routinely done by Regional Malaria Units.

The last indigenes case of malaria was reported in 2012 from Siyambalanduwa Medical Officer of Health area which was found to be a case of *Plasmodium vivax*. In 2017 one patient with *Plasmodium Falciparum malaria* was reported from Passara *Medical O*fficer of Health area and it reveals that the patient came from India.

In 2018 no malaria infected patients reported in district of Badulla. But two *Plasmodium vivax* infected patients were reported in Siyabalandowa MOH area in district of Monaragala.

5. Estate health services

The resident estate population of Uva province comprises 162,246 (12.8%) people living in over 70 estates (69 in Badulla and 01 in Monaragala). This was nearly 13% of the total population in the province for which the district of Badulla contribute more as the proportion of estate population in Badulla was nearly 19% while that of Monaragala was about 2%. There were 19 Estate Hospitals which came under Provincial Department of Health Services, Uva province. These all hospitals were in the district of Badulla and they all were categorized as Type C Divisional Hospitals. Estate hospitals under the Provincial Department of Health Services Uva province were given in the following table.

Table 48: Estate hospitals under provincial administration

Preventive Health services were being provided to all Estates by public health staff of Uva province. Special programmes and activities, in addition to the routine activities, were also carried out in Estates during 2018. The field health staff was supported by the Estate Management as well as PHDT staff for providing health services to all Estates of the province.

01	DH Springvally	11	DH Kirkeelas
02	DH Robery	12	DH Canawerella
03	DH Hoptan	13	DH Mahadowa
04	DH Ury	14	DH Telbedda
05	DH Glenore	15	DH Sarania
06	DH Demodara	16	DH Uva Highland
07	DH Unagolla	17	DH Downside
08	DH Poonagala	18	DH Udaweriya
09	DH Haggala	19	DH Dambethenna
10	DH Meedumpitiya		

6. Dental services

The performance in dental care services in the province during 2018 is described in the table below. The percentage of dental extractions out of those attended to dental clinics in district of Badulla was 27% while it was 22% in the district of Monaragala during 2018. The percentage of total restoration out of those attended to dental clinics in 2018 was 31 % in the district of Badulla compared to 48% of Monaragala.

Table 49: Curative Dental care Services in 2023

Dental Procedures		**Badulla**	**Monaragala**
Total Attendance		237,428	151,478
Extractions (%)		23.26	18.07%
Post op - complication		638	374
OPMD		501	376
Restorations – temporary		26,057	19,642
Permanent Amalgam		2,165	65
Permanent composite		18,743	8,514
Permanent GIC		38,588	28,226
Advanced conservation		3,632	3,561
Total Restoration (%)		37.57	39.61%
Periodontal Treatment Scaling		16,649	12,996
Surgery		1,006	597
Indoor		662	510
All referrals		9,585	5,248
Miscellaneous		35,442	18,503
No. of Dental Chair		68	26
		0	02

Table 50: Screening of pregnant mothers for oral diseases during 2023

Characteristic	Badulla	Monaragala	Province
Total number registered	13,777	6,410	
Number screened (%)	73.45	110.76%	
Number needed care (%)	73.01	77%	
Number with dental caries (%)	60.23	58.24%	
Number with Periodontal Disease (%)	36.72	42.45%	
Number with other oral diseases (%)	1.61	1.27%	
Number treated	4,113	4,930	
Number treatment completed (%)	40.64	62.51%	

Screening antenatal mothers for oral diseases is an important component of antenatal care package provided by dental care services in the province. It was interesting to note that 96.5% of registered antenatal mothers in the province have undergone oral screening before delivery in 2017. Out of those screened 75.5% (Badulla – 74% & Monaragala – 77%) of antenatal mothers has had oral abnormalities which required oral care during their antenatal period. About 52.5% (Badulla – 50% & Monaragala – 55%) of the antenatal mothers screened were having dental caries while 60% (Badulla – 79% & Monaragala – 41%) had periodontal diseases. The district of Badulla has completed the treatment in 52.1% of those who were started on treatment compared to 55% in the district of Monaragala during 2017.

