

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 km² resulting the population density of 169 per km² 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.

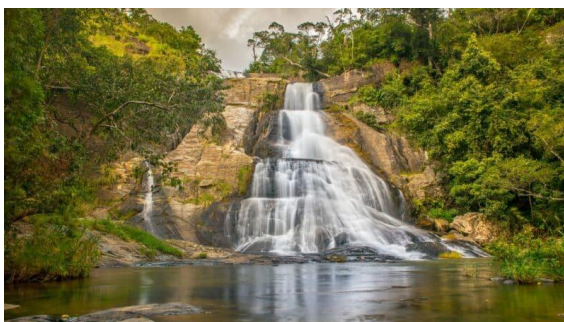
Much of the land area has been cultivated (Badulla 43% & Monaragala 45%) and the main cultivations are tea, paddy, vegetables and sugarcane. The province has two of the largest sugar factories in Sri Lanka which are Sewanagala and Pelwatte. The province has a fairly large forest land. In the district 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.

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]



Flag 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 *Rhynchostylis retusa* 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

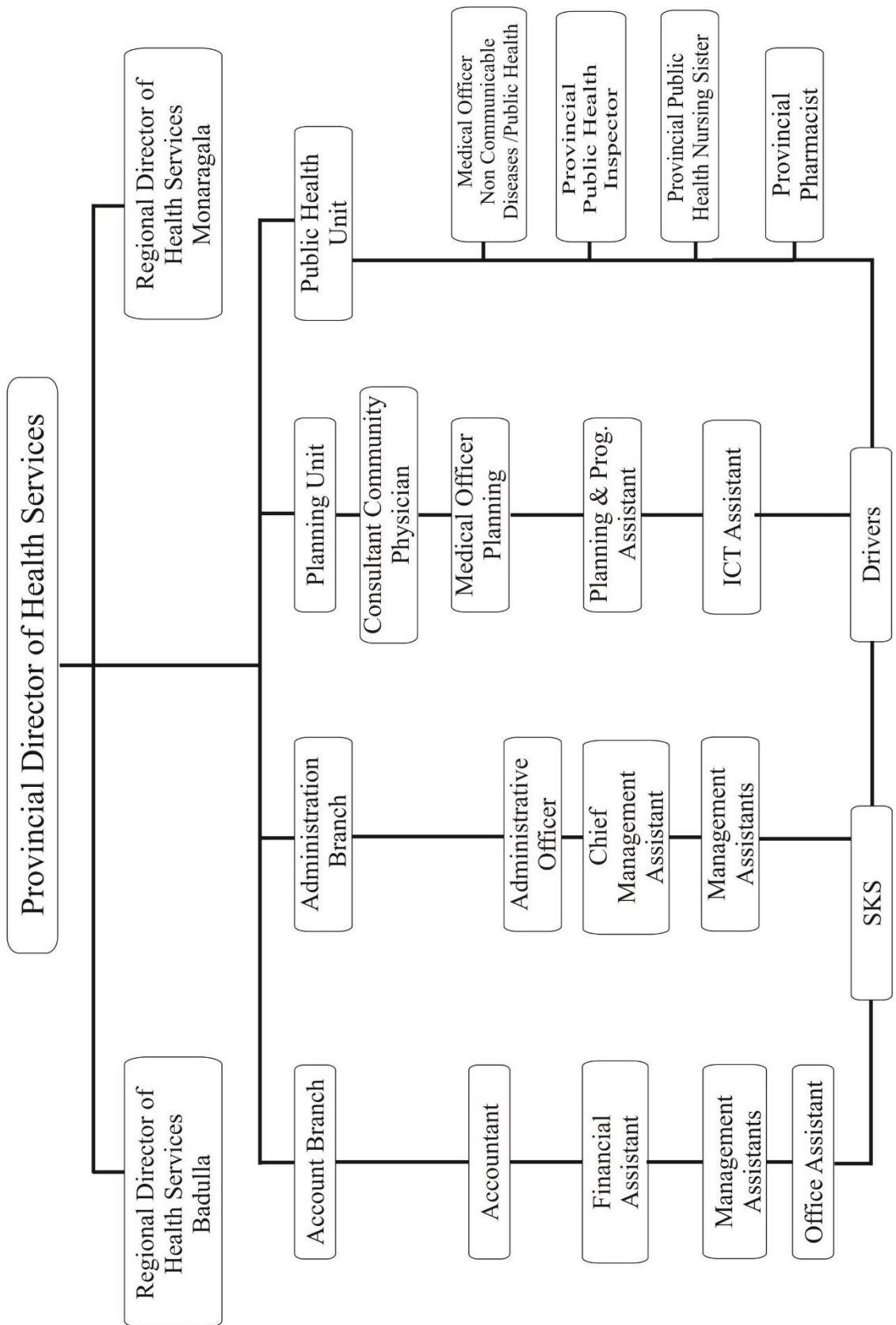
2.1. Introduction

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.

