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 1432178 (source by MOHNIM) while its land area is 8,488 km^2 resulting the population density of 169 per km^2 in 2018.

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.

WELEKADE OLD MARKET

The old market building has identified as a trade commercial center constructed at the middle of the town after selecting Badulla as the administrative town of Uva province by British in 19 A.D. This is famous among the citizens as Dutch Market because this building has been constructed using the Dutch architectural techniques. There is an octagonal clerestory and for rectangular long building starting from there directing to the four directions. This has declared as a reserved archaeological commemorative which has been conserved by the Department of Archeology in accordance with the Archaeological act.

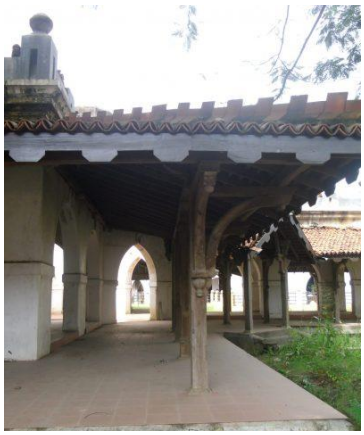


Figure 2: **WELEKADE OLD MARKET**

SORAGUNE DEVALAYA

RELIGIOUS PLACES

Soragune Devalaya dedicated to Lord Katharagama has a long history running back to several centuries and the details of this place are included in the ancient documents owned by the Devalaya such as thudapatha, medagama sannasa and lekam mitiya. This sacred devalaya was built by a provincial King Yapa in this year 1582 A.D.in Oder to fulfill a vow made by him, in connection with a battle that he had won. The details of this event are found in Medagama Royal Grant and other document available with the devalaya' this devalaya can be reached by travelling 5 km along Kirawanagama road branching off at Halatuthenna town on Colombo Badulla highway.

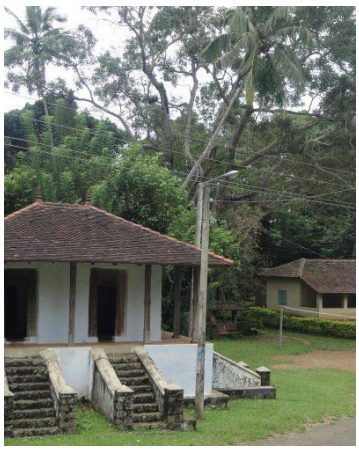


Figure 3: **WELEKADE OLD MARKET**

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 (Est.2019)	8,92,068		
Total Population (2012)*	909034	562311	
Urban population*			
Rural population*			
Estate population*			
Population density*			
Population growth rate*			
Population less than 15 years*	239635		
Population of 16-59 years*	548017		
Population ≥ 60 years of age*	104413		

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

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	
Female	453,000 (52.0%)	284,301	
**** Estimated values for 2018***	***# These figures are based on Census & Statistics Survey***		
Ethnic Composition#			
Sinhalese	595,372 (73.1%)	532,033	
Sri Lankan Tamil	21880 (2.7%)	15,170	
Indian Tamil	150,484 (18%)	2,378	
Moor	44,716 (5.5%)	12,636	
Other	2953 (0.4%)	94	
Religious Composition#			
Buddhist	591,799 (72.6%)	530,974	
Hindu	157,608 (19.3%)	16,575	
Islam	47,192 (5.8%)	12,622	
Roman Catholic	12,020(1.5%)	925	
Other	6,786 (0.8%)	1215	

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

The sex ratio of the province shows a slight female preponderance (male - 48% vs female - 52%). Uva province comprised of people belonging to many ethnic groups. The largest ethnic group in both districts is Sinhalese. This proportion is much greater in the district of Monaragala compared to Badulla.

The largest religious group in the province of Uva is Buddhists. The percentage of Hindus in Badulla district is 20%.

The province reports a high literacy rate among the 15-24 year olds, which is 96.9%. This figure is 95.9% for Badulla district and 98.6% for Monaragala(2012). The percentage of those who are below national poverty line in the province was 27% and the figures for Badulla and Monaragala are 23.7% and 33.2% respectively.