Table 51: Screening of School children for oral diseases - 2023

Characteristic	Badulla	Monaragala	Uva Province
Total target school population	56,816	32,395	
Number screened (%)	78	89%	
Number with dental caries (%)	35	35%	
Number with Fluorosis (%)	0.2	2%	
Number with Malocclusions (%)	5	2%	
Number with calculi (%)	8.3	5%	
Number treated	78	13,997	
Number treatment completed (%)	72	84	

Screening school children for oral abnormalities is one of the important components in School Medical Inspection (SMI) programme in the country. The table 53 summarizes the oral screening activities conducted for target school children in the province from 2016 to 2017. The screening coverage has decreased in the province from 85% in 2016 to 91% in 2017. This has decreased from 83% in 2016 to 90% in 2017 in the district of Badulla while it has by 2% from 2016 to 2017 in the district of Monaragala. It was important to note that 37% of school population in the province was found to have dental caries as far as the year 2017 is concerned. The treatment has been completed among 87% of the school children in the province for whom it was started during 2017.

Annexure 1

Detailed list of curative institutions, Provincial Health Department, Uva

Type of Institution	Badulla District		Monaragala District	
	No. of Hospitals	Name of Hospital	No. of Hospitals	Name of Hospital
Provincial General Hospital	01	Provincial General Hospital – Badulla		
District General Hospital			01	District General Hospital Monaragala
Base Hospitals (Type A)	02	BHA Mahiyangana BHA Diyathalawa		
Base Hospitals (Type B)	01	BHB Welimada	03	BHB Wellawaya BHB Siyabalanduwa BHB Bibile
Divisional Hospitals (Type A)	02	DHA Passara DHA Bandarawela	01	DHA Buttala
Divisional Hospitals (Type B)	09	DHB Haputale DHB Koslanda DHB Lunugala DHB Matigahathenna DHB Uva paranagama DHB Girandurukotte DHC Uraniya DHC Meegahakiula DHC Kandaketiya	05	DHB Badalkumbura DHB Inginiyagala DHB Katharagama DHB Medagama DHB Thanamalwila
Divisional Hospitals (Type C)	33	DHC Haldummulla DHC Bogahakumbura DHC Boralanda DHC Demodera DHC Ekiriyankumbura DHC Ettampitiya DHC Glannor DHC Hopton DHC Kandegedara DHC Kandagolla DHC Kahataruppa DHC Mirahawatte DHC Nadungamuwa DHC Roberiya DHC Springvally DHC Ury DHC Galauda DHC Bibilegama DHC Meedumpitiya DHC Wewegama	08	DHC Higurukaduwa DHC Pitakumbura DHC Ethimale DHC Sewanagala DHC Handapanagala DHC Okkampitiya DHC Dambagalla DHC Hambegamuwa

		DHC Dambana DHC Dambetenna DHC Downside DHC Kerklies DHC Kanawerella DHC Mahadoowa DHC Poonagala DHC Sarniya DHC Telbedda DHC Uva Highland DHC Udaweriya DHC Unagolla DHC Haggala		
Primary Medical Care Unit	16	PMCU Ballaketuwa PMCU Bathalayaya PMCU Hali ela PMCU Halpe PMCU Hebarawa PMCU Keppetipola PMCU Lunuwatte PMCU Liyangahawela PMCU Nagadeepa PMCU Namunukula PMCU Silmiyapura PMCU Thaldena PMCU Thannapanguwa PMCU Hewanakumbura PMCU Rilpola PMCU Ella	10	PMCU Buddama PMCU Dobagahawela PMCU Deliwa PMCU Kotiyagala PMCU Kotagama PMCU Nannapurawa PMCU Rathmalgahaella PMCU Godigamuwa PMCU Bakinigahawela PMCU Dewathura