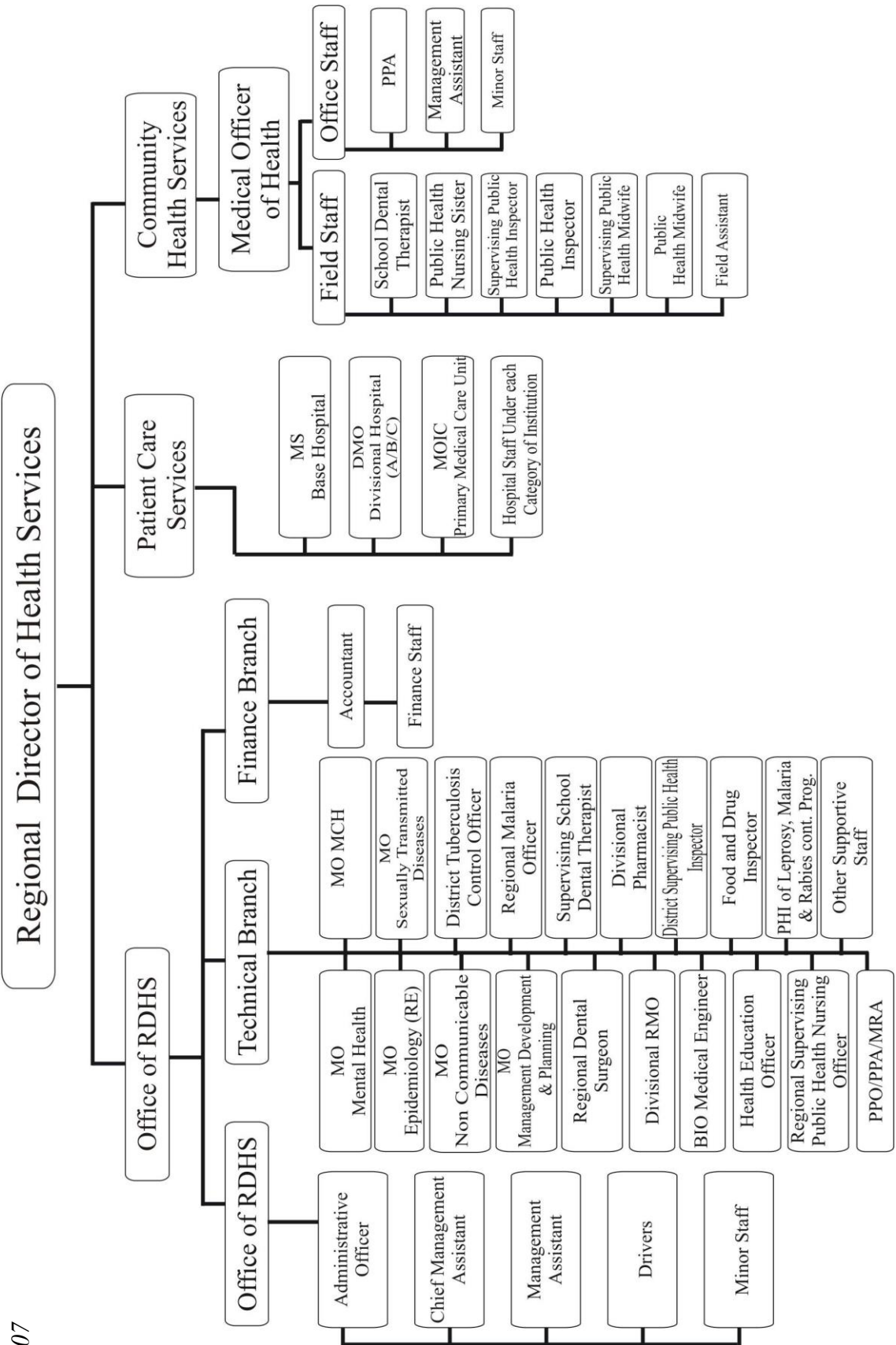
2.2. Provincial health administration

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

ORGANIZATION CHART



Figures 07

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 are 14 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-2022

	Badulla	Monaragala	Province
MOH divisions	16	11	27
PHM areas	325	215	541
PHI areas	66	46	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 2022

No	Designation	Existing Cadre 2022
1	Senior Medical Administrative Grade	
2	Junior Medical Administrative Grade	
3	Medical Consultant	56
4	Medical Officers	558
5	Registered Medical Officers/ AMO	37
6	Dental Surgeon	96
7	Nursing Officer	1175
8	Public Health Inspector (SuperAAvisory)	
9	Public Health Inspector (Field)	
10	Public Health Midwife (Supervisory)	
11	Public Health Midwife (Field)	646
12	Pharmacist	73
13	MLT	62
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		
	2020	2021	2022	2020	2021	2022
No. of Wards	42	42	42	15	17	16
No. of beds	1589	1514	1573	551	579	578
OPD attendance	235,926	112,514	271,712	145,941	56,540	118,523
OPD attendance/ Day	645	365	365	399	155	295
Admissions	117,034	93,375	105,896	64,121	57,145	59,819
Admissions/ Day	320	255	290	175	157	164
Bed Occupancy Rate	58.8%	47.11%	63%	74%	59%	66%

