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 situated in the south-eastern region of Sri Lanka and consists of two administrative districts: Badulla and Monaragala. It shares borders with the Central, Eastern, Southern, and Sabaragamuwa Provinces. According to Ministry of Health data (2022), the province has a total population of 1,414,252 and covers a land area of 8,488 km², resulting in a population density of approximately 166 persons per km² in 2022.

Geographically, Uva Province lies on the south-eastern slopes of the island, with elevations ranging from 25 metres to over 2,000 metres above sea level. The mean annual temperature varies between 20.6°C and 34.0°C, while annual average rainfall ranges from 1,300 mm to 1,800 mm, depending on the location.

Agriculture is a major land use in the province, with 43% of the land in Badulla and 45% in Monaragala under cultivation. The principal crops include tea, paddy, vegetables, and sugarcane. The province hosts two of Sri Lanka's largest sugar factories, located at Sewanagala and Pelwatte. Uva also maintains significant forest coverage, with forests accounting for 28% of Badulla District and 41% of Monaragala District. Approximately 3.5% of the province's total land area comprises water bodies.

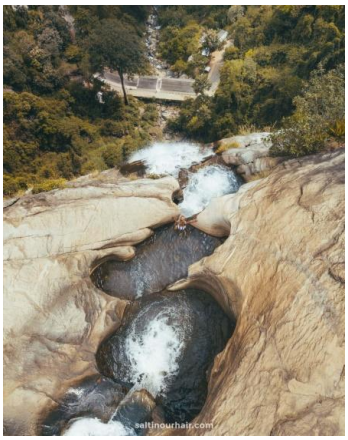
In addition to its agricultural significance, Uva Province is rich in natural and historical attractions. Notable sites include Diyaluma, Dunhinda, Bambarakanda, and Rawana Ella waterfalls; Yala, Kumana, and Udawalawa National Parks; and ancient ruins such as

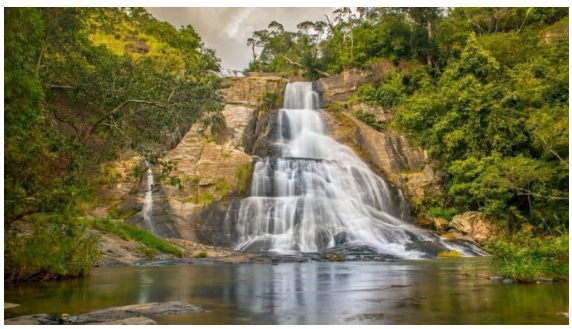
Buduruwagala, Yudaganawa, and Maligawila, contributing to its cultural and ecological importance.

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

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.

Figure 4: Flag of Uva province

Flower of Uva

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.

Figure 5: Flower of Uva province

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 (2024)**	904,176	509,358	1,414,252
Total Population (2012)*	909,034	547,015	1,471,345
Urban population*	69,800 (8.6%)	0 (0.0%)	69,800 (5.5%)
Rural population*	591,707 (72.6%)	535,639	1,034,417 (81.7%)
Estate population*	153,898 (18.9%)	11,376	162,246 (12.8%)
Population density*	304.7 km^2	93.51 km^2	147 km^2
Population growth rate*	1.1	0.07	1.4
Population less than 15 years**	242,889	136,142	379,228
Population of 16-59 years**	555,455	326,173	882,088
Population ≥ 60 years of age**	105,832	47,038	152,936

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

*****Estimated mid year population-2024***

The health statistics of Uva Province for 2012 provide a detailed picture of the provincial health landscape, highlighting trends in service utilization, disease burden, and resource distribution. Population and Demography: Uva Province had an estimated population of 1.2 million, representing approximately 6% of the national population. The population density remained lower than the national average, reflecting the province's largely rural character.

Maternal and Child Health: Antenatal care coverage reached 92%, slightly below the national average of 95%, while skilled birth attendance stood at 89%, indicating progress but highlighting the need for continued outreach in remote areas. Infant mortality rate was 18 per 1,000 live births, compared with the national rate of 14 per 1,000, showing room for improvement in neonatal care.

Disease Burden: Communicable diseases, including dengue and diarrhoeal diseases, accounted for 35% of reported morbidity, whereas non-communicable diseases such as

diabetes and hypertension contributed 25%, reflecting an emerging trend in lifestyle-related conditions. Compared to other provinces, Uva had a higher prevalence of malnutrition among children under five, at 16%, versus the national average of 12%.

Observations: While progress is evident in maternal and child health and immunization, disparities in service access between urban and rural areas persist. The rising burden of non-communicable diseases requires focused preventive strategies, while communicable disease control must remain a priority.

Conclusion: The 2012 data provide a baseline to assess trends in Uva Province. Continuous monitoring and targeted interventions are essential to close gaps in maternal and child health, manage emerging non-communicable diseases, and ensure equitable access to health services across the province.

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

Characteristic	**Badulla**	**Monaragala**	**Province**
Sex Composition*			
Male	420,000 (48.0%)	278,010	698,010
Female	453,000 (52.0%)	284,301	737,301
**** Estimated values for 2018***	***# These figures are based on Census & Statistics Survey***		
Ethnic Composition#			
Sinhalese	595,372 (73.1%)	532,033(54.6%)	1,127,405
Sri Lankan Tamil	21,880 (2.7%)	15,170(2.7%)	37,050
Indian Tamil	150,484 (18%)	2,378 (0.42%)	152,862
Moor	44,716 (5.5%)	12,636(2.2%)	57,352
Other	2953 (0.4%)	94(0.01%)	3,047
Religious Composition#			
Buddhist	591,799 (72.6%)	530,974	1,122,773
Hindu	157,608 (19.3%)	16,575	174,183
Islam	47,192 (5.8%)	12,622	59,814
Roman Catholic	12,020(1.5%)	925	12,945
Other	6,786 (0.8%)	1215	8,001

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

Sex, Ethnic, and Religious Composition of Uva Province

The Uva Province had an estimated population of 1,435,311 in 2018, comprising 698,010 males (48%) and 737,301 females (52%), indicating a slightly higher proportion of females compared to males.

In terms of ethnic distribution, the majority were Sinhalese (1,127,405; 78.6%), followed by Indian Tamils (152,862; 10.7%), Sri Lankan Tamils (37,050; 2.6%), and Moors (57,352; 4%), with other ethnic groups representing 0.2% of the population.

Regarding religious composition, Buddhism is the predominant religion, accounting for 1,122,773 individuals (78.2%), followed by Hinduism (174,183; 12.1%), Islam (59,814; 4.2%), Roman Catholicism (12,945; 0.9%), and other religions comprising 8,801 individuals (0.6%).

These figures reflect the cultural and demographic diversity within the province, which has implications for health planning, service delivery, and policy development, particularly in ensuring equitable access to health care across all population groups.