Annexure 2

Divisional Hospitals (Type C); Transfer details - Badulla District 2023

Name of Institution	Badulla District		
	Transfer Out	Transfer In	No. of Ambulances Available
DHC Boralanda	974	0	01
DHC Demodera	1,312	0	01
DHC Ettampitiya	767	0	01
DHC Haldummulla	1,190	16	01
DHC Kahataruppa	498	0	01
DHC Dambana	487	0	01
DHC Galauda	259	0	01
DHC Hopton	320	1	01
DHC Bogahakumbura	310	0	01
DHC Kandagolla	354	43	01
DHC Kandegedara	366	0	01
DHC Roberiya	278	0	01
DHC Springvally	283	0	01
DHC Nadungamuwa	208	0	01
DHC Ekiriyankumbura	224	23	01
DHC Mirahawatte	210	0	01
DHC Ury	17	0	01
DHC Dambetenna	0	0	0
DHC Unagolla	0	0	0
DHC Wewegama	108	0	01
DHC Glannor	68	0	01
DHC Meedumpitiya	20	39	01
DHC Bibilegama	0	0	0
DHC Downside	0	0	0
DHC Kerklies	0	0	0
DHC Canawerella	0	0	0
DHC Mahadoowa	0	0	0
DHC Poonagala	0	0	0
DHC Sarniya	0	0	0
DHC Telbedda	0	0	0
DHC Uva Highland	0	0	0
DHC Udaweriya	0	0	0
DHC Hakgala	0	0	0

Annexure 3

Divisional Hospitals (Type C); Transfer details - Monaragala District 2023

Name of Institution	Monaragala District		
	Transfer Out	Transfer In	No. of Ambulances Available
DHC Sewanagala	733	0	01
DHC Okkampitiya	720	20	01
DHC Dambagalla	477	0	01
DHC Pitakumbura	355	0	01
DHC Handapanagala	795	0	01
DHC Ethimale	467	0	01
DHC Higurukaduwa	384	0	01
DHC Hambegamuwa	364	0	01

NA*- Not Available

NO	Designation	Service	Grade/Class	Salary code	Service Level	Approved cadre as at 2018.01.01	Existing cadre-2018.12.31							Vacant	Excess
							Permanent			Casual		Contract			
						Permanent	Male	Fe male	Total	Male	Fe Male	Male	Fe Male		
1	Provincial /Regional Director of Health Services and Deputy Provincial/Regional Director of Health services	SLMAS	SnrMA	SL1-2016	Sernior	3	1	1	2					1	
2	Medical Administrator (Deputy Grade)/ Medical Superintent(Deputy Grade)	SLMAS	SnrMA	SL1-2016	Sernior	9	3	0	3					6	
3	Deputy Provincial Director (Admin)	SLAS	II	SL1-2016	Sernior	1	0	0	0					1	
4	Medical Consultant	SLMS	I	SL3-2016	Sernior	63	29	12	41					22	
5	Consultant Dental Surgeon	SLMS	I	SL3-2016	Sernior	2	0	0	0					2	
6	Medical Officer/ Medical off relief	SLMS	III/II	SL2-2016	Sernior	631	257	188	445			1		185	
7	Regional Dental Surgeon	SLMS	III/II	SL2-2016	Sernior	3	2	1	3					0	
8	Dental Surgeon	SLMS	III/II	SL2-2016	Sernior	112	25	46	71					41	
9	Accountant	SLAcs	III/II/I	SL1-2016	Sernior	5	2	0	2					3	
10	Bio Medical Engineer	SLEgS	III/II/I	SL1-2016	Sernior	2	1	0	1					1	
11	Engineer(civil)	SLEgS	III/II/I	SL1-2016	Sernior	1	0	0	0					1	
12	Engineer(Electrical)	SLEgS	III/II/I	SL1-2016	Sernior	1	0	0	0					1	
13	Engineer(Mechanical)	SLEgS	III/II/I	SL1-2016	Sernior	1	0	0	0					1	
14	Entomologist	SLss	111/11/1	SL1-2016	Sernior	2	1	0	1					1	
15	Administrative officer	PPMAS	Supra	MN7-2016	Tertiary	9	1	1	2				1	6	