2. Organization of Health Services

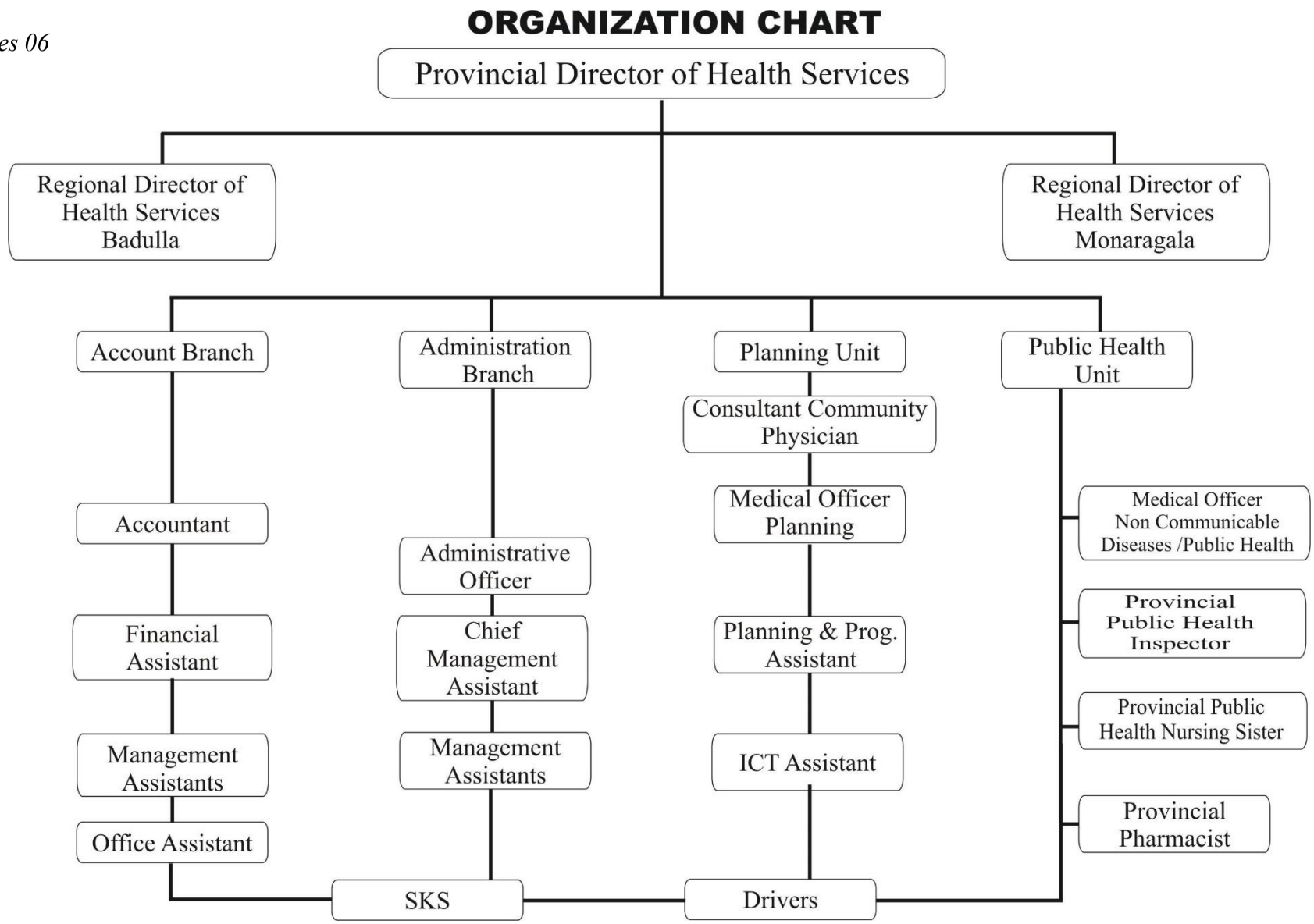
2.1. Introduction

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.

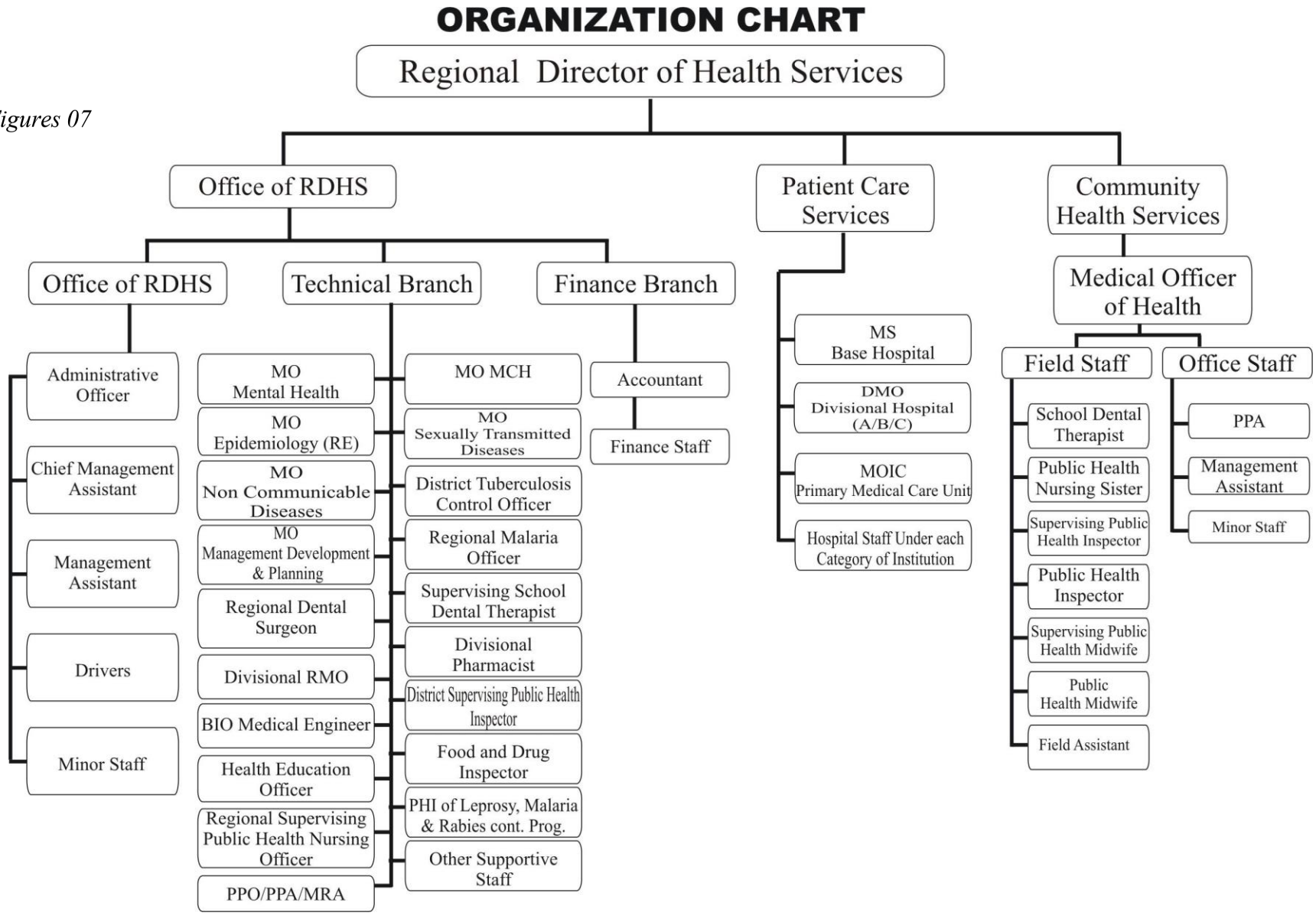
2.2. Provincial health administration

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.

Figures 06


ORGANIZATION CHART
Provincial Director of Health Services
Regional Director of Health Services Badulla
Regional Director of Health Services Monaragala
Account Branch
Administration Branch
Planning Unit
Public Health Unit
Consultant Community Physician
Accountant
Financial Assistant
Management Assistants
Office Assistant
Administrative Officer
Chief Management Assistant
Management Assistants
Medical Officer Planning
Planning & Prog. Assistant
ICT Assistant
Medical Officer Non Communicable Diseases /Public Health
Provincial Public Health Inspector
Provincial Public Health Nursing Sister
Provincial Pharmacist
SKS
Drivers

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
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
PPA
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
Provincial General 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)	33	08	41
Primary Medical Care Units	16	10	27
Total	64	28	92

Provincial General 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 44 Divisional Hospitals in Badulla whereas in Monaragala there are14 Divisional Hospitals. Both districts are having 26 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-2021

	Badulla	Monaragala	Province
MOH divisions	16	11	27
PHM areas	325	216	541
PHI areas	66	47	113
Specialized units	02	05	07

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 5000 health staff personals under 108 categories manned the Provincial Department of Health Services of Uva in 2018. Details are given in table 5.