2. Organization of Health Services

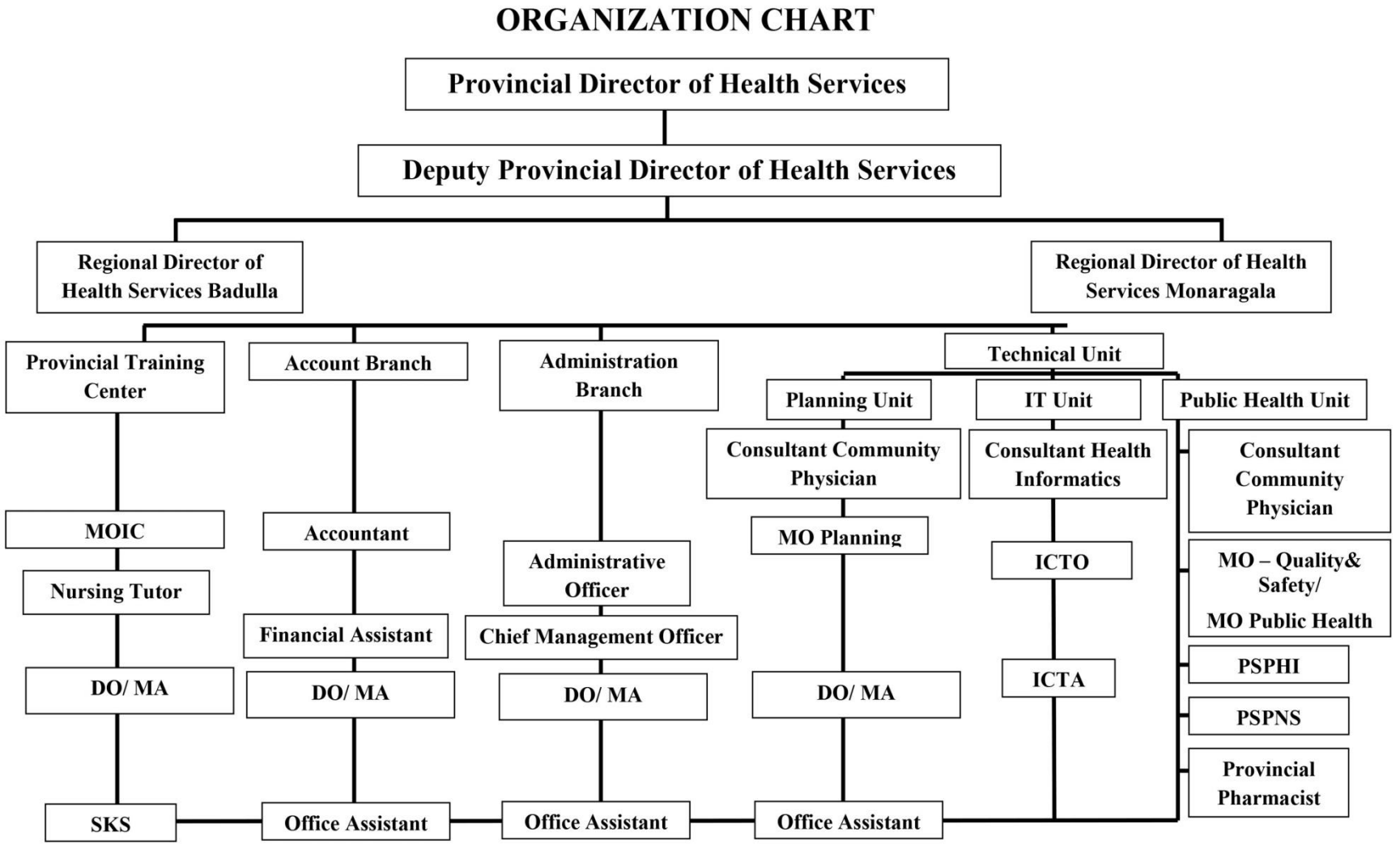
2.1. Introduction

The government's Western medical care system serves as the main provider of healthcare services to the people of the province. Both the Line Ministry of Health and the Provincial Department of Health Services deliver a wide range of preventive, curative, promotive, and rehabilitative health services through an extensive network of healthcare institutions. While the Line Ministry plays an important role, the primary responsibility for service delivery lies with the Provincial Department of Health Services.

2.2. Provincial Health Administration

The Provincial Department of Health Services functions under the Provincial Ministry of Health, Indigenous Medicine, Probation and Childcare, Women's Affairs, and Social Welfare. It is led by the Provincial Director of Health Services, who is assisted by two Regional Directors of Health Services, each responsible for one district within the province. The organizational structures of both the Provincial and Regional Directorates of Health Services are illustrated in Figures 6 and 7.

Figures 6


ORGANIZATION CHART
Provincial Director of Health Services
Deputy Provincial Director of Health Services
Regional Director of Health Services Badulla
Regional Director of Health Services Monaragala
Provincial Training Center
Account Branch
Administration Branch
Technical Unit
Planning Unit
IT Unit
Public Health Unit
Consultant Community Physician
Consultant Health Informatics
Consultant Community Physician
MOIC
Accountant
MO Planning
ICTO
Administrative Officer
MO – Quality& Safety/
MO Public Health
Nursing Tutor
Financial Assistant
Chief Management Officer
PSPHI
DO/ MA
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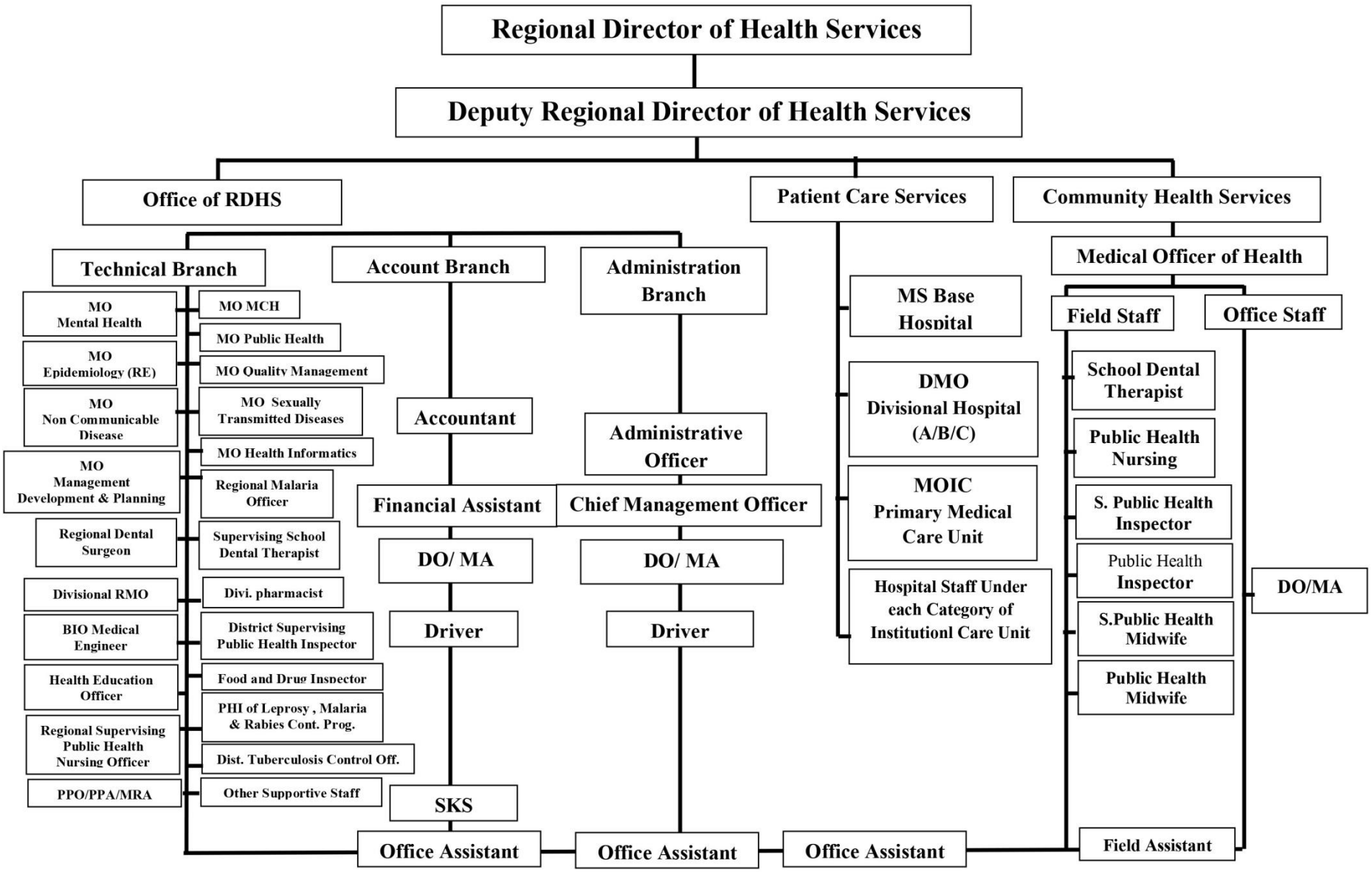
DO/ MA
ICTA
PSPNS
Provincial Pharmacist
SKS
Office Assistant
Office Assistant
Office Assistant

Figures 7

ORGANIZATION CHART



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.