NO	Designation	Service	Grade/Class	Salary code	Service Lvel	Approved cadre as at 2018.01.01	Existing cadre-2018.12.31							Vacant	Excess
							Permanent			Casual		Contract			
						Permanent	Male	Fe Male	Total	Male	Fe Male	Male	Fe Male		
16	RMO/AMO	AMO/RMO	II/I/SPL	MP1-2-2016	Tertiary	51	18	28	46			1		4	
17	PSPHSNO / RSPHSNO	NrS	Special	MT8-2016	Tertiary	3	0	3	3					0	
18	Matron	NrS	Special	MT8-2016	Tertiary	9	1	5	6					3	
19	MLT special	PSM	Special	MT8-2016	Tertiary	2	0	0	0					2	
20	Divisional Pharmacist	PSM	Special	MT8-2016	Tertiary	3	2	1	3					0	
21	School Dental Therapist	Para	Special	MT8-2016	Tertiary	2	0	1	1					1	
22	Public Health Inspector	Para	Special	MT8-2016	Tertiary	3	2	0	2					1	
23	Planning and Programme Officer *	Dpt	Dept.	MN5-2016	Tertiary	4	0	0	0					4	
24	Entomological Officer	Para	Special	MT8-2016	Tertiary	1	0	0	0					1	
25	Information and Communication Technology Officer	SLITS	II/II	MN6-2016	Tertiary	2	0	0	0					2	
26	Public Health Midwife(special)	Para	Special	MT8-2016	Tertiary	2	0	0	0					2	
27	Public Health Laboratory Technician(special)	Para	Special	MT8-2016	Tertiary	1	0	0	0					1	
28	Public Health Field Officer(special)	SLTS	Special	MT8-2016	Tertiary	1	0	0	0					1	
29	Health Education Officer	Dpt	III/II/I	MN6-2016	Tertiary	4	3	1	4					0	
30	Psychologist	Dpt	III/II/I	MN6-2016	Tertiary	3	0	0	0					3	
31	Psychiatric Social Worker	Dpt	III/II/I	MN5-2016	Tertiary	3	0	0	0					3	
32	Public Health Nursing Sisiter	NrS	I	MT7-2016	Secondary	29	0	22	22					7	
33	Ward Sister	NrS	I	MT7-2016	Secondary	84	7	31	38					46	
34	Nursing	NrS	III/II/I	MT7-2016	Secondary	1205	59	875	934			3	14	254	

NO	Designation	Service	Grade/Class	Salary code	Service Level	Approved cadre as at 2018.01.01	Existing cadre-2018.12.31								Vacant	Excess
							Permanent			Casual		Contract				
						Permanent	Male	Fe Male	Total	Male	Fe Male	Male	Fe Male			
35	Pharmacist	PSM	III/II/I	MT6-2016	Secondary	81	24	27	51						30	
36	Medical Laboratory Technologist	PSM	III/II/I	MT6-2016	Secondary	65	37	21	58						7	
37	Radiographer	PSM	III/II/I	MT6-2016	Secondary	24	9	6	15						9	
38	Physiotherapist	PSM	III/II/I	MT6-2016	Secondary	13	4	6	10						3	
39	Occupational Therapist	PSM	III/II/I	MT6-2016	Secondary	6	2	1	3						3	
40	Ophthalmic Technologist	PSM	III/II/I	MT6-2016	Secondary	7	6	0	6						1	
41	School Dental Therapist	Para	III/II/I	MT6-2016	Secondary	29	0	27	27						2	
42	Entomological Assistant	Para	III/II/I	MT6-2016	Secondary	11	8	0	8						3	
43	Food & Drugs Inpector	Para	III/II/I	MT5-2016	Secondary	4	3	0	3						1	
44	Midwife	Para	III/II/I	MT5-2016	Secondary	849	0	605	605				6		238	
45	Supervisory Public Health Inspector	Para	III/II/I	MT5-2016	Secondary	27	23	0	23						4	
46	Supervisory Public Health Midwife	Para	III/II/I	MT5-2016	Secondary	27	0	27	27						0	
47	Public Health Inspector *	Para	III/II/I	MT5-2016	Secondary	128	98	0	98						30	
48	ECG Recodist	Para	III/II/I	MT4-2016	Secondary	19	3	7	10						9	
49	Public Health Laboratory Technician	Para	III/II/I	MT4-2016	Secondary	26	7	12	19						7	
50	Forman Biomedical	SLTS	III/II/I	MN3-2016	Secondary	2	0	0	0						2	
51	Public Health Field Officer	SLTS	III/II/I	MN3-2016	Secondary	39	8	3	11						28	
52	Dispenser	SLTS	III/II/I	MN3-2016	Secondary	149	68	69	137						12	
53	Translator	STS	II/I	MN6-2016	Secondary	1	0	0	0						1	