Table 5: Details of health manpower of Uva province 2021

No	Designation	Existing Cadre 2021
1	Senior Medical Administrative Grade	
2	Junior Medical Administrative Grade	
3	Medical Consultant	
4	Medical Officers	
5	Registered Medical Officers/ AMO	
6	Dental Surgeon	
7	Nursing Officer	
8	Public Health Inspector (SuperAAvisory)	
9	Public Health Inspector (Field)	
10	Public Health Midwife (Supervisory)	
11	Public Health Midwife (Field)	
12	Pharmacist	
13	MLT	
14	Other Staff	
	Total	

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

Provincial General Hospital (PGH), 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 -58) and Primary Medical Care Units (PMCU - 26) in the province.

3.1.1 Tertiary Health Care Services

PGH, 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 PGH Badulla and DGH Monaragala

	Provincial General Hospital Badulla			District General Hospital Monaragala		
	2019	***2020***	***2021***	***2019***	***2020***	***2021***
No. of Wards	42	42	42	15	15	17
No. of beds	1514	1589	1514	545	551	579
OPD attendance	251,887	235,926	112,514	182,949	145,941	56,540
OPD attendance/ Day	690	645	365	501	399	155
Admissions	126,261	117,034	93,375	71143	64121	57,145
Admissions/ Day	345	320	255	195	175	157
Bed Occupancy Rate	63%	58.8%	47.11%	75%	74%	59%

As far as the service provision in these two major tertiary care hospitals are concerned, number of OPD attendance per a day at PGH Badulla has decreased from 892 in 2015 to 800 in 2016. However, it has increased by 8 per day from 2016 to 2017. Average OPD attendance at DGH Monaragala has increased from 800 to 814 from 2016 to 2018. Number of admissions per day of PGH Badulla has increased significantly to 332 in 2017 & 362 to in 2018. In DGH Monaragala, average admission per day has increased from 154 in 2016 to 181 in 2017 and 193 in 2018.

Maternal and Child Health Services

The PGH-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 PGH-Badulla and DGH-Monaragala are given in Table 07.

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

	PGH, Badulla			DGH, Monaragala		
	2019	***2020***	***2021***	***2019***	***2020***	***2021***
Deliveries (Spontaneous)	4,015	3,518	6,068	2815	2006	2187
Deliveries (Spontaneous)/day	11	9.6	16.62	08	05	6
Deliveries (Caesarian Section)	2,250	2,770	2,377	1559	1759	1657
Percentage (%) of Caesarian deliveries out of total live births	35.9	41.7	39.2	36	47	43%
Deliveries (Caesarian Section)/ Day	06	7.6	6.51	04	05	5
Total No of Live Births	6,315	6,643	6,108	4389	3770	3870
Total No of Maternal Deaths	04	06	0	04	0	02
Total No of Still Births	32	46	51	30	20	17
Total No of Low Birth Weight Babies	1,262	1,275	1,302	784	690	690

The total number of spontaneous deliveries at PGH Badulla has gradually decreased from 4983 in 2016 to 4139 in 2018. However, percentage of deliveries by Caesarian Section out of total live births has significantly increased from 34.8% in 2016 to 36.4% in 2018 in PGH Badulla while it has also increased from 33.2% in 2016 to 36% in 2018 at DGH Monaragala. The total number of still births has decreased from 61 in 2016 to 53 in 2018 at PGH Badulla while it has increased from 23 in 2016 to 29 in 2018 at DGH Monaragala.

Table 08: Surgical care provided by PGH Badulla and DGH Monaragala 2018 – 2020

	PGH, Badulla			DGH, Monaragala		
	2019	***2020***	***2021***	***2019***	***2020***	***2021***
Major operation done	12,063	14,808	13,165	3899	3918	2581
Minor operation done	12,476	12,122	9,386	9725	9377	7186

Patients Transfer

PGH 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 PGH Badulla and DGH Monaragala

	PGH, Badulla			**DGH, Monaragala**		
	2019	***2020***	***2021***	***2019***	***2020***	***2021***
Total number of patient Transferred out/day	02		01 (annual total 371)	4	4	5
Total number of patient Transferred in/day	45		32 (annual total 11499)	27	27	23
No.of Ambulance Available			16		13	13

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**		
	2019	**2020**	**2021**	**2019**	**2020**	**2021**
No of beds available	381	381	349	458	458	416
Bed Occupancy Rate	62	54	46	82	78	60
Total OPD attendance	163847	94085	93764	208048	149173	89015
Average OPD turnover/day	449	258	257	570	409	244
Total admissions	37842	29817	31756	61389	56569	49290
Average admission/day	104	82	87	168	155	135
No. of Wards	07	07	07	11	11	11
Total number of deliveries	1816	1762	1504	3635	3868	3643
Average number of deliveries/day	5	5	4	10	11	10
Total No of Live Births	1814	1772	1511	3662	3876	3668
Total No of Maternal Deaths	0	0	0	0	0	01
Total No of Still Births	10	07	09	15	22	21

BH-Mahiyangnanaya and BH-Diyathalawa are two Type A Base Hospitals that provide tertiary healthcare services under Provincial Health Administration of Uva Province. Number of beds available in BH Diyathalawa has increased from 356 in 2016 to 361 in 2018 whereas in BH Mahiyangnanaya it has increased from 299 in 2016 to 365 in 2018. However, there was no substantial change in average admissions per day at BH Diyathalawa whereas there was a significant increase in average admissions per day at BH Mahiyangana from 130 in 2016 to 155 in 2018. The average OPD attendance per day has not changed over last three years at Both Mahiyangana and Diyathalawa Base Hospitals.

Even though BH-Mahiyangnanaya provides Comprehensive Emergency Obstetric Care services, BH-Diyathalawa provide only Basic Emergency Obstetric Care services due to non-availability of second Gynecologist and Obstetrician by 2017.