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		
	2020	2021	2022	2020	2021	2022
Deliveries (Spontaneous)	3,518	6,068	5,522	2006	2187	1927
Deliveries (Spontaneous)/day	9.6	16.62	15	05	6	5.4
Deliveries (Caesarian Section)	2,770	2,377	2,305	1759	1657	1362
Percentage (%) of Caesarian deliveries out of total live births	41.7	39.2	43.06	47	43%	41%
Deliveries (Caesarian Section)/ Day	7.6	6.51	6	05	5	3.8
Total No of Live Births	6,643	6,108	5,352	3770	3870	3317
Total No of Maternal Deaths	06	0	02	0	02	02
Total No of Still Births	46	51	42	20	17	15
Total No of Low Birth Weight Babies	1,275	1,302	1,478	690	690	711

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 2020 – 2022

	PGH, Badulla			DGH, Monaragala		
	2020	2021	2022	2020	2021	2022
Major operation done	14,808	13,165	15,756	3918	2581	2428
Minor operation done	12,122	9,386	9,773	9377	7186	9648

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		
	2020	2021	2022	2020	2021	2022
Total number of patient Transferred out/day		01 (annual total 371)	363	4	5	3.9
Total number of patient Transferred in/day		32 (annual total 11499)	14971	27	23	27.9
No.of Ambulance Available		16	16	13	13	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 Paediatric, 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		
	2020	2021	2022	2020	2021	2022
No of beds available	381	349	349	458	416	355
Bed Occupancy Rate	54	46	51	78	60	80
Total OPD attendance	94085	93764	162667	149173	89015	164127
Average OPD turnover/day	258	257	446	409	244	449
Total admissions	29817	31756	33533	56569	49290	50755
Average admission/day	82	87	91	155	135	139
No. of Wards	07	07	7	11	11	11
Total number of deliveries	1762	1504	1337	3868	3643	3066
Average number of deliveries/day	5	4	4	11	10	6
Total No of Live Births	1772	1511	1334	3876	3668	3056
Total No of Maternal Deaths	0	0	0	0	01	02
Total No of Still Births	07	09	03	22	21	10

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		
	2020	2021	2022	2020	2021	2022
Total number of transfer out /year		2909	601	1435	979	516
Transfer out/day		08	02	4	03	01
Total number of transfer in /year		2125	2225	4840	4236	4358
Transfer in/day		06	06	13	12	12
No. of Ambulances Available	05	04	04	08	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	
	2021	2022	2021	2022
Number of blood packs collected at blood bank (%)	361	1658	3147	2825
Number of blood packs received from outside blood donation camps (%)	1234	183	832	1869
Number of discarded blood packs (%)	476	138	47	75

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-Mahiyanganaya 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-Mahiyanganaya 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 2022

Type of clinic	BH, Diyathalawa			BH, Mahiyanganaya		
	Total	Number of Clinic days	Average	Total	Number of Clinic days	Average
Medical	21449	97	221	46809	95	493
Diabetic	7975	49	163	-	-	-
Surgical	11293	97	116	12811	94	136
Pediatric	1188	48	25	3799	47	81
Well baby	1859	48	39	3614	48	75
Antenatal	3380	48	70	4871	97	50
Gynecology	3814	47	81	2946	101	29
ENT	-6117	-	-	-	-	-
Psychiatry	-	287	21	10144	243	42
Epileptic	-	-	-	-	-	-
Eye	-	-	-	-	-	-
STD	-	-	-	-	-	-
Respiratory	-	-	-	-	-	-
Dermatology	-	-	-	-	-	-
Physiotherapy	-	-	-	-	-	-
Neurology	1529	12	127	-	-	-
Dental	14748	348	42	14533	365	40
Oncology	-	-	-	-	-	-
Renal	-	-	-	5755	95	61
Orthopedic	-	-	-	2562	157	16

The total number of patients attending Paediatric, Gynaecological, Psychiatry, Dermatological and dental clinics at BH-Mahiyanganaya was relatively higher compared to BH-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		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
SURGICAL (general)																		
major surgeries	216	160		933	374		121	108		743	441							
minor surgeries	6728	6149		3224	2059		431	1143		2776	2117							
Ophthalmology																		
major surgeries	314	334																
minor surgeries	141	224																
ENT																		
major surgeries				54	187													
minor surgeries				45	102													
Orthopedic																		
major surgeries																		
minor surgeries																		
OMF																		
major surgeries					3													
minor surgeries					2													
if any other category please mention																		
major surgeries																		
minor surgeries																		
Gyn & Obs																		
major surgeries (except LSCS)	190	157		236	210		211	132										
LSCS	891	1162		554	471		563	732		414	428							
minor surgeries	567	548		673	202		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 2022

	BH-Welimada			BH-Wellawaya			BH-Bibile			BH-Siyambalanduwa		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
No of Beds	219	195	220	116	127	127	290	261	300	82	80	95
Bed Occupancy Rate %	69	70%	72	53	36.2	54.3	46.0	35.7	51	31.8	26.7	47.8
Total attendance OPD	140,876	92,124	149,853	102,533	54,239	111,842	128,088	63,446	114,347	81,115	50,562	102,949
Average OPD Turnover/ day	386	252	400	281	149	306	427	174	313	222	139	282
Total admissions	24,162	24,917	29,500	10,168	13,370	13,348	24,364	21,517	24,483	5,742	4,578	7,892
Average Admission / day	66	68	80	38	36	36	66	58.9	67	16	12	21
Total No. of deliveries	1,956	1,934	1,793	101	90	79	1,420	1,344	1,317	171	114	93
Number of deliveries per month	163	161	149	8	7.5	6.5	118	111	109	14	9.5	7.7
Total No of Live Births	1,959	1,940	1,788	101	90	78	1,424	1,336	1,310	171	113	92