Table 3: Curative care institutions of Uva province - 2024

	Badulla	Monaragala	Province
Teaching Hospitals	01	0	01
District General Hospitals	0	01	01
Base Hospital (Type) A	02	0	02
Base Hospital (Type B)	01	03	04
Divisional Hospital (Type A)	02	01	03
Divisional Hospital (Type B)	09	05	14
Divisional Hospital (Type C)	32	08	40
Primary Medical Care Units	17	10	27
Total	64	28	92

Curative Care Institutions

Curative healthcare services in Uva Province are provided through a network of 92 institutions distributed across the two districts, ensuring accessibility of services from tertiary to primary levels.

Badulla District has the largest share, with 64 institutions, while Monaragala District operates 28 institutions. The province has one Teaching Hospital located in Badulla and one District General Hospital located in Monaragala, functioning as the main tertiary care centers for the province.

At the secondary care level, there are two Base Hospitals (Type A), both in Badulla, and four Base Hospitals (Type B), distributed as one in Badulla and three in Monaragala. Divisional Hospitals provide a vital link for rural populations, with three Type A, fourteen Type B, and forty Type C hospitals spread across both districts. In addition, 27 Primary Medical Care Units (PMCUs) deliver first-contact curative care and essential medical services closer to communities.

This distribution reflects the province's commitment to ensuring healthcare accessibility at multiple levels, addressing both urban and rural health needs through a balanced network of tertiary, secondary, and primary care institutions.

Preventive health services

Preventive health services are delivered to communities across urban, rural, and estate sectors through MOH offices and their attached field health teams. A summary of these field areas is presented in Table 4.

Table 4: MOH divisions, PHM and PHI areas and Specialized Units of Uva province-2024

	Badulla	**Monaragala**	**Province**
MOH divisions	16	11	27
PHM areas	326	216	542
PHI areas	65	48	113
Specialized units	05	05	10

Preventive Health Service Network – Uva Province

The preventive healthcare delivery network in Uva Province is organised through Medical Officer of Health (MOH) divisions, which serve as the operational units for public health activities at the community level.

According to the 2024 data, the province has a total of 27 MOH divisions, distributed as 16 in Badulla District and 11 in Monaragala District. These divisions oversee the activities of Public Health Midwives (PHM) and Public Health Inspectors (PHI), who provide preventive health services to all urban, rural, and estate populations.

There are 542 PHM areas in the province (326 in Badulla and 216 in Monaragala), which ensure wide maternal, child, and family health coverage across all communities. Similarly, 113 PHI areas (65 in Badulla and 48 in Monaragala) cater to environmental health, sanitation, disease prevention, and outbreak control.

In addition, there are 10 specialised units functioning under the provincial health system (5 each in Badulla and Monaragala), providing targeted services to address specific health issues and programme requirements. Namely Chest Diseases, Sexually Transmitted Diseases, Malaria Control Unit, Rabies Control Unit , Leprosy Control Unit.

This extensive network reflects a well-structured preventive health service model aimed at ensuring equitable access to essential public health interventions, with both districts contributing proportionately to the overall health system of the province.

2.4 Health Manpower

Total over 5844 health staff personals under 108 categories manned the Provincial Department of Health Services of Uva in 2024. Details are given in table 5.

Table 5: Details of health manpower of Uva province 2024

No	Designation	Approved Cadre	Existing Cadre 2024/12/31
1	Senior Medical Administrative Grade	04	02
2	Deputy medical Administrative Grade	08	06
3	Medical Consultant	63	36
4	Medical Officers	626	625
5	Registered Medical Officers/ AMO	51	28
6	Dental Surgeon	112	72
7	Nursing Officer	1205	1138
8	Public Health Inspector (Supervisory)	27	03
9	Public Health Inspector (Field)	128	125
10	Public Health Midwife (Supervisory)	27	20
11	Public Health Midwife (Field)	849	606
12	Pharmacist	81	77
13	MLT	65	62
	Other Staff	3164	3060
	Total	**6410**	**5861**

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 2 tertiary care institutions, 6 secondary care institutions and 84 primary care institutions. Out of these, 90

institutions (Except the PGH- Badulla and the DHH- Monaragala) come under the administration of Provincial Department of Health Services.

3.1 Tertiary Health Care Services

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

3.2 Secondary Health Care Services

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

3.3 Primary Health Care Services

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

3.1.1 Tertiary Health Care Services

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

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

	TH Badulla			District General Hospital Monaragala		
	2022	***2023***	***2024***	***2022***	***2023***	***2024***
No. of Wards	42	44	43	16	17	16
No. of beds	1573	1573	1563	578	575	580
OPD attendance	271,712	370,746	360,500	118,523	129,083	132,080
OPD attendance/ Day	365	1016	984	295	354	361
Admissions	105,896	118,704	120333	59,819	64,954	66,780
Admissions/ Day	290	325	330	164	178	182
Bed Occupancy Rate	63%	68.61%	66.43%	66%	75%	65%

Teaching Hospital (TH) Badulla and District General Hospital (DGH) Monaragala are the main tertiary care institutions in the Uva Province. Over the past three years, both hospitals have shown steady service provision with slight fluctuations.

TH Badulla maintained around 43–44 wards and approximately 1,560 beds, while DGH Monaragala operated 16–17 wards with about 575–580 beds. Outpatient Department (OPD) attendance at TH Badulla increased notably from 271,712 in 2022 to over 370,000 in 2023, slightly decreasing to 360,500 in 2024. Similarly, OPD daily attendance rose from 365 to nearly 1,000 per day by 2024, reflecting a growing demand for outpatient services. DGH Monaragala recorded OPD attendance ranging from 118,523 in 2022 to 132,080 in 2024, with daily OPD visits increasing from 295 to 361.

Hospital admissions at TH Badulla remained above 100,000 annually, with daily admissions increasing from 290 to 330. DGH Monaragala saw admissions growing from 59,819 in 2022 to 66,780 in 2024, with daily admissions also increasing from 164 to 182. Bed occupancy rates at TH Badulla fluctuated between 63% and 68.6%, while DGH Monaragala varied between 65% and 75%, indicating efficient bed utilisation with occasional surges.

Overall, both institutions demonstrated stable inpatient and outpatient care provision, with TH Badulla handling higher volumes of patients, reflecting its role as the main teaching and tertiary hospital, while DGH Monaragala served as a major secondary care centre with improving utilisation trends.

Maternal and Child Health Services

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

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

	TH, Badulla			**DGH, Monaragala**		
	2022	***2023***	***2024***	***2022***	***2023***	***2024***
Total No. of Deliveries	5,522	4,775	7,296	3,289	2,656	2,445
Deliveries (Spontaneous)	3,217	2,451	4949	1927	1546	1,367
Deliveries (Spontaneous)/day	15	06	13	5.4	4.24	4
Deliveries (Caesarian Section)	2,305	2,149	2,347	1362	1110	1,078
Percentage (%) of Caesarian deliveries out of total live births	41.74	45%	46.9%	41%	41.73	43.87
Deliveries (Caesarian Section)/ Day	6.3	5.8	06	3.7	03	3
Total No of Live Births	5,352	4,816	4,999	3,317	2,660	2,457
Total No of Maternal Deaths	02	03	04	02	01	01
Total No of Still Births	42	29	33	15	24	06
Total No of Low Birth Weight Babies	1,478	1,234	1,640	711	561	501

Both TH Badulla and DGH Monaragala continued to provide essential maternal and child health services with notable year-to-year variations.