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		
	2019	***2020***	***2021***	***2019***	***2020***	***2021***
Total number of transfer out /year	2567		2909	1544	1435	979
Transfer out/day	7		08	4	4	03
Total number of transfer in /year	2712		2125	5413	4840	4236
Transfer in/day	7		06	15	13	12
No. of Ambulances Available	05	05	04	06	08	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**	
	2019	***2021***	***2019***	***2021***
Number of blood packs collected at blood bank (%)	153 (10.77%)	361	226 (30.95%)	
Number of blood packs received from outside blood donation camps (%)	1268 (89.23%)	1234	504 (69.04%)	
Number of discarded blood packs (%)	328 (23.08%)	476	126 (17.26%)	

Number of blood units received to BH-Diyathalawa from outside blood donation camps has increased from 2002 in 2017 to 2110 in 2018 whereas in BH-Mahiyangnanaya this has decrease from 1058 in 2017 to 759 in 2018. More importantly, on average 9% of total blood units received to BH-Diyathalawa and 10.41% of total blood units received to BH-Mahiyangnanaya were discarded by 2018.

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 2021

Type of clinic	BH, Diyathalawa			BH, Mahiyanganaya		
	Total	Number of Clinic days	Average	Total	Number of Clinic days	Average
Medical	19346	94	206	38548	94	410
Diabetic	7802	48	163			
Surgical	9101	94	97	9277	88	105
Paediactric	1871	44	43	2628	48	55
Well baby	2785	48	58	352	49	70
Antenatal	3080	51	60	4105	97	42
Gynaecology	5184	50	104	2174	104	21
ENT						
Psychiatry	7221	298	24	6532	190	34
Epileptic						
Eye				9757	155	63
Family Planning						
Respiratory	3597	35	103			
Dermatology	7384	285	26	11720	185	63
Physiotherapy						
Neurology	1828	13	141			
Dental	10794	353	31	6689	362	18
Oncology						
Renal				5562	100	56
Orthopedic						

The total number of patients attending Paediactric, Gynaecological, Psychiatry, Dermatological and dental clinics at BH-Mahiyangnanaya was relatively higher compared toBH-Diyathalawa during 2018. BH-Welimada from Badulla district and BH-Bibile from Monaragala district had developed to fully functioning Base Hospitals with four major specialist units.

	BH Mahiyangana			BH Diyathalawa			BH Welimada			BH Bibile			BH Wellawaya			BH Siyambalanduwa		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
SURGICAL (general)																		
major surgeries	322	216	160	1277	933	374	0	121	108	673	743	441						
minor surgeries	7938	6728	6149	4436	3224	2059	0	431	1143	3172	2776	2117	0	0	0			
Opthalmology																		
major surgeries	711	314	334															
minor surgeries	375	141	224															
ENT																		
major surgeries					54	187												
minor surgeries					45	102												
Orthopedic																		
major surgeries				118														
minor surgeries				287														
OMF																		
major surgeries						3												
minor surgeries						2												
if any other category please mention																		
major surgeries																		
minor surgeries																		
Gyn & Obs																		
major surgeries (except LSCS)	303	190	157	437	236	210	113	211	132									
LSCS	865	891	1162	508	554	471	500	563	732	288	414	428						
minor surgeries	664	567	548	286	673	202	327	262	269									

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 2021

	BH-Welimada			BH-Wellawaya			BH-Bibile			BH-Siyambalanduwa		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
No of Beds	190	219	195	121	116	127	261	290	261	82	82	80
Bed Occupancy Rate %	82	69	70%	67.8	53	36.2	60.6	46.0	35.7	65.2	31.8	26.7
Total attendance OPD	205,159	140,876	92,124	162,809	102,533	54,239	179,529	128,088	63,446	126,018	81,115	50,562
Average OPD Turnover/ day	562	386	252	446	281	149	623	427	174	345	222	139
Total admissions	25,067	24,162	24,917	15,100	10,168	13,370	26,326	24,364	21,517	2,293	5,742	4,578
Average Admission / day	69	66	68	41	38	36	72	66	58.9	25	16	12
Total No. of deliveries	1,783	1,956	1,934	113	101	90	1,179	1,420	1,344	150	171	114
Number of deliveries per month	149	163	161	09	8	7.5	98	118	111	12	14	9.5
Total No of Live Births	1,787	1,959	1,940	113	101	90	1,177	1,424	1,336	150	171	113
Total No of Maternal	0	0		1	0	0	0	0	0	0	0	0

Deaths												
Total No of Still Births	05	11	14	0	0	0	05	09	6	0	0	1

Table 15: Transfer in and out details of Type B BHs in 2021

	BH Welimada			BH Wellawaya			BH Bibile			BH Siyambalanduwa		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Total number of transfer out /Year	1830	1147	2268	2515	1304 (3quarter)	2521	707	982	982			939
Transfer out/day	5	03	06	07	05	6.9	02	2	2			2.5
Total number of transfer in/year	781	1249	1353	456	0	-	223	170	170			-
No. of Ambulances Available	4	03	04	03	03	3	04	5	05	01	03	3

Specialized clinic services

Table 16: Summary of Specialized Clinic Services delivered through Type B Base Hospitals in 2021

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	23157	76	305	11980	48	249	18054	82	220	7119	46	154
Diabetic	13118	51	257	6247	48	140	5952	82	68	2691	20	134
Surgical	3397	49	69	-	-	-	6748	44	153	-	-	-
Paediactric	4101	89	46	1430	48	29	1531	48	319	318	40	7
Well baby	377	49	08	205	48	4	1985	42	47	-	-	-
Antenatal	2060	45	46	-	-	-	6038	48	125	504	52	9
Gynaecology	1543	49	31	-	-	-	1365	48	28	-	-	-
Psychiatry	3992	58	69	1734	48	36	2956	96	30	686	44	15
Epileptic				-	-	-	-	-	-	-	-	-
Eye				158	4	39	127	2	63	-	-	-
Dental	5135	298	17	-	-	-	-	-	-	10284	358	29
Respiratory				-	-	-	-	-	-	-	-	-
Dermatology	3938	49	80	37	1	37	2900	96	30	-	-	-
Family P.	413	49	08	359	48	7	225	72	3	639	240	2
Neurology				-	-	-	-	-	-	-	-	-
Oncology				-	-	-	-	-	-	-	-	-

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 -2021

	DH-Bandarawela			DH-Passara			DH-Buttala		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
No of beds	120	120	102	117	117	96	110	110	110
Bed Occupancy Rate	43	33	61	50	31	31	17.2	20	38
Average OPD turnover per day	497	317	156	271	214	143	291	200	116
Average admission per day	33	25	31	23	20	17	19	17.8	25
Total No. of deliveries per year	9	7	02	180	148	115	56	40	11
Total No. of deliveries per month	0	0	0	15	12	10	05	03	01

Table 18: Patients transfer at Type A DHH 2020– 2021

	DH Bandarawela		DH Passara		DH Buttala	
	2020	2021	2020	2021	2020	2021
Transfer out per year	857	1840	1253	1441	1805	1789
Transfer out per month	71	153	104	120	150	149

Transfer out per day	2	05	3	04	05	4
Transfer in per month		02	0	02	-	-
No. of ambulances available	02	03	02	02	01	2

These Divisional Hospitals do not receive many transfers in to them as most of the primary healthcare institutions transfer patients to their closest secondary or tertiary care hospitals for specialist care. The number of patients transferred out per month from BH-Bandarawela significantly increased while it has significantly decreased at DH-Passara during the period of 2017 – 2018.