Total No of Maternal Deaths		0	0		0	0	0	0	0	0	0	0
Total No of Still Births		11	05		0	1	05	09	7	0	0	1

Table 15: Transfer in and out details of Type B BHs in 2022

	BH Welimada			BH Wellawaya			BH Bibile			BH Siyambalanduwa		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Total number of transfer out /Year	1147	2268	1214	1304 (3quarter)	2521	2080	982	982	704	-	939	1538
Transfer out/day	03	06	03	05	6.9	5.6	2	2	1.9	-	2.5	4.2
Total number of transfer in/year	1249	1353	1670	0	-	-	170	170	465	-	-	-
No. of Ambulances Available	03	04	04	03	3	3	5	05	5	03	3	3

Specialized clinic services**Table 16: Summary of Specialized Clinic Services delivered through Type B Base Hospitals in 2022**

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	37449	77	486	14406	48	300	22650	88	257	8501	48	177
Diabetic	-	-	-	7746	48	161	6600	88	300	3473	24	144
Surgical	5172	50	103	-	-	-	8881	52	170	-	-	-
Pediatric	4470	48	93	1733	48	36	2749	48	57	1251	48	26
Well baby	325	45	7	167	48	03	2554	12	212	-	-	-
Antenatal	2219	48	46	-	-	-	4505	48	93	548	44	12
Gynecology	2075	46	45	-	-	-	1348	52	25	-	-	-
Psychiatry	5148	102	50	2975	48	61	3204	96	33	986	52	18
Epileptic	5576	55	101	-	-	-	-	-	-	-	-	-
Eye	-	-	-	632	8	79	215	4	53	-	-	-
Dental	8506	305	28	-	-	-	-	-	-	17061	92	185
Respiratory	-	-	-	-	-	-	-	-	-	-	-	-
Dermatology	-	-	-	89	12	7	5112	96	53	-	-	-
Family P.	664	48	14	-	-	-	1348	24	56	1041	96	10
Neurology	2075	46	45	-	-	-	-	-	-	-	-	-
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 -2022

	DH-Bandarawela			DH-Passara			DH-Buttala		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
No of beds	120	102	113	117	96	112	110	110	110
Bed Occupancy Rate	33	61	31	31	31	39	20	38	31.5
Average OPD turnover per day	317	156	305	214	143	251	200	116	238
Average admission per day	25	31	26	20	17	22	17.8	25	19
Total No. of deliveries per year	7	02	0	148	115	79	40	11	22
Total No. of deliveries per month	0	0	0	12	10	07	03	01	2

Table 18: Patients transfer at Type A DHH 2021– 2022

	DH Bandarawela		DH Passara		DH Buttala	
	2021	2022	2021	2022	2021	2022
Transfer out per year	1840	1835	1441	2049	1789	2165

Transfer out per month	153	152	120	170	149	180
Transfer out per day	05	05	04	06	4	6
Transfer in per month	02	02	02	01	-	-
No. of ambulances available	03	03	02	02	2	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 2022

	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	24460	63	388	12910	89	145	8112	12	676
Pediatric	-	-	-	127	16	8	0	-	
Well baby	-	-	-	238	16	15	72	12	6
Antenatal	-	-	-	236	15	16	138	12	11
Psychiatry	3136	201	16	1010	11	92	592	12	49
Epileptic	-	-	-	-	-	-	0	-	
Dental	14293	365	39	4561	305	15	4848	32	152
Respiratory	2640	13	203	-	-	-	785	12	65
Family Planning	-	-	-	163	42	4	523	13	41
Dermatology	-	-	-	-	-	-	0	-	-
Rheumatic	919	75	12	-	-	-	-	-	-
Eye (Screen)	-	-	-	-	-	-	0	-	-
Diabetic	-	-	-	-	-	-	8112	12	676
ENT	-	-	-	-	-	-	0	-	-

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 2022

Indicators	Badulla									Monaragala				
	DH Haputhale	DH Koslanda	DH Lunugala	DH Matigahathanna	DH Uvaparagamana	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	50	35	68	62	45	55	54	54	68	77	56
Average OPD attendance per day	97	123	126	44	212	236	312	137	179	185	131	223	221	284
Average admission per day	7	6	15	4	10	11	10	7	10	8	7	15	13	25
Bed Occupancy Rate (%)	22%	24%	66%		49%	27%	21%	26%		24.1	9.9	37	27.1	63
Total No. of Deliveries per year	-	12	4	7	-	-	6	2	23	2	1	6	7	6

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 2022

Indicators	Badulla district									Monaragala district				
	DH Haputhale	DH Koslanda	DH Lunugala	DH Matigahathanna	DH Uvaparagama	DH Girandurukotte	DH Meegahakiula	DH Uraniya	DH Kandeketiya	DH Badulkumbura	DH Inginiyagala	DH Katharagama	DH Madagama	DH Thanamalwila
Total No. of patient transfer out	233	354	1162		760		890	759		559	274	1220	889	738
No. of patient transfer out per Month	19	30	97		63		74	63		46	22	101	75	61
Total No. of patient transfer in	0	0	3	0	0		0	0		0	0	0	0	0
No. of Ambulances Available	01	01	01	01	01	01	01	01	01	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 2022