TH Badulla recorded a marked increase in total deliveries, rising from 5,522 in 2022 to 7,296 in 2024, with spontaneous deliveries contributing the majority (4,949 in 2024). Caesarean sections remained relatively stable, averaging around 2,300 per year, representing 41–47% of total live births. Daily spontaneous and caesarean delivery rates indicated a busy obstetric workload, reflecting its role as the main tertiary referral centre.

DGH Monaragala showed a gradual reduction in deliveries, from 3,289 in 2022 to 2,445 in 2024, with a proportional decline in both spontaneous and caesarean sections. Caesarean section rates fluctuated between 41% and 44%, comparable to TH Badulla.

Live births corresponded closely with delivery counts in both institutions, with stillbirths maintained at low levels (e.g., TH Badulla reporting 29 - 42 annually and DGH Monaragala 6–24). Maternal deaths remained very low in both hospitals, with no deaths reported at TH Badulla in 2024 and only one at DGH Monaragala, indicating strong maternal care outcomes. Low birth weight babies accounted for a significant proportion of deliveries, averaging around 1,200–1,600 annually at TH Badulla and 500–700 at DGH Monaragala.

Overall, both hospitals continued to provide critical MCH services, with TH Badulla managing a growing obstetric workload as a major referral centre, while DGH Monaragala's declining delivery numbers may reflect changing service utilisation patterns or population trends within its catchment area.

Table 08: Surgical care provided by TH Badulla and DGH Monaragala 2022 – 2024

	TH, Badulla			DGH, Monaragala		
	2022	***2023***	**2024**	***2022***	***2023***	**2024**
Major operation done	15,756	11,862	18,796	2,428	2,829	2,773
Minor operation done	9,773	20,007	13,785	9,648	8,416	8,066

Both TH Badulla and DGH Monaragala continued to provide major and minor surgical services with varying trends across the three years.

At TH Badulla, major surgeries ranged from 11,862 in 2023 to 18,796 in 2024, indicating a significant increase in operative workload in the most recent years. Minor surgeries also fluctuated, peaking at 20,007 in 2023 before reducing to 13,785 in 2024. These trends reflect a dynamic surgical service influenced by changing case loads, resource allocation, and patient referrals to the tertiary center.

DGH Monaragala maintained a relatively stable surgical output, performing between 2,428 and 2,829 major surgeries and approximately 8,000–9,600 minor surgeries annually. The figures suggest consistent service delivery at the secondary care level, supporting regional surgical needs.

Overall, the surgical services in both hospitals show adaptability to changing healthcare

demands, with TH Badulla shouldering the higher operative burden as the main referral centre, while DGH Monaragala provides steady surgical care within its capacity.

Patients Transfer

TH Badulla and DGH Monaragala handle the bulk of patient referrals for advanced care from primary and secondary healthcare facilities within their catchment areas, while only a comparatively small number of patients require transfer from these hospitals to other institutions for further treatment.

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

	TH, Badulla			**DGH, Monaragala**		
	2022	***2023***	***2024***	***2022***	***2023***	***2024***
Total number of patient Transferred out/day	01	02	01	3.9	04	03
Total number of patient Transferred in/day	40	43	46	27.9	36	36
No.of Ambulance Available	16	16	16	16	16	15

Both TH Badulla and DGH Monaragala continued to function as major referral centres for their respective catchment areas, managing significant numbers of patient transfers for advanced care. TH Badulla received between 40 and 46 patient transfers per day over the three years, with only 1–2 patients transferred out daily for specialised care unavailable locally.

DGH Monaragala also recorded high incoming referrals, averaging between 28 and 36 patient transfers in per day, while outgoing transfers ranged from 3 to 4 patients per day. The hospital maintained 15–16 ambulances, supporting timely referral and emergency responses.

Overall, both hospitals demonstrate strong capacity in receiving patients from primary and secondary care institutions, with very low outward transfer requirements, highlighting their capability to deliver comprehensive management within the province.

3.2.1 Base Hospitals (Type A)

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

Table 10: Health Service Provision at Type A Base Hospitals

	BH Diyathalawa				**BH Mahiyangnanaya**			
	2021	**2022**	**2023**	**2024**	**2021**	**2022**	**2023**	**2024**
Empanel Population	56,676	58,516	56,691	56,598	74,308	74,308	74,308	74,308
No of beds available	349	349	344	347	416	355	362	448
Bed Occupancy Rate	46	51	53	56.88	60	80	83	56.26
Total OPD attendance	93,764	162,867	239,033	221,187	89,015	164,127	205,125	195,036
Average OPD turnover/day	257	446	654	605	244	449	561	532
Total admissions	31,756	33,533	35,740	38,731	49,290	50,755	63,904	56,333
Average admission/day	87	91	98	106	135	139	175	154
No. of Wards	07	07	07	07	11	11	11	11

	BH Diyathalawa				BH Mahiyangnanaya			
	2021	**2022**	**2023**	**2024**	**2021**	**2022**	**2023**	**2024**
Total number of deliveries	1,504	1,337	1,083	1,219	3,643	3,066	2,504	2,565
Average number of deliveries/day	04	04	03	03	10	06	06	07
Total No of Live Births	1,511	1,334	1,075	1,218	3,668	3,056	2,487	2,552
Total No of Maternal Deaths	0	0	0	0	01	02	0	0
Total No of Still Births	09	03	08	02	21	10	17	13
Major operation done			1,269	1,352			2,855	2,026
Minor operation done			3,414	4,323			8,199	7,299

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 Base Hospitals

Characteristic	**BH Diyathalawa**			**BH Mahiyangnanaya**		
	2022	***2023***	***2024***	***2022***	***2023***	***2024***
Total number of transfer out /year	601	746	811	516	1192	1057
Transfer out/day	02	2.04	2.21	01	03.26	2.88
Total number of transfer in /year	2,225	2,009	3,878	4,358	3,820	8,864
Transfer in/day	06	5.50	11	12	10.46	24
No. of Ambulances Available	04	04	5	07	07	8

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**	
	2023	***2024***	***2023***	***2024***
Number of blood packs collected at blood bank (%)	160	178	450	401
Number of blood packs received from outside blood donation camps (%)	1,717	1,841	3,021	3,437
Number of discarded blood packs (%)	3.1	2	2	1.3

In 2023 and 2024, both Base Hospital (BH) Diyathalawa and BH Mahiyanganaya continued to provide essential blood transfusion services. BH Diyathalawa showed a slight increase in blood packs collected at its blood bank, from 160 in 2023 to 178 in 2024. The number of blood packs received from external blood donation camps also increased marginally, from 1,717 to 1,841 during the same period. Discarded blood packs decreased proportionately, from 3.1% to 2%.

BH Mahiyanganaya demonstrated slightly decrease in blood packs collected at the blood bank, from 450 in 2023 to 401 in 2024. However, the number of blood packs received from outside blood donation camps increased slightly from 3021 in 2023 to 3437 in 2024. The proportion of discarded blood packs decreased from 2.0% to 1.3%.

Overall, both hospitals maintained steady inflow from donation camps, with Diyathalawa showing stable operations and Mahiyanganaya experiencing both expansion and emerging challenges in blood pack utilization.