3.3.2 Divisional Hospitals (Type B)

Clinic Care Services at Type A DHH

Summary of the clinic services provided to community from type-A Divisional Hospitals during 2018 are described below.

Table 19: Clinic services provided by Type A DHH 2021

	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	19266	62	311	5452	58	94	9166	48	191
Paediactric				254	23	11	-	-	-
Well baby	187	24	8	253	23	11	66	09	7
Antenatal	252	18	14	367	23	16	137	12	11
Psychiatry	3242	110	29	1373	16	86	1088	36	30
Epileptic							-	-	
Dental	9235	365	25	3792	304	12	4044	327	12
Respiratory							-	-	-
Family Planning	14	9	2	213	44	5	417	71	9
Dermatology	143	46	3				-	-	-
Rumatic	29						-	-	-
Eys(Screen)	483	07	69				-	-	-
Diabetic	6695	33	203	3178	37	86			
ENT	124	15	8						

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 2021

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	55	62	57	51	65	75	60	52	55	54	55	68	77	52
Average OPD attendance per day	62	99	83	44	126	136	198	61	119	98	79	126	82	133
Average admission per day	06	06	12	06	11	10	09	05	08	7	6.4	8.7	12.9	12.9
Bed Occupancy Rate (%)	14	25	44	16	34	42	23	17	15	19.5	8.3	15	56	38.4
Total No. of Deliveries per year		14	4	10	2	0	187	01	18	7	0	3	11	4

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 2021

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	235	316	698	403	690	NA	712	476	940	628	279	650	220	885
No. of patient transfer out per Month	20	26	58	34	58	NA	59	40	78	52	23	54	18	74
Total No. of patient transfer in	0	0	0	0	0	NA	0	0	0	-	-	-	-	-
No. of Ambulances Available	1	1	1	1	1	1	1	1	1	1	1	1	1	1

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 2021

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	3819	2904	6759	2705	9427	10420	9105	5697	9578	8287	2542	9819	8728	19422
Peadiatric	-	-	-	-	-	-	-	-	-	269	-	-	-	-
Well baby	-	-	152	109	409	-	-	-	-	619	97	-	-	-
Antenatal	-	-	259	185	346	270	383	124	-	132	61	-	420	65
Psychiatry	-	183	448	64	258	101	630	143	162	1033	12	349	423	796
Dental	2257	1899	2321	358	3357	71	1911	1706	2337	4111	1455	2685	3817	4739
Respiratory	587	-	65	-	-	19	-	-	-	-	-	-	-	-
CKD	-	-	-	-	-	15124	-	-	-	-	82	-	216	-
Family Planning	-	-	-	143	457	-	625	30	34	-	29	-	1	18
NCD	2063	-	-	24	-	-	-	-	-	-	296	-	192	2050
Diabetic	-	1795	3741	-	-	-	-	-	-	5309	1010	-	-	6971

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 2021

Name of hospital	Badulla District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Haldummulla	50	105	6	6
DH, Bogahakumbura	42	94	7	1
DH, Kandegedara	24	66	7	
DH, Ettampitiya	19	59	4	16
DH, Boralanda	24	73	7	
DH, Mirahawatte	23	68	5	
DH, Nadungamuwa	12	69	5	
DH, Kahataruppa	16	49	NA	
DH, Springvally	20	55	02	
DH, Ury	-	49	-	
DH, Demodera	23	44	7	
DH, Dambana	17	Data not received		
DH, Galauda	30	37	02	8
DH, Kerklies	-	47	-	
DH, Roberiya	25	48	01	6
DH, Kandagolla	23	34	Data not received	
DH, Hopton	30	36	03	5
DH, Ekiriyankumbura	12	40	02	
DH, Wewegama	-	52	-	

DH, Meedumpitiya	20	42	35 (Year total)	
DH, Canawerella	-	30	-	
DH, Poonagala	-	40	-	
DH, Bibilegama	-	35	-	
DH, Unugalla	-	32	-	
DH, Downside	-	28	-	
DH, Haggala	-	27	-	
DH, Uva Highland	-	35	-	
DH, Mahadoowa	-	34	-	
DH, Telbedda	-	30	-	
DH, Sarniya	-	31	-	
DH, Dambetenna	-	25	-	
DH, Glannor	12	32	1	
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 2021

Name of Institution	Monaragala District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Sewanagala	39	108	38	0
DH, Handapanagala	05	65	03	-
DH, Dambagalla	29	125	05	07
DH, Okkampitiya	33	88	11	03
DH, Hambegamuwa	38	81	06	04
DH, Ethimale	25	144	04	04
DH, Higurukaduwa	21	32	02	0
DH, Pitakumbura	19	48	02	-

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 2021

Name of the hospital	Medical		Antenatal		Family Planning		Dental	
	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 Haldummulla	4746	51	367	24	83	42	2255	306
DH Bogahakumbura	6924	54	856	42	24	16	2192	238
DH Boralanda	3983	31	909	39	240	19	2467	327
DH Demodara	4373	49	582	24	119	40		
DH Ekiriyankumbura	1982	82	214	20	159	21	1002	212
DH Attampitiya	7570	104	648	24	160	18	1363	215
DH Hopton	1763	27	462	23	-	-		
DH Kandegedara	3603	27	228	18	162	18		

Name of the hospital	Medical		Antenatal		Family Planning		Dental	
	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, Kendagolla	2523	38	377	24	19	17		
DH, Kahataruppa	5954	94	552	23	40	12	1777	102
DH, Nadungamuwa	2444	25	558	24	291	30	598	82
DH, Roberiya	4705	39	257	18	20	18	499	273
DH, Springwely	5493	88					2612	320
DH, Ury	2717	96	668	48			2420	301
DH, Glanor	1609	106	300	24	24	9	681	303
DH, Galauda	4814	52	918	53	7	7	1485	196
DH, Mirahawaththa	3511	65					258	13
DH, Bibilegama	1044	36	158	24	10	4	1626	
DH, Meedumpitiya	903	44	302	24	75			
DH, Wewagama	4890	38	309	22	70	16	1205	114
DH, Dambethenna	1276	23	59	22				
DH, Sarnia	678	12	441	24	64	4	564	78
DH, Thelbedda	953	20	422	30	598	9	284	12
DH, Hakgala	2353	22	562	20	18	69		