Clinic	Badulla district									Monaragala district				
	DH Haputhale	DH Koslanda	DH Lunugala	DH Matigahathanna	DH Uvapanagama	DH Girandurukotte	DH Meegahakiula	DH Uraniya	DH Kandeketiya	DH Badulkumbura	DH Inginiyagala	DH Katharagama	DH Madagama	DH Thanamalwila
Medical	4481	3829	4996	4988	11925	10481	951	6791	14743	7842	4167	12340	10073	12915
Pediatric	-	329	-	-	-	527	-	-	188	96	0	0	0	0
Well baby	-	-	65	207	42	-	273	-	-	226	115	-	-	-
Antenatal	-	-	187	118	101	126	233	240	-	141	122	-	418	133
Psychiatry	-	-	477	123	222	147	-	67	-	1242	19	450	433	932
Dental	2911	3316	1919	659	5002	-	-	1504	1947	3108	-	3894	7437	7988
Respiratory	-	-	-	-	-	8	-	-	-	916	-	501	54	-
CKD	-	-	-	-	-	-	-	-	-	0	-	-	2085	178
Family Planning	-	-	15	265	265	-	92	69	83	0	171	-	-	188
NCD	-	2813	2997	-	-	-	-	-	-	4725	-	-	-	1811
Diabetic	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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 2022

Name of hospital	Badulla District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Haldummulla	52	148	6	5
DH, Bogahakumbura	49	134	7	1
DH, Kandegedara	24	106	6	0
DH, Ettampitiya	17	202	6	8
DH, Boralanda	22	167	9	
DH, Mirahawatte	15	67	9	
DH, Nadungamuwa	08	10	5	
DH, Kahataruppa	21	80	4	
DH, Springvally	16	85	3	0
DH, Ury		61		
DH, Demodera	20	87	15	3
DH, Dambana	17	106	3	0
DH, Galauda	25	63	3	0
DH, Kerklies		82		
DH, Roberiya	18	60	2	2
DH, Kandagolla	23	43	3	
DH, Hopton	37	38	5	2
DH, Ekiriyankumbura	14	72	3	

DH, Wewegama		76		
DH, Meedumpitiya	20	47	33 (year total)	
DH, Canawerella		45		
DH, Poonagala		50		
DH, Bibilegama		43		
DH, Unugalla		28		
DH, Downside		72		
DH, Haggala		38		
DH, Uva Highland		91		
DH, Mahadoowa		68		
DH, Telbedda		60		
DH, Sarniya		32		
DH, Dambetenna		31		
DH, Glannor	12	47	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 2022

Name of Institution	Monaragala District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Sewanagala	41	178	49	0
DH, Handapanagala	9	141	5.8	-
DH, Dambagalla	32	229	8.3	8
DH, Okkampitiya	38	153	12.9	5
DH, Hambegamuwa	47	115	7.3	4
DH, Ethimale	32	204	6.8	2
DH, Higurukaduwa	24	64	2.4	0
DH, Pitakumbura	22	75	7	-

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 2022

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	4873	50	381	24	152	36	3604	223
DH Bogahakumbura	6786	45	1080	32	215	15	4070	352
DH Boralanda	4677	26	619	32	300	20	3865	335
DH Demodara	8947	48	275	24	369	46	-	-
DH Ekiriyankumbura	1892	36	406	22	69	20	1023	126
DH Attampitiya	4112	50	412	11	216	12	988	151

DH Hopton	1480	20	425	20	-	-	-	-
DH Kandegedara	6046	47	191	24	61	34	-	-

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	2526	42	299	24	21	15	181	27
DH, Kahataruppa	5826	106	458	30	-	-	1647	186
DH, Nadungamuwa	2742	28	482	22	229	44	1604	108
DH, Roberiya	3367	51	333	24	38	24	-	-
DH, Springwely	8491	101	-	-	-	-	3277	271
DH, Ury	4530	96	636	48	165	36	2091	161
DH, Glanor	1867	100	242	24	03	01	358	167
DH, Galauda	3885	52	716	52	640	106	1929	271
DH, Mirahawaththa	2976	64	-	-	-	-	2793	315
DH, Bibilegama	251	9	13	6	5	3	457	83
DH, Meedumpitiya	951	49	233	24	92	12	-	-
DH, Wewagama	5894	61	284	24	189	24	2760	350
DH, Dambethenna	1300	25	309	24	-	-	-	-
DH, Sarnia	715	12	381	24	96	21	-	-
DH, Thelbedda	1711	17	374	24	707	11	-	-
DH, Hakgala	2858	24	767	14	175	18	533	45

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	2200	20	-	-	-	-	1065	127
DH, Downside	2216	23	767	20	450	37	41	46
DH, Poonagala	2114	48	182	23	42650	8	-	-
DH, Unugalla	1297	24	282	23	77	23	-	-
DH. Uva Highland	2010	38	192	15	61	15	137	9
DH, Cannaveralla	4001	94	288	23	77	23	-	-
DH, Mahadowa	1568	28	129	21	28	9	13	2
DH, Kerklies	4096	50	71	23	53	23	-	-