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 2024

Type of clinic	BH, Diyathalawa			BH, Mahiyanganaya		
	Total	Number of Clinic days	Average Per Clinic	Total	Number of Clinic days	Average Per Clinic
Medical	24,120	97	249	55,629	97	574
Diabetic	8,668	45	192.62	NA	NA	NA
Surgical	15,509	98	158.25	15,047	98	153.54
Pediatric	2,669	50	53.38	4,781	50	95.62
Well baby	2,132	36	59.22	3,296	45	73.24
Antenatal	4,312	48	89.83	6,310	94	67.12
Gynecology	2,648	43	61.58	3,799	109	34.85
ENT	2,867	89	32.21	NA	NA	NA
Psychiatry	6,381	289	22.07	13,622	242	56.28
Eye	402	13	30.92	13,482	135	99.86
STD	NA	NA	NA	993	274	3.62
Dermatology	15,982	301	53.09	13,759	192	71.66
Dental	1,872	12	156	21,221	364	58
Oncology	18,757	351	53.43	21,279	364	58.45
Renal	NA	NA	NA	412	09	45.77

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 2024

	BH-Welimada			BH-Wellawaya			BH-Bibile			BH-Siyambalanduwa		
	2022	2023	2024	2022	2023	2024	2022	2023	2024	2022	2023	2024
No of Beds	220	216	212	127	138	138	300	267	267	95	80	80
Bed Occupancy Rate	72	74	70.09	54.3	54.5	52.9	51	49	55.2	47.8	65.3	56.4
Total attendance OPD	149,853	219,199	221,207	111,842	163,234	171,780	114,347	203,238	201,687	102,949	125,782	112,758
Average OPD Turnover/ day	400	600	604	306	447	469	313	556	551	282	347	308
Total admissions	29,500	29,764	29,885	13,348	18,775	19,041	24,483	25,777	27,447	7,892	10,358	9,752
Average Admission / day	80	81	81	36	51	52	67	70	75	21	28	27
Total No. of deliveries	1,793	1,393	1,027	79	45	23	1,317	929	1088	93	46	46
Number of deliveries per month	149	116	86	07	04	02	109	77	90.6	08	04	3.8
Total No of Live Births	1,788	1,385	1,033	78	45	23	1,310	943	1086	92	45	46
Total No of Maternal Deaths	0	0	0	0	0	0	0	0	1	0	0	0
Total No of Still Births	11	05	07	0	01	0	09	07	02	0	01	0
No. of wards	07	07	07	06	06	06	07	07	07	04	04	04

Type B Base Hospitals in Uva Province continued to play a significant role in providing inpatient and outpatient services during 2022–2024. The performance indicators of BH-Welimada, BH-Wellawaya, BH-Bibile, and BH-Siyambalanduwa reveal notable variations in service utilisation patterns.

Bed Capacity and Utilisation

- The number of beds remained relatively stable across hospitals, with BH-Bibile maintaining the highest bed strength (267) and BH-Siyambalanduwa the lowest (80).

- Bed Occupancy Rates (BOR) varied widely. BH-Welimada showed consistent utilisation around 70%, while BH-Wellawaya and BH-Siyambalanduwa recorded lower utilisation (52.9% and 56.4% respectively in 2024). BH-Bibile maintained a moderate BOR of 55.2%.

Outpatient Services (OPD)

- OPD attendance showed substantial increases in some hospitals. BH-Welimada recorded the highest OPD attendance in 2023 (219,199) but dropped to 221,207 in 2024, with an average daily turnover of over 600.

- BH-Bibile reported a significant increase from 114,347 (2022) to over 200,000 (2023–2024).

- BH-Siyambalanduwa maintained lower OPD figures compared to others, with 112,758 attendances in 2024.

Inpatient Services

- Total admissions were highest at BH-Welimada, consistently around 29,800 annually. BH-Bibile followed with over 27,000 admissions in 2024.
- BH-Wellawaya and BH-Siyambalanduwa admitted fewer patients (19,041 and 9,752 in 2024, respectively).

- Average daily admissions mirrored these patterns, ranging from 81 per day at BH-Welimada to only 27 at BH-Siyambalanduwa.

Maternity Services

- Deliveries declined significantly at BH-Welimada, from 1,793 (2022) to 1,027 (2024).
- BH-Bibile maintained relatively stable maternity services with over 1,000 deliveries in 2024.
- BH-Wellawaya and BH-Siyambalanduwa recorded very low numbers, with fewer than 50 deliveries each in 2024, indicating a shift in maternity care utilization or patient preference for higher-level institutions. This is mainly due to the non availability of consultant VOG services in these 2 hospitals.
- Live births closely followed delivery trends, with BH-Bibile and BH-Welimada accounting for the majority.

Key Observations

- BH-Welimada and BH-Bibile function as the main service providers among Type B Base Hospitals, handling the largest outpatient and inpatient loads.

- Declining maternity services at BH-Welimada require further evaluation.

- OPD services have shown a rising trend overall, with significant increases particularly at BH-Bibile.

- Bed utilisation disparities point to possible mismatches between service demand and resource allocation.

Maternal and Child Health Services – Type B Base Hospitals (2022–2024)

The maternal and child health indicators of Type B Base Hospitals in Uva Province reveal varied utilization levels across institutions.

Live Births

- BH-Welimada and BH-Bibile recorded the majority of live births, though both showed a declining trend over the years.
    - BH-Welimada decreased from 1,788 (2022) to 1,033 (2024).
    - BH-Bibile reduced from 1,310 (2022) to 1,086 (2024).

- BH-Wellawaya and BH-Siyambalanduwa consistently reported very low numbers, with fewer than 50 live births annually by 2024.

Stillbirths

- Stillbirths occurred sporadically, with BH-Welimada and BH-Bibile reporting the highest numbers.

    - BH-Welimada: 11 (2022) reducing to 7 (2024).
    - BH-Bibile: 9 (2022) reducing to 2 (2024).

- Other hospitals recorded occasional cases, but the numbers remained low overall.

Wards

- The number of wards remained constant across the review period.
    - BH-Welimada and BH-Bibile had 7 wards each.
    - BH-Wellawaya maintained 6 wards.
    - BH-Siyambalanduwa functioned with 4 wards.

Key Observations

- Live births are concentrated mainly in BH-Welimada and BH-Bibile, highlighting their role as the primary centers for maternity care.

- Very low deliveries and live births in BH-Wellawaya and BH-Siyambalanduwa indicate underutilization of maternity services in these institutions.

Table 15: Transfer in and out details of Type B BHs in 2024

	BH Welimada			BH Wellawaya			BH Bibile			BH Siyambalanduwa		
	2022	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**
Total number of transfer out /Year	1,214	1,768	1916	2,080	2,062	2,160	704	780	937	1,538	2,178	1,760
Transfer out/day	03	05	05	06	05	05	02	02	03	04	05	04
Total number of transfer in/year	1,670	1,290	1594	-	-	-	465	185	590	-	-	-
No. of Ambulances Available	04	04	03	03	04	03	05	06	06	03	04	04

Specialized clinic services

Table 16: Summary of Specialized Clinic Services delivered through Type B Base Hospitals in 2024

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	34614	77	450	16958	48	353	26850	88	305	15953	46	346
Diabetic	17549	51	344.09	14568	48	303	7168	88	81	3369	24	140
Surgical	5430	51	106	-			9614	50	192	-	-	-
Pediatric	5696	96	59.33	1458	48	30	2449	40	49	854	48	17
Well baby	188	35	5.37	38	48	01	1849	47	39	-	-	-
Antenatal	2136	51	41.88	-	-	-	3484	49	71	557	47	11
Gynecology	1820	48	37.91	-	-	-	1682	49	34	-	-	-
Psychiatry	8184	51	160.47	3407	48	70	3782	92	41	1651	50	33
Eye	-	-	-	377	8	47	-	-	-	-	-	-
Dental	12851	320	40.15	20614	365	56				11168	338	33
Respiratory	-	-	-	-	-	-	401	12	33	-	-	
Dermatology	6233	48	129.85	-			5203	99	52	-	-	
Family P.	1045	50	20.9	771	48		268	45	5	1110	96	11

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 -2024

	DH-Bandarawela			DH-Passara			DH-Buttala		
	2022	2023	2024	2022	2023	2024	2022	2023	2024
No of beds	113	128	136	112	112	112	110	115	110
Bed Occupancy Rate	31	30.43	28.42	39	42.14	44	31.5	27.5	33
Average OPD turnover per day	305	458	465.93	251	309	298	238	305	323
Average admission per day	26	29	32.10	22	23	25	19	23	27
Total No. of deliveries per year	0	1	05	79	47	50	22	17	34
Total No. of deliveries per month	0	0.08	0.41	07	3.9	04	2	1.4	03
No. of Wards	4	4	4	6	6	6	7	7	07

Healthcare Service Provision of Type A Divisional Hospitals (DHHs) – 2024

The service provision data of three Type A Divitional Hospitals (DH Bandarawela, DH Passara, and DH Buttala) demonstrate variations in infrastructure, patient load, and maternal care services.