NO	Designation	Service	Grade/Class	Salary code	Service Level	Approved cadre as at 2018.01.01	Existing cadre-2018.12.31							Vacant	Excess
							Permanent			Casual		Contract			
						Permanent	Male	Fe Male	Total	Male	Fe Male	Male	Fe Male		
55	Medical Record Officer/assistant *	Dpt	III/II/I	MN4-2016	Secondary	14	11	13	24					0	10
56	Planning and Programme Assit*	Dpt	III/II/I	MN4-2016	Secondary	5	7	2	9					0	4
57	Development Officer	Dos	III/II/I	MN4-2016	Secondary	141	33	124	157					0	16
58	Technical Officer (Civil)	SLTS	III/II/I	MN3-2016	Secondary	2	0	0	0					2	
59	Technical Officer (Electrical)	SLTS	III/II/I	MN3-2016	Secondary	2	0	0	0					2	
60	Public Management Assistant	PPMAS	III/II/I	MN2-2016	Secondary	184	36	132	168					16	
61	Information and Communication Technology Assistant	SLITS	III/II/I	MT1-2016	Secondary	6	0	2	2				0	4	
62	Data Entry Operator*		III/II/I	MN2-2016	Secondary	3	0	2	2					1	
63	Medical Supplise Assistant	Dpt	III/II/I	MN1-2016	Secondary	4	3	0	3			0		1	
64	Vaccinator	Dpt	III/II/I	MN1-2016	Secondary	0	4	0	4					0	4
65	Ward Clerk	Dpt	III/II/I	MN1-2016	Secondary	14	0	7	7					7	
66	Electrician	Dpt	III/II/I/SPL	PL3-2016	Primary	7	2	0	2			2		3	
67	Electro Medical Technician	Dpt	III/II/I/SPL	PL3-2016	Primary	2	2	0	2			1		0	1
68	Driver *	DS	III/II/I/SPL	PL3-2016	Primary	201	156	0	156	36		3		6	
69	Attendant	Dpt	III/II/I/SPL	PL2-2016	Primary	452	186	257	443					9	
70	Carpenter	Dpt	III/II/I/SPL	PL2-2016	Primary	7	2	0	2			2		3	
71	Cook	Dpt	III/II/I/SPL	PL2-2016	Primary	3	1	0	1					2	

NO	Designation	Service	Grade/Class	Salary code	Service Lvel	Approved cadre as at 2018.01.01	Existing cadre-2018.12.31								Vacant	Excess
							Permanent			Casual		Contract				
						Permanent	Male	Fe Male	Total	Male	Fe Male	Male	Fe Male			
72	Hospitl Overseer	Dpt	III/II/I/SPL	PL2-2016	Primary	31	5	7	12						19	
73	Lab Orderly	Dpt	III/II/I/SPL	PL2-2016	Primary	9	4	3	7						2	
74	Mason	Dpt	III/II/I/SPL	PL2-2016	Primary	4	1	0	1						3	
75	Painter	Dpt	III/II/I/SPL	PL2-2016	Primary	0	1	0	1						0	1
76	Plumber/Pump Machine Operator	Dpt	III/II/I/SPL	PL2-2016	Primary	7	0	0	0	0		1			6	
77	Seamstress	Dpt	III/II/I/SPL	PL2-2016	Primary	7	0	1	1			0	2		4	
78	Telephone Operator	Dpt	III/II/I/SPL	PL2-2016	Primary	6	1	0	1						5	
79	KKS	Dpt	III/II/I/SPL	PL1-2016	Primary	16	14	10	24						0	8
80	Life Operator	Dpt	III/II/I/SPL	PL1-2016	Primary	9	4	0	4						5	
81	Saukyaya Karyaya Sahayaka (Junior) *	Dpt	III/II/I/SPL	PL1-2016	Primary	653	139	370	509	28	68	35	61		0	48
82	Saukyaya Karyaya Sahayaka (Ordinary)	Dpt	III/II/I/SPL	PL1-2016	Primary	634	245	331	576						58	
83	Spray Machine Operator	Dpt	III/II/I/SPL	PL1-2016	Primary	92	72	0	72						20	
84	Watcher*	Dpt	III/II/I/SPL	PL1-2016	Primary	50	67	0	67	1					0	18
Total						**6332**	**1710**	**3290**	**5000**	**65**	**68**	**49**	**84**		**1176**	**110**