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 2022

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	9775	104	307	24	682	52	4609	68	217	8
DH, Pitakumbura	2992	36	213	12	0	-	-	-	133	12
DH, Sewanagala	11263	88	74	8	0	-	6359	89	0	-
DH, Hambegamuwa	1381	52	384	12	55	12	2600	74	15	3
DH, Hingurukaduwa	3436	52	69	4	0	-	1579	74	0	-
DH, Handapanagala	2949	48	0	-	0	-	-	-	0	-
DH, Dambagalle	7211	132	501	24	108	12	4851	57	0	-
DH, Ethimale	5846	96	316	12	418	48	-	-	84	12

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 2022 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	46108	159	7808	215	36
PMCU, Keppetipola	34267	124	12835	233	55
PMCU, Ballaketuwa	35642	101	5335	107	50
PMCU, Ella	19789	70	2606	111	24
PMCU, Hebarawa	22313	82	6025	253	24
PMCU, Bathalayaya	20080	96	2435	45	54
PMCU, Uvatissapura (Nagadeepa)	24399	88	5324	318	17
PMCU, Halpe	17499	60	5455	119	46
PMCU, Namunukula	15932	171	1997	94	21
PMCU, Thaldena	14893	56	3237	237	13
PMCU, Liyangahawela	27927	100	5983	188	32
PMCU, Rilpola	10153	36	1413	94	12
PMCU, Pannalawela	8180	31	2255	49	46
PMCU, Thannapanguwa	6844	24	1453	135	10
PMCU, Hewanakumbura	7401	25	-	-	-
PMCU, Silmiapura	13863	53	346	79	3

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 2022 through PMCU 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	18942	97.6	8907	192	46
PMCU, Buddama	29760	10.7	4065	196	20
PMCU, Godigamuwa	14557	67.1	1807	120	15
PMCU, Deliwa	9139	42.1	1529	20	76
PMCU, Rathmalgahaella	10795	40.9	2371	72	32
PMCU, Kotiyagala	11485	40.7	1126	40	28
PMCU, Kotagama	11317	42.5	2835	24	118
PMCU, Dewathura	8007	28.8	1310	36	36
PMCU, Nanapurawa	14363	49.9	5082	140	36
PMCU, Bakinighawela	15376	61.5	1391	64	21

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	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