Name of the hospital	Medical		Antenatal		Family Planning		Dental	
	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, Dambana	130	7	0	0	0	0	1677	277
DH, Downside	2106	24	1143	24	357	22		
DH, Poonagala	1905	49	186	24	27	9		
DH, Unugalla	1228	21	314	24	84	24		
DH. Uva Highland	1499	32	235	22				
DH, Cannaveralla	3256	108	311	24				
DH, Mahadowa	2057	49	334	30	78	20		
DH, Kerklies	106	21	2450	32	150	21	54	21

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 2021

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	8969	82	371	22	636	52	2063	185	334	11
DH, Pitakumbura	2776	36	268	12	-	-	-	-	220	12
DH, Sewanagala	8498	98	74	12	-	-	1776	91	-	-
DH, Hambegamuwa	-	-	234	12	60	12	1434	233	46	9
DH, Hingurukaduwa	3216	50	156	12	-	-	1130	304	-	-
DH, Handapanagala	2877	48	-	-	-	-	-	-	-	-
DH, Dambagalle	4887	158	449	18	74	24	2242	204	0	-
DH, Ethimale	6592	96	208	8	291	48	-	-	71	18

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 2021 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	18,091	63	5,686	118	48
PMCU, Keppetipola	18,305	91	16,277	182	89
PMCU, Ballaketuwa	21,678	60	5,454	126	43
PMCU, Ella	10,451	37	5,686	96	59
PMCU, Hebarawa	15,970	57	3,791	78	49
PMCU, Bathalayaya	9,960	34	3,382	116	29
PMCU, Uvatissapura (Nagadeepa)	14,482	53	4,388	125	59
PMCU, Halpe	9,015	31	3,657	96	38
PMCU, Namunukula	11,655	41	1,746	78	22
PMCU, Thaldena	8,189	30	3,052	140	22
PMCU, Liyangahawela	18,295	64	5,853	222	26
PMCU, Rilpola	6,854	20	1,535	18	85
PMCU, Pannalawela	6,322	23	4,486	97	46
PMCU, Thannapanguwa	6,315	24	1,463	128	11
PMCU, Hewanakumbura	6,266	21	1,160	72	16
PMCU, Silmiapura					

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 2021 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	12,517	57	6,878	168	40
PMCU, Buddama	22,876	66	3,087	160	19
PMCU, Godigamuwa	10,945	39	2,394	160	14
PMCU, Deliwa	6,171	27	1,322	42	31
PMCU, Rathmalgahaella	6,970	24	1,319	88	15
PMCU, Kotiyagala	7,614	27	1,006	36	27
PMCU, Kotagama	7,871	31	4,026	123	32
PMCU, Dewathura	5,951	20	1,146	51	22
PMCU, Nanapurawa	11,606	41	4,886	160	30
PMCU, Bakinighawela	5,189	29	1,750	64	27

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

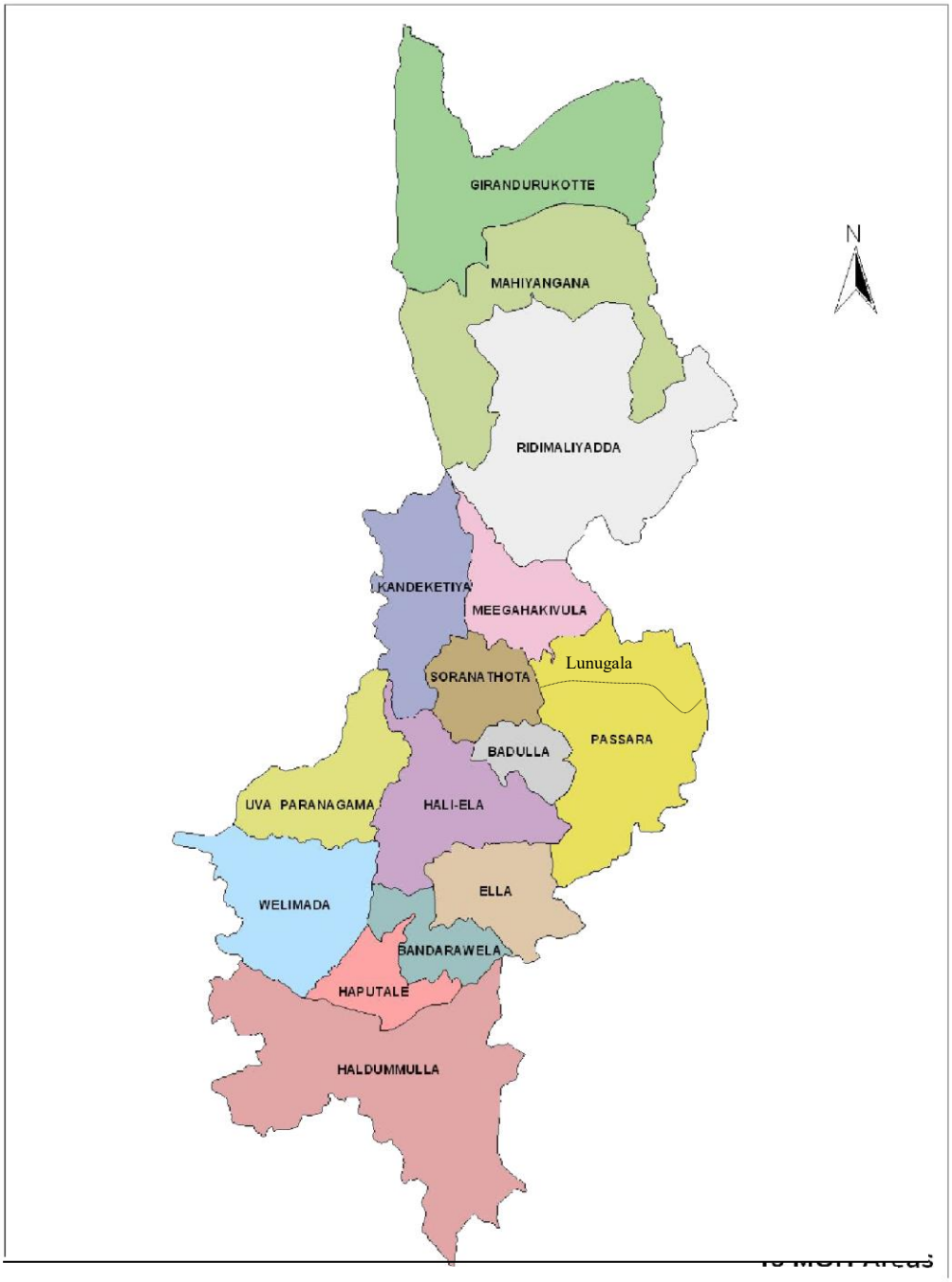
Preventive Health Services in Uva Province are being provided to the community by Medical Officer of Health Units. There are 27 MOOH areas in the province. Out of 27 MOOH areas in the province there are 11 MOOH areas in the district of Monaragala while 16 MOOH areas in the district of Badulla. A Medical 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 (2021)	Actual Population (2021)	No. of GN Divisions	No. of PHI areas	No. of PHM areas	No. of PHM areas (estate)	Total PHM areas	Average Population per PHM area
Welimada	188	110286	106748	65	7	36			2965
Hali Ela	165	99086	109775	57	6	34			3229
Uvaparanagama	138	85331	83061	68	5	33			2517
Badulla	51	82097	80792	29	5	23			3513
Bandarawela	71	71660	67495	43	5	23			2935
Rideemaliadda	431	56471	63910	42	4	18			3364
Passara	136	53396	54994	41	5	20			2750
Haputhale	72	54480	52150	30	4	17			2897
Ella	111	49429	47471	33	4	18			2637
Mahiyangnana	385	42849	45225	18	4	18			2513
Haldummulla	412	41089	39869	39	3	15			2658
Girandurukotte	216	40051	43812	17	3	19			2306
Lunugala	144	34331	37147	28	4	17			2185
Kandekatiya	157	25244	29232	26	2	12			2436
Soranathota	79	24693	23788	23	3	12			1982
Meegahakiula	105	21573	23565	20	2	10			2357