Hospital Capacity and Bed Utilisation

DH Bandarawela had 136 beds in 2024 with a bed occupancy rate of 28.42%, while DH Passara (112 beds) maintained a higher occupancy rate of 44%. DH Buttala (110 beds) recorded the lowest bed occupancy (33%).

These figures highlight underutilization in DH Bandarawela and DH Buttala compared to DH Passara, where inpatient care usage was more consistent with bed strength.

Outpatient and Inpatient Services

OPD turnover was highest at DH Bandarawela (465 patients per day), followed by DH Buttala (323per day) and DH Passara (298 per day).

Average daily admissions were relatively higher at DH Bandarawela (33 per day) compared to DH Passara (25 per day) and DH Buttala (27 per day). This suggests that Bandarawela hospital attracts a higher patient load despite its lower occupancy rate, possibly reflecting shorter inpatient stays.

Maternal Health Services

DH Bandarawela reported negligible delivery services in 2022 and 2023, with only 5 deliveries in 2024, indicating that maternity services are not a key function of the institution.
In contrast, DH Passara consistently conducted a moderate number of deliveries (79 in 2022, 47 in 2023, and 50 in 2024), while DH Buttala recorded lower but gradually increasing deliveries (22 in 2022 to 34 in 2024).
These differences indicate that DH Passara remains a relatively important center for maternal health care compared to the other two hospitals.

Infrastructure (Wards)

Ward capacity remained unchanged during the reporting period, with DH Bandarawela having 4 wards, DH Passara 6 wards, and DH Buttala 7 wards, reflecting stable infrastructure across hospitals.

Key Observations

DH Bandarawela has high outpatient utilization but low bed occupancy, suggesting a predominance of ambulatory care.

DH Passara shows a balanced profile with moderate OPD services, higher bed utilization, and stronger maternal health services.

DH Buttala demonstrates growing demand in both OPD and admissions, with gradual improvement in delivery services, though bed occupancy remains low.

Conclusion

Type A District Base Hospitals in Uva Province demonstrate heterogeneity in service utilization. Strengthening bed utilization strategies in Bandarawela and Buttala, while consolidating maternal health services at Passara, could optimize healthcare delivery. These findings also underline the need for targeted resource allocation based on hospital-specific service profiles.

Table 18: Patients transfer at Type A DHH 2022– 2024

	DH Bandarawela			DH Passara			DH Buttala		
	2022	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**
Transfer out per year	1835	2002	2163	2049	2545	2799	2165	2616	2949
Transfer out per month	152	167	180	170	212	233.25	180	218	245
Transfer out per day	05	5.48	5.90	06	07	7.64	6	07	08
Transfer in per month	02	03	0	01	03	0	0	0	0
No. of ambulances available	03	03	01	02	02	02	02	02	02

3.3.2 Divisional Hospitals (Type A)

Clinic Care Services at Type A DHH

Summary of the clinic services provided to the community from type-A Divisional Hospitals during 2024 are described below.

Table 19: Clinic services provided by Type A DHH 2024

	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	23,444	68	345	22,013	104	212	14,380	47	306
Pediatric	-	-	-	224	24	9	07	06	1
Well baby	154	42	3.6	206	24	8	52	10	5
Antenatal	384	26	14.7	243	24	10	128	12	11
Psychiatry	3,607	189	19	781	12	15	1165	12	97
Dental	18,711	363	51	6,236	292	21	8,699	246	35
Respiratory	2,276	09	252.8	-	-	-	-	-	-
Family Planning	121	26	4.6	116	36	3.2	717	50	14
Dermatology	3,095	49	63	-	-	-	-	-	-
Eye (Screen)	2,863	107	27	-	-	-	-	-	-
ENT	-	-	-	-	-	-	-	-	-

As far as the Type-B Divisional hospitals are concerned there are nine 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 2024

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	60	57	51	61	70	63	52	55	54	54	68	100	62
Average OPD attendance per day	130	158	173	56	221	263	303	178	205	274	164	253	254	360
Average admission per day	10	8	14	5	10	12	14	8	10	11	07	19	14	35
Bed Occupancy Rate (%)	21	34	36	17	51	27	27	25	18.03	23.3	15.3	53.6	30.4	30.14
Total No. of Deliveries per year	0	0	04	04	0	0	03	0	18	06	-	06	05	05
No. of Wards	05	05	05	03	06	05	04	04	04	04	04	04	06	04

Healthcare Service Provision of Type B Divisional Hospitals – 2024

The data from Type B Divisional; Hospitals (DHBs) in Badulla and Monaragala districts for 2024 highlight differences in service capacity, utilization, and maternal health provision.

Hospital Capacity and Bed Occupancy

- Bed strength among these hospitals ranged between **51–100 beds**.
- **Bed occupancy rates** showed significant variability:
    - Lowery at **DH Inginiyagala (15.3%)**.
    - Highest at **DH Thanamalwila (75.5%)**, reflecting heavy inpatient demand.
    - Other hospitals like **DH Lunugala (36%)**, **DH Uvaparanagama (50%)**, and **DH Katharagama (53.6%)** reported moderate utilization, whereas some, such as **DH Kandaketiya (18.03%)** and **DH Haldummulla (21%)**, remained low.

Outpatient Services

- Daily **OPD attendance** ranged widely, from as low as **56 patients at DH Matiyahathanna** to over **360 patients at DH Thanamalwila**.
- Larger OPD volumes were consistently recorded at **DH Meegahakiula (303/day)**, **DH Girandukotte (263/day)**, and **DH Uvaparanagama (221/day)**, showing their importance as primary outpatient centres.

Inpatient Services

- **Average daily admissions** varied significantly:
    - Highest at **DH Thanamalwila (35/day)** and **DH Katharagama (19/day)**, in line with their higher bed occupancy.

- Lower admissions were noted in hospitals like **DH Matiyahathanna (5/day)** and **DH Haldummulla (10/day)**.

Maternal Health Services

- Delivery services were **not uniformly available** across Type B hospitals.
    - Some, such as **DH Haldummulla, DH Koslanda, DH Uvaparanagama, and DH Meegahakiula**, reported **no deliveries**.
    - **DH Lunugala (4 deliveries)** and **DH Matiyahathanna (4 deliveries)** provided minimal maternity care.
    - **DH Kandeketiya (18 deliveries)** and **DH Thanamalwila (5 deliveries)** contributed the most among this category.
- This indicates that only selected Type B hospitals function as centers for maternal care, with others primarily serving as OPD and general inpatient units.

Infrastructure (Wards)

- Ward capacity remained consistent, with most hospitals operating between **3 to 6 wards**, proportionate to their bed strength and service profile.

Conclusion

Type B hospitals in Uva Province exhibit **uneven utilization patterns**, with some functioning as major OPD and inpatient hubs (e.g., DH Thanamalwila, DH Katharagama, DH Meegahakiula), while others remain underutilized (DH Matiyahathanna). Strengthening referral pathways, redistributing resources, and enhancing maternal health services in selected hospitals could improve equity and efficiency of service provision.

Table 21: Patient Transfers at Type B Divisional Hospitals in 2024

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	524	400	1239	291	668	1688	1089	914	946	969	566	1620	1136	978
No. of patient transfer out per Month	43.66	33.33	103.25	24.25	55.66	140.66	90.75	76.16	78.83	80	47	135	94	81
Total No. of patient transfer in		-	-	-	-	-	-	-	-	-	-	-	-	-
No. of Ambulances Available	01	01	01	01	01	01	01	01	01	01	01	01	01	01

Patient Transfers at Type B Divisional Hospitals – 2024

The patient transfer data for Type B Divisional Hospitals in **Badulla** and **Monaragala** districts during 2024 reflect the referral patterns, workload, and logistical capacity of these secondary-level hospitals.