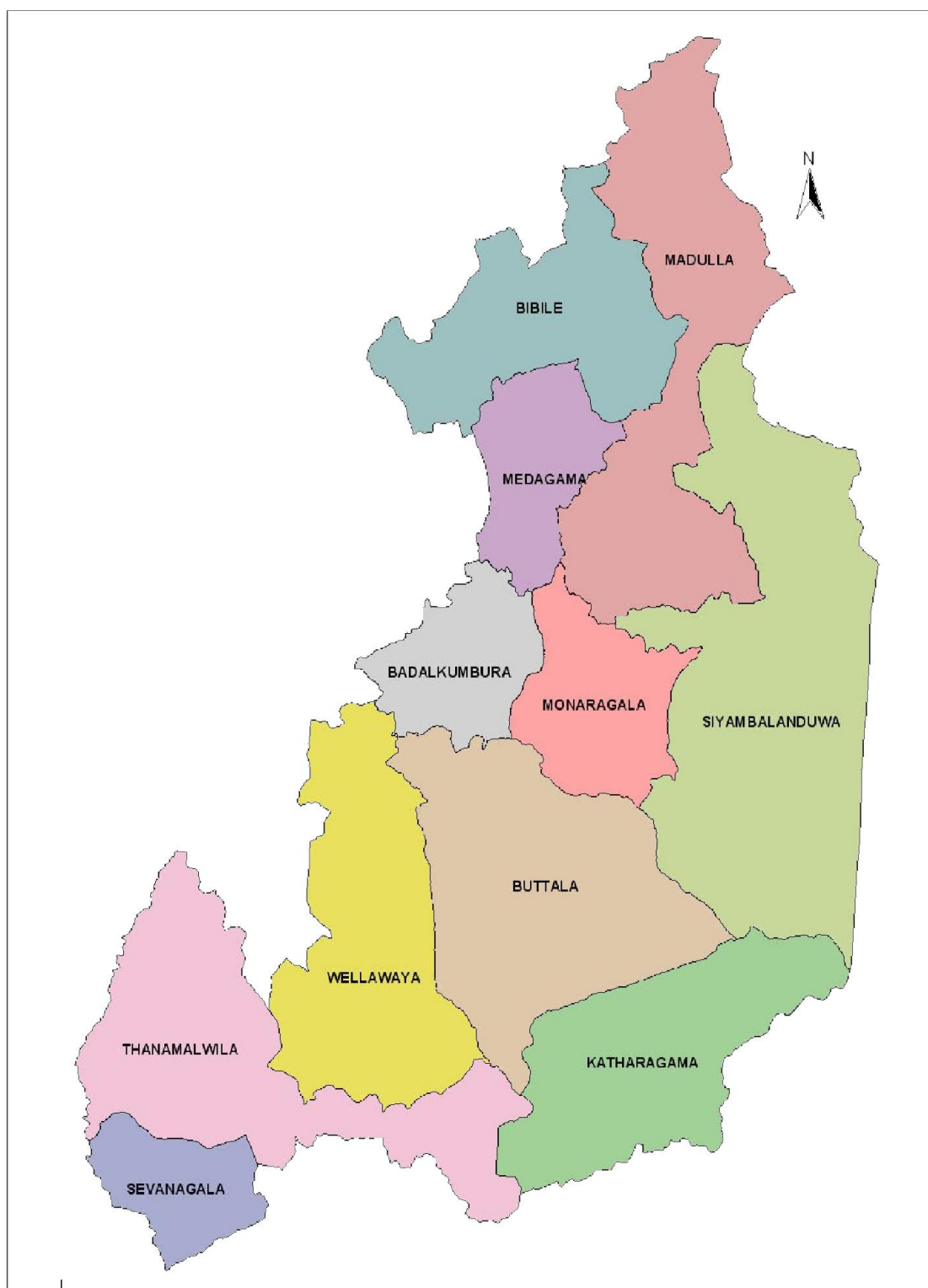


Table 30: MOH divisions in the district of Monaragala -2022

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	45350	49437	41	05	25	-	25	1977
Bibila	484	45606	50569	40	6	22	-	22	2298
Buttala	685	60030	63685	29	4	19	-	19	3351
Kataragama	608	20604	21948	5	3	7	-	7	3135
Madulla	7213	35325	30809	38	4	19	-	19	1621
Medagama	254	40576	44602	35	4	20	-	20	2230
Monaragala	255	55999	57695	26	4	25	-	25	2307
Sevanagala	189	47382	53161	14	4	15	-	15	3544
Siyambalanduwa	1049	61111	66189	48	3	25	-	25	2647
Thanamalwila	560	30174	33412	14	5	14	-	14	2386
Wellawaya	598	67918	73237	29	5	5	-	25	2929

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 km²) while the MOH area Badulla in the district of Badulla had the lowest area extent (51.0 km²).

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 2022

Characteristic	Badulla	Monaragala	Province
Estimated total population	904176	510075	1414251
Estate population	172051	11015	183066
Eligible families under care	160086	103364	263450
Reported number of births	9738	6455	16193
District birth rate (Estimated)	14.9	14.3	14.7

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 2022

Indicator	Badulla		Monaragala		Province	
	Number	%	Number	%	Number	%
Pregnant mothers registered	11177	75.4	7309	91.1	18486	80.8
Pregnant mothers registered before 8 weeks	9628	86.1	6377	87.2	16000	86.6
Pregnant mothers registered 8 - 12 weeks	1008	9	664	9.7	1675	9.1
Pregnant mothers registered after 12 weeks	541	4.8	268	3.7	809	4.4
Teenage Pregnancies Registered	448	4	248	3.4	696	3.8
P ₅ or above pregnancies Registered	176	1.6	154	2.1	330	1.8
P5 mothers having 3 or more children (out of mothers, grovida 5 or more)	77	47.6	80	43.8	157	51.9
Pregnant mothers tested for VDRL at delivery	9875	98.9	6701	99.4	16576	99.1
Pregnant mothers tested for Blood grouping and Rh at delivery	9951	99.7	6731	99.5	16682	99.6
Pregnant mothers protected with Rubella vaccination	11023	98.6	9250	99.5	18273	98.9
Reported mothers with antenatal morbidities	2552	25.6	2215	32.8	4767	28.5

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 2022

Indicator	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
Deliveries reported by PHMM	9936	74.1	7111	92.7	16647	80.5
Still births reported	60	6.1	37	5.5	97	6
Abortions reported	1182		853	11.6	2035	
Home deliveries	29	0.3	5	0.07	34	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 2022

Characteristic	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
First visit (at least) during first 10 days of reported deliveries	9682	97	6001	88.7	15683	93.7
Postnatal care 11-13 day (New)	179		140	10.5	319	
Postnatal care around 42 nd day	9230	94	5975	88.4	15357	91.7
Mothers with post-partum complications	802	8	604	8.9	1406	8.4

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 2022

Indicator	Badulla	Monaragala
Number of maternal deaths notified	5	6
Maternal Mortality Ratio		92.9/100000

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 2022

	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
No. of infants Registered	10075	74.8	6967	95.5	17042	82
No. of Infants by under care	11028		7431	102.2	18459	
Number of infants weighed	9955	90.3	6816	91.7	16473	90.9
Infants below -2SD	718	7.2	356	5.2	1075	6.4
Infants below -3SD	184	1.9	76	1.1	261	1.6
1-2 years under care	12797		8074	110.6	20872	
1-2 years weighted	10567	82.8	6992	86.6	17560	84.1
Weight less than -2SD	1342	12.7	745	10.7	2088	11.9
Weight less than -3SD	273	2.6	102	1.4	374	2.1
2-5 years under care			25883	118.2		
2-5 years weighted	53844	88.2	20370	78.7	74214	84.4
Weight less than -2SD	6431	19.2	3896	19.1	10327	19.1
Weight less than -3SD	1228	3.7	458	2.2	1686	3.3