Figure 18: Map of Monaragala district with MOH divisions

Table 30: MOH divisions in the district of Monaragala -2021

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
Wellawaya	597.9	66936		29	05	25	-	25	2677
Buttala	685.2	59162		29	04	19	-	19	3114
Siyambalanduwa	1049.3	60227		48	03	25	-	25	2409
Bibile	483.6	44946		40	06	20	-	20	2247
Monaragala	255.1	55190		26	04	25	-	25	2208
Sevanagala	189.0	46697		14	04	15	-	15	3113
Badalkumbura	254.8	44694		41	05	25	-	25	1788
Madagama	253.5	39989		35	03	20	-	20	1999
Madulla	723.4	34814		38	04	19	-	19	1832
Thanamalwila	559.8	29738		14	05	14	-	14	2124
Katharagama	607.7	20306		05	03	10	-	10	2031

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 2021

Characteristic	Badulla	Monaragala	Province
Estimated total population	392066	505231	897297
Estate population	144636	11483	156119
Eligible families under care	159660	101954	261614
Reported number of births	10990	7080	18070
District birth rate (Estimated)	14.6	14.0	14.3

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 2021

Indicator	Badulla		Monaragala		Province	
	Number	%	Number	%	Number	%
Pregnant mothers registered	12515	87.4	8469	100	20984	93.7
Pregnant mothers registered before 8 weeks	10737	85.8	7536	89	18273	87.4
Pregnant mothers registered 8 - 12 weeks	1213	9.7	677	8.9	1890	9.3
Pregnant mothers registered after 12 weeks	565	4.5	256	03	821	3.75
Teenage Pregnancies Registered	527	4.2	333	3.9	860	4.05
P_5 or above pregnancies Registered	104	0.8	177	2.1	281	1.45
Pregnant mothers tested for Blood grouping and Rh at delivery	217	1.7	7398	51.9	7615	26.8
Pregnant mothers protected with Rubella vaccination	11221	99.9	8392	99.1	19613	99.5
Reported mothers with antenatal morbidities	11229	100	2732	36.7	13961	68.35
Pregnant mothers protected with Rubella vaccination	12242	97				
Reported mothers with antenatal morbidities	3270	28.9				

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 12th 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 2021

Indicator	Badulla		Monaragala		Province	
	No.	**%**	**No.**	**%**	**No.**	**%**
Deliveries reported by PHMM	11229	96.7	7425	96.7	18654	96.7
Still births reported	78	0.6	42	5.2	120	2.9
Abortions reported	1319	11.7	947	11.1	2266	11.4
Home deliveries	24	0.2	0	0	24	0.2

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 2021

Characteristic	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
First visit (at least) during first 10 days of reported deliveries	9242	82.3	6787	91.4	16029	86.85
Postnatal care 11-13 day (New)	1043	9.2	6498	87.5	7541	48.35
Postnatal care around 42nd day	10266	91.4	5970	80.4	16236	87.7
Mothers with post-partum complications	803	7.8	656	8.8	1459	8.3

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 2018

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 2021

Indicator	Badulla	Monaragala
Number of maternal deaths notified	07	03
Maternal Mortality Ratio	/100,000	35.9/100,000

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 2021

	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
No. of infants Registered			7903			
No. of Infants by under care	12008		7847			
Number of infants weighed	9526	79	5324	67.9		
Infants below -2SD	605	6.3	247	4.6		
Infants below -3SD	146	1.5	52	0.98		
1-2 years under care	12496		11380	0		
1-2 years weighted	9065	73	5031	44.2		
Weight less than -2SD	1042	11.4	471	9.4		
Weight less than -3SD	208	2.1	60	1.2		
2-5 years under care	39111		26360	0		
2-5 years weighted	58333	74.6	126711	60.1		
Weight less than -2SD	10957	18.8	22471	17.7		
Weight less than -3SD	1941	3.3	2921	2.3		

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 5 years of age in 2021

Indicator	Badulla	Monaragala	Province
Number of infant deaths reported	104	54	158
Number of neonatal deaths reported	54	46	100
Number of deaths among 1-5 years of age	17	64	81
Neonatal Mortality Rate	6/1000	6.5	
Infant Mortality Rate	8.5/1000	7.6	

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.