Patient Transfers Out

- A considerable volume of patients were transferred from Type B hospitals to higher-level facilities.

- **Badulla district hospitals**:

    - The **highest transfers** were recorded at **DH Girandurukotte (1688 transfers; 140.6/month)**, followed by **DH Lunugala (1239 transfers; 103.2/month)** and **DH Meegahakiula (1089 transfers; 90.75/month)**.

    - The lowest transfers were from **DH Matiyahathanna (291 transfers; 24.25/month)**.

- **Monaragala district hospitals**:

    - **DH Katharagama (1620 transfers; 135/month)** reported the highest transfers, followed by **DH Thanamalwila (978 transfers; 81/month)** and **DH Madagama (964 transfers; 80/month)**.

    - The lowest was at **DH Buththala (566 transfers; 47/month)**.

Patient Transfers In

- No data were available for **patient transfers into Type B hospitals**, suggesting that these hospitals primarily function as referral-out institutions, sending patients to higher-level centres rather than receiving cases.

Ambulance Availability

- Each hospital reported having **only one ambulance**. This uniform allocation contrasts with the large differences in transfer volumes. Hospitals such as **DH Girandurukotte** and **DH Katharagama**, with transfer volumes exceeding **1,500 per year**, may face logistical strain with just a single ambulance.

Key Observations

- **High referral hospitals**: DH Girandurukotte, DH Katharagama, and DH Lunugala emerged as major transfer-out hospitals, likely due to limited specialised care within these facilities.

- **Low referral hospitals**: DH Matiyahathanna, DH Buththala, and DH Koslanda had relatively fewer transfers, reflecting either lower patient loads or broader service availability at the local level.

- **Ambulance limitation**: The allocation of only one ambulance per hospital does not match patient transfer demands, potentially causing delays in emergency patient movements.

- **Transfers**: Absence of patient transfers into Type B hospitals confirms their role as feeder institutions in the referral hierarchy, emphasizing the dependence on higher-level hospitals for specialized and advanced care.

Conclusion

Patient transfer patterns highlight the **critical role of Type B hospitals in the referral chain**, particularly in **Girandurukotte, Katharagama, and Lunugala**, where high transfer volumes strain limited ambulance resources. Strategic strengthening of in-house services at high-referral hospitals, alongside improved ambulance allocation, would reduce transfer burden and enhance emergency responsiveness across the region.

Table 22: Clinic services provided by Type B DHH in 2024

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	6,259	4,971	7,362	2,756	13,776	14,452	16,515	9,110	13,510	12,902	4,684	14,082	12,088	9,946
Peadiatric	-	-	74	-	-	699	-	-	107	-	-	-	-	-
Well baby	159	-	78	102	895	-	-	166	283	120	179	-	-	-
Antenatal	-	-	187	75	802	202	329	370	276	274	87	-	328	23
Psychiatry	-	229	458	156	201	159	1248	94	264	1452	34	717	349	965
Dental	4,141	803	3,405	705	6,321	-	2,143	2,189	1,525	5,287	-	3,305	6,098	5,637
Respiratory	-	-	-	-	-	-	-	-	-	1561	311	1210	-	-
CKD	-	-	-	-	-	5846	-	-	-	-	476	-	920	306
Family Planning	-	-	-	76	554	137	86	116	378	527	137	-	12	303
Diabetic	-	1,599	6,440	1,920	7,689	-	-	-	-	6,704	-	-	1,101	3,119
NCD	219	345	155	298	1,754	584	478	354	437	-	680	-	1,260	723

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 2024 are given Table 23.

Table 23: Healthcare service provision of Type C DH –in the district of Badulla 2024

Name of hospital	Badulla District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Haldummulla	52	202	11.48	0
DH, Bogahakumbura	42	193	7.45	0
DH, Kandegedara	24	97.83	9.35	0
DH, Ettampitiya	18	110.96	7.39	5
DH, Boralanda	22	189.81	12.58	0
DH, Mirahawatte	21	166.07	?	0
DH, Nadungamuwa	12	100.89	4.87	0
DH, Kahataruppa	16	84.33	3.51	0
DH, Springvally	15	91.82	6.07	0
DH, Ury	0	57.67	0	0
DH, Demodera	23	112.84	11.87	03
DH, Dambana	17	80.36	03	0
DH, Galauda	23	82.49	5.48	0
DH, Kerklies	-	56.47	-	0
DH, Roberiya	20	66.22	2.41	0
DH, Kandagolla	23	46.74	3.54	0
DH, Hopton	32	59.33	5.86	0
DH, Ekiriyankumbura	12	63.26	3.5	0
DH, Wewegama	-	84.26	-	0
DH, Meedumpitiya	21	31.79	0.06	0
DH, Canawerella	-	38.72	-	0
DH, Poonagala	-	86.17	-	0
DH, Unugalla	-	42.47	-	0
DH, Downside	-	88.78	-	0
DH, Haggala	-	65.37	-	0
DH, Uva Highland	-	89.67	-	0
DH, Mahadoowa	-	48.43	-	0
DH, Telbedda	-	56.80	-	0
DH, Sarniya	-	35.77	-	0
DH, Dambetenna	-	39.43	-	0
DH, Glannor	12	41.09	1.29	0
DH, Udaweriya				

Table 24: Healthcare service provision of Type C DH – Monaragala 2024

Name of Institution	Monaragala District			
	No. of beds	Average OPD attendance per day	Average admission per day	Total No of deliveries
DH, Sewanagala	39	254	23	01
DH, Handapanagala	13	167	09	0
DH, Dambagalla	29	235	13	02
DH, Okkampitiya	36	163	12	0
DH, Hambegamuwa	40	149	10	04
DH, Ethimale	25	181	09	04
DH, Higurukaduwa	21	91	03	0
DH, Pitakumbura	24	90	04	0

Table 25: Clinic Services delivered through Type C Divisional Hospitals in the district of Badulla 2024

Name of the hospital	Medical			Antenatal			Family Planning			Dental		
	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day
DH Haldummulla	7398	53	140	325	23	14	193	48	4	4579	280	16
DH Bogahakumbura	8645	90	96	1232	47	26	860	10	86	3459	333	10
DH Boralanda	7705	53	145	709	48	15	396	36	11	2605	178	15
DH Demodara	9802	156	63	437	24	18	34	48	01	4579	280	16
DH Ekiriyankumbura	1716	32	54	116	16	7	55	10	6	289	04	72
DH Attampitiya	11068	149	74	674	46	15	638	283	2	1471	209	7
DH Hopton	1963	60	33	359	24	15	33	03	11	1394	204	7
DH Kandegedara	10713	138	78	236	24	10	193	48	4	3103	269	12
DH, Kendagolla	3520	50	70	219	24	9	147	24	6	1843	204	9

Name of the hospital	Medical			Antenatal			Family Planning					
	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per	Total Attendance		
DH, Kahataruppa	8997	102	88	232	18	13	-	-	-	526	58	9
DH, Nadungamuwa	2647	35	75	290	24	12	204	24	9	1424	20	71
DH, Roberiya	3188	31	102	206	24	8	03	03	1	2149	325	7
DH, Springwely	12323	230	53	661	24	27	169	18	9	4187	236	18
DH, Ury	6277	73	86	495	42	12	219	12	18	869	45	19
DH, Glanor	2316	98	23	256	21	12	29	28	1	1206	270	4
DH, Galauda	4925	53	93	572	24	24	393	76	5	1294	223	6
DH, Mirahawaththa	5202	77	68	535	18	29	-	-	-	2480	89	28
DH, Meedumpitiya	1375	53	26	126	24	05	44	02	22	223	49	5
DH, Wewagama	7777	77	101	156	21	07	193	48	4	4731	345	14
DH, Dambethenna	1512	25	60	330	24	14	-	-	-	58	05	12
DH, Sarnia	852	24	36	213	12	18	56	13	4	-	-	-
DH, Thelbedda	1970	23	86	171	22	07	44	-	-	462	39	11
DH, Hakgala	4310	102	42	683	38	18	373	38		2016	220	9