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 2022

Indicator	Badulla	Monaragala	Province
Number of infant deaths reported	131	65	191
Number of neonatal deaths reported	87	36	123
Number of deaths among 1-5 years of age	17	9	26
Neonatal Mortality Rate	8.9	5.6	7.6
Infant Mortality Rate	13.5	10.1	12.1

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 2022

Indicator	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
Total users of OCP	11935	7.5	8540	8.3	20475	7.8
Total users of condoms	10126	6.3	6652	6.4	16778	6.4
Total users of injectable	24317	15.2	18881	18.3	43198	16.4
Total users of implants	16462	10.3	7144	6.9	23606	9
Total users of I.U.D	20871	13	16251	6.9	37121	14.1
Total No of Modern Methods	111761	64.8	68612	66.4	180374	68.5
Total Natural/Traditional Methods	7988	5	6620	6.4	14608	5.5
All methods (CPR)	119749	74.8	68599	72.8	194982	74
Unmet Need	6182	3.9	3770	3.6	9952	3.8
LRT	28042	17.5	11137	10.8	39180	14.9
Vasectomy	8	0.01	5	0.01	13	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 2022

Characteristic	Badulla	Monaragala	Province
First visits to clinic –			
35 years of age	4937	3242	8179
45 years of age	1082	865	1947
Pap smear taken			
35 years of age	2844	1784	4658
45 years of age	2790	1710	4500
Squamous Intra epithelial lesion.			
Low grade	4	2	6
High grade	2	3	5
Number of defects identified – Breast abnormalities	113	90	203
Number of hypertensive patients identified	490	271	761
Number of diabetic patients identified	577	110	687

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			155	100		
	<200 Student			147	100		
Total				302	100		
SMI completed schools				289	93.6%		
Total number of children to be examined				41731			
Total number of children examined				38492			
Percentage (%) examined				92.2%			

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 2022

	Badulla	Monaragala	Province
Dengue fever/ DHS			
Dysentery			
Encephalitis			
Enteric fever			
Food poisoning			
Leptospirosis			
Typhus fever			
Viral hepatitis			

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 2022

Characteristic	Badulla	Monaragala	Province
Target population for the year 2021	354400	202110	
Number of HLCs established	63	28	
Number of people screened in 2021	48271	27660	
Percentage of target population screened	13.62%	13.69%	
Total population screened by the end of 2021	139424	85394	
Cumulative coverage	39.34%	42.26%	

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 -2022

	Badulla					Monaragala				
	Male	%	Female	%	Total	Male	%	Female	%	Total
Total screened	19018	10.73%	32080	18.10%	51098	9845	9.7%	17815	17.6%	27660
Smokers detected	5237	27.53%	15	0.04%	5252	2885	29.3%	45	0.3%	2930
Alcoholics detected	9867	51.88%	59	0.18%	9926	4333	44.0%	2	0.01%	4335
Beatle chewers detected	9088	47.78%	5566	17.35%	14654	4268	43.4%	2099	11.8%	6367
People with high BMI (25-29.9)	3707	19.49%	10020	31.23%	13727	2074	21.1%	5594	31.4%	7668
People with high BMI (>30)	757	3.98%	3351	10.44%	4108	406	4.1%	1687	9.5%	2093
People with high BP (>140/90)	4582	24.09%	6914	21.55%	11696	2740	27.8%	4579	25.7%	7319
People with high Fasting Blood Sugar (>126mg/dl)	235	1.23%	419	1.30%	654	610	6.2%	1114	6.3%	1724
Referrals made to consultant centers	421	2.21%	837	2.60%	1258	552	5.6%	794	4.5%	1346

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 sites, 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 2022

Indicator	Badulla	Monaragala	Uva Province
Number of confirmed cases		455	
Number of deaths		01	

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 2022

	Badulla				Monaragala			
	PTB Smear+ ve	PTB Smear - ve	EPTB	Total	PTB Smear+ ve	PTB Smear - ve	EPTB	Total
Number of patients treated					68	13	28	109

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	Trichomoniasis	Other STII	Total
Badulla								
Monaragala	03	06	38	35	39	02	57	180
Total								

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								
Monaragala	65602	58374	84.4	-	-	1706	5.2	-
Province								

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 Officer 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 2022

Dental Procedures		Badulla	Monaragala
Total Attendance			125425
Extractions (%)			24061 (19%)
Post op - complication			144
OPMD			308
Restorations – temporary			14175
Permanent Amalgam			182
Permanent composite			6405
Permanent GIC			41243
Advanced conservation			4502
Total Restoration (%)			66507 (53%)
Periodontal Treatment Scaling			8175
Surgery			528
Indoor			397
All referrals			2740
Miscellaneous			15146
No. of Dental Chair			26
			06

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	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 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 cadres at 2018.01.01	Existing cadre-2018.12.31						Vacant	Excess	
							Permanent			Casual		Contract			
							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 Superintendent(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						
							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							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 Sister	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 Inspector	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				
							Male	Fe Male	Total	Male	Fe Male	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 Supplies 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 Level	Approved cadre as at 2018.01.01	Existing cadre-2018.12.31								Vacant	Excess
							Permanent			Casual		Contract				
							Male	Fe Male	Total	Male	Fe Male	Male	Fe Male			
72	Hospital 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	