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 2021

Indicator	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
Total users of OCP	11997	7.5	8390	8.3		
Total users of condoms	9896	6.2	6307	6.2		
Total users of injectable	23317	14.6	17665	17.4		
Total users of implants	15770	9.9	7526	7.4		
Total users of I.U.D	20628	12.9	16575	16.4		
Total No of Modern Methods	110841	69.6	50797	67.1		
Total Natural/Traditional Methods	8164	5.1	20071	6.7		
All methods (CPR)	119005	74.6	74709	73.8		
Unmet Need	6760	4.2	3841	3.8		

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 2021

Characteristic	Badulla	Monaragala	Province
First visits to clinic – 35 years of age (%)	57.8	63.2	
Number of pap smears taken (%)	57.8	60.3	
Squamous Intra epithelial lesion. Low grade High grade	9.2 0.02	 2 2	
Number of defects identified – Breast abnormalities	1.1	51	
Number of hypertensive patients identified	4.4	186	
Number of diabetic patients identified	3.6	199	

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 2021

		Badulla		Monaragala		Uva Province	
		No.	**%**	**No.**	**%**	**No.**	**%**
Total number of schools	>200 Student	246	37.8	149	49.4		
	<200 Student	404	62.2	153	50.6		
Total		650	100	302			
SMI completed schools		295	45.7				
Total number of children to be examined		75389		41665			
Total number of children examined				2552			
Percentage (%) examined				6.1			

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 2021

	Badulla	Monaragala	Province
Dengue fever/ DHS	789	164	953
Dysentery	15	18	33
Encephalitis	0	0	0
Enteric fever	3	3	6
Food poisoning	0	6	6
Leptospirosis	342	450	792
Typhus fever	54	38	92
Viral hepatitis	53	109	162

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 2021

Characteristic	Badulla	Monaragala	Province
Target population for the year 2021	356827	181029	537856
Number of HLCs established	63	28	91
Number of people screened in 2021	19952	11593	31545
Percentage of target population screened	5.59%	5.86%	5.72%
Total population screened by the end of 2021	24373	2.35%	
Cumulative coverage	6.83%		

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 -2021

	Badulla					Monaragala				
	Male	**%**	**Female**	**%**	**Total**	**Male**	**%**	**Female**	**%**	**Total**
Total screened	7789	4.37	12163	6.82	19952	4166	1.85	7427	3.26%	11593
Smokers detected	2401	30.83	01	0.008	2402	1283	30.80	6	.008	1289
Alcoholics detected	4296	55.16	42	0.34	4338	1766	42.39	18	0.24	1784
Beatle chewers detected	3626	46.55	2506	20.60	6132	1932	46.38	826	11.12	2758
People with high BMI (25-29.9)	1660	21.31	3869	31.81	5529	969	23.26	2408	32.42	3377
People with high BMI (>30)	257	3.30	1359	11.17	1616	210	5.04	973	13.10	1183
People with high BP (>140/90)	1886	24.21	2143	21.73	4529	841	20.19	1451	19.54	2292
People with high Fasting Blood Sugar (>126mg/dl)	516	6.63	695	3.71	1211	450	10.8	727	9.79	1177
Referrals made to consultant centers	229	2.94	346	2.84	575	202	1.74	214	1.84	416

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 2021

Indicator	Badulla	Monaragala	Uva Province
Number of confirmed cases	789	164	953
Number of deaths	0	0	0

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 2021

	Badulla				Monaragala			
	PTB Smear+ ve	PTB Smear - ve	EPTB	Total	PTB Smear+ ve	PTB Smear – ve	EPTB	Total
Number of patients treated	72	54	62	188	50	15	39	104

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 2021

	Syphilis	Gonorrhoea	Genital Herpes	Genital Warts	Candidiasis	Tricomonaisis	Other STII	Total
Badulla	23	3	62	46	89	4	14	241
Monaragala	22	01	27	15	59	0	59	183
Total								**370**

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 2021

District	Target dog population	ARV Performed		No. Depo given		Dog sterilization		Deaths due to Human Rabies
		No	%	No	%	No	%	
Badulla	112605	23538	20.9	0	0	1821	1.6	0
Monaragala	65602	62400	95.11	0	0	1192	12.2	01
Province	178207	85938	58	0	0	3013	6.9	01

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 2021

Dental Procedures		**Badulla**	**Monaragala**
Total Attendance		86616	67886
Extractions (%)		19862	14680(21.62%)
Post op - complication		205	71
OPMD		168	153
Restorations – temporary		10234	10558
Permanent Amalgam		1015	0
Permanent composite		4029	2746
Permanent GIC		12386	15910
Advanced conservation		626	1784
Total Restoration (%)		29452	31011(45.68%)
Periodontal Treatment Scaling		1649	2187
Surgery		234	378
Indoor		1772	350
All referrals		2683	1570
Miscellaneous		16632	7747
No. of Dental Chair		66	24
		1	04

Table 50: Screening of pregnant mothers for oral diseases during 2021

Characteristic	Badulla	Monaragala	Province
Total number registered	12515	8469	20984
Number screened (%)	81.39% (10186)	5867 (69%)	75.19
Number needed care (%)	18.24% (2283)	4194 (71%)	44.62
Number with dental caries (%)	17.3% (1769)	3191 (54%)	35.65
Number with Periodontal Disease (%)	10.36% (1056)	1706 (29%)	19.68
Number with other oral diseases (%)	0. (91)	78 (0.001%)	0.001
Number treated	18.59% (1894)	4120 (70%)	44.29
Number treatment completed (%)	11.55% (1177)	2656 (45%)	28.27

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 - 2021

Characteristic	Badulla	Monaragala	Uva Province
Total target school population	*59299*	33112	92411
Number screened (%)	*30% (17789)*	17%	23.5
Number with dental caries (%)	*33%*	39%	36
Number with Fluorosis (%)	*0.42%*	3%	1.71
Number with Malocclusions (%)	*3%*	3%	3
Number with calculi (%)	*12%*	6%	9
Number treated	*24563*	1196	25759
Number treatment completed (%)	*26%*	76%	51

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 DHC Dambana	08	DHC Higurukaduwa DHC Pitakumbura DHC Ethimale DHC Sewanagala DHC Handapanagala DHC Okkampitiya DHC Dambagalla DHC Hambegamuwa

		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 2018

Name of Institution	Badulla District		
	Transfer Out	Transfer In	No. of Ambulances Available
DHC Boralanda	974	0	01
DHC Demodera	1312	0	01
DHC Ettampitiya	767	0	01
DHC Haldummulla	1190	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 2018

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 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			
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 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		
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**