	Medical			Antenatal			Family Planning			Dental		
Name of the hospital	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day	Total Attendance	Total No. of Clinic days	No. of patients per clinic day
DH, Dambana	3454	28	123	182	18	10	65	26	3	2531	190	13
DH, Downside	5743	82	70	751	47	16	744	45	17	1007	131	8
DH, Poonagala	3169	51	62	295	22	13	57	-		-	-	-
DH, Unugalla	1877	46	41	288	18	16	96	12	8	-	-	-
DH. Uva Highland	2547	133	19	349	20	17	145	20	7	273	27	10
DH, Cannaveralla	2203	56	39	348	10	35	109	08	14	-	-	-
DH, Mahadowa	2351	79	30	302	39	8	39	11	4	11	02	6
DH, Kerklies	5662	51	111	229	20	11	105	20	5	-	-	-

Table 26: Clinic Services delivered through Type C Divisional Hospitals in the district of Monaragala 2024

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	13653	87	173	22	490	42	3365	-	223	10
DH, Pitakumbura	3768	36	173	12	-	-	-	-	102	12
DH, Sewanagala	14682	93	158	-	-	-	9075	-	-	-
DH, Hambegamuwa	1926	08	341	12	350	9	4123	-	40	09
DH, Hingurukaduwa	5480	53	112	12	263	54	4017	-	-	-
DH, Handapanagala	3798	52	73	-	-	-	2911	-	-	-
DH, Dambagalle	12827	-	503	-	1357	-	6459	-	-	-
DH, Ethimale	6013	-	236	-	725	-	-	-	38	

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 27 PMCUs in the province and a summary of the healthcare services provided are given in table 27 &28.

Table 27: Healthcare services provided in 2024 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	66246	229.22	12944	280	46.22
PMCU, Keppetipola	33988	120.52	17332	588	29.47
PMCU, Ballaketuwa	28577	78.72	7486	217	34.49
PMCU, Ella	23031	80.53	4913	152	32.32
PMCU, Hebarawa	10589	44.31	4955	155	31.96
PMCU, Bathalayaya	16403	58.17	4127	145	28.46
PMCU, Uvatissapura (Nagadeepa)	26808	93.08	5881	329	17.87
PMCU, Halpe	14905	51.93	4300	130	33.07
PMCU, Namunukula	8135	26.58	2867	199	14.40
PMCU, Thaldena	14781	46.04	5002	372	13.44
PMCU, Liyangahawela	19102	67.02	5611	96	58.44
PMCU, Rilpola	11365	37.14	2710	402	6.74
PMCU, Pannalawela	16694	58.58	6798	118	57.61
PMCU, Thannapanguwa	8936	31.35	3035	201	15.09
PMCU, Hewanakumbura	6202	20.95	2973	113	26.30
PMCU, Silmiapura	11615	50.28	4361	136	32.06
PMCU, Bibilegama	12045	33.08	2719	195	14

Summary of Healthcare Services through PMCUs in Badulla – 2024

In 2024, Primary Medical Care Units (PMCUs) in Badulla district provided a wide range of outpatient and clinic services.

- **Highest overall attendance** was reported from **PMCU Hali-Ela** with **66,246 visits annually** (average **229 OPD patients per day**) and **12,944 clinic attendances**.

- **PMCU Keppetipola** had the **highest number of clinic days (588)**, though its average clinic attendance was relatively low (**29.47 per day**).

- **PMCU Pannalawela** reported the **highest average clinic attendance (57.61 per day)** despite having only **118 clinic days**.

- **Lower-utilised centres** included **PMCU Hewanakumbura** (6,202 visits per year) and **PMCU Thaldena** (average clinic attendance **13.44 per day**).

- **PMCU Silimapura and Halpe** maintained moderate daily OPD loads (50–52 per day) with strong clinic attendance averages (**32.06 and 33.07 per day** respectively).

- Some PMCUs with limited clinic days (e.g. **Halpe, Ballaketuwa, Silimapura**) showed **higher average clinic attendance**, reflecting concentrated service delivery.

Key Observations

- Service utilisation varies widely, with certain PMCUs (Hali-Ela, Keppetipola) carrying a disproportionate patient load.

- High clinic day frequency does not always correlate with higher daily attendance, indicating possible inefficiencies in service planning.

- Centres like Pannalawela demonstrate high demand despite limited clinic availability, suggesting a need for expansion of services.

- Strengthening underutilised PMCUs (e.g., Hewanakumbura, Thaldena, Liyangahawela) could reduce the burden on high-demand facilities.

Table 28: Healthcare services provided in 2024 through PMCUs in Monaragala 2024

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	19701	122	8520	101	84
PMCU, Buddama	20933	77	3825	66	57
PMCU, Godigamuwa	16010	55	4235	30	141
PMCU, Deliwa	10217	38	1713	24	71
PMCU, Rathmalgahaella	12186	42	3051	80	38
PMCU, Kotiyagala	12083	43	960	60	16
PMCU, Kotagama	11588	44	4893	32	152
PMCU, Dewathura	7427	27	1418	28	50
PMCU, Nanapurawa	9032	31	4724	39	121
PMCU, Bakinighawela	19148	74	3653	21	173

Summary of Healthcare Services through PMCU in Monaragala – 2024

In 2024, Primary Medical Care Units (PMCUs) in Monaragala district provided essential outpatient and clinic services, with utilisation patterns showing wide variations between institutions.

- **Highest overall attendance** was recorded at **PMCU Buddama** (**20,933 visits**) and **PMCU Dobmagahawela** (**19,701 visits**), both handling large OPD caseloads.

- **PMCU Dobmagahawela** reported the **highest daily OPD attendance (122 patients)**, reflecting its central role in service delivery.

- **Clinic services** varied considerably: **PMCU Dobmagahawela** reported **8,520 clinic**

attendances, while **PMCU Kotagama** and **PMCU Bakinighawela** recorded the **highest average attendance per clinic day** (**152 and 173 respectively**), despite having fewer clinic days (32 and 21).

- **PMCU Godigamuwa** also demonstrated high clinic efficiency with **141 patients per clinic day**.

- On the other hand, **PMCU Kotiyagala** showed low clinic utilisation (**16 patients per clinic day**), suggesting underutilisation of services.

- Smaller centres such as **PMCU Dewathura (7,427 visits)** and **PMCU Nanapurawa (9,032 visits)** maintained moderate service loads with fairly strong clinic attendance.

Key Observations for PMCUs

- High OPD attendance at Dobmagahawela and Buddama highlights the need to strengthen these PMCUs with resources and staff.

- Some centres with limited clinic days (Kotagama, Bakinighawela, Godigamuwa) still attract very high attendance per day, showing concentrated demand that may require expanded clinic schedules.

- Underutilised centres such as Kotiyagala should be reviewed for access barriers, service gaps, or community engagement issues.

- A balanced redistribution of resources between high-load and low-load PMCUs could improve efficiency and equity of healthcare delivery in the district.

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 staff such as Additional Medical Officer of Health, Public Health Nursing Sisters (PHNS), Public Health Inspectors, Public Health Inspectors (SPHI & PHI), Supervising Public Health Midwives, Public Health Midwives (SPHM & 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;

- ✔ Reproductive Health
- ✔ Maternal Health
- ✔ Child Health
- ✔ Adolescent health
- ✔ Youth health
- ✔ School Health
- ✔ 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 Supervising 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 Noncommunicable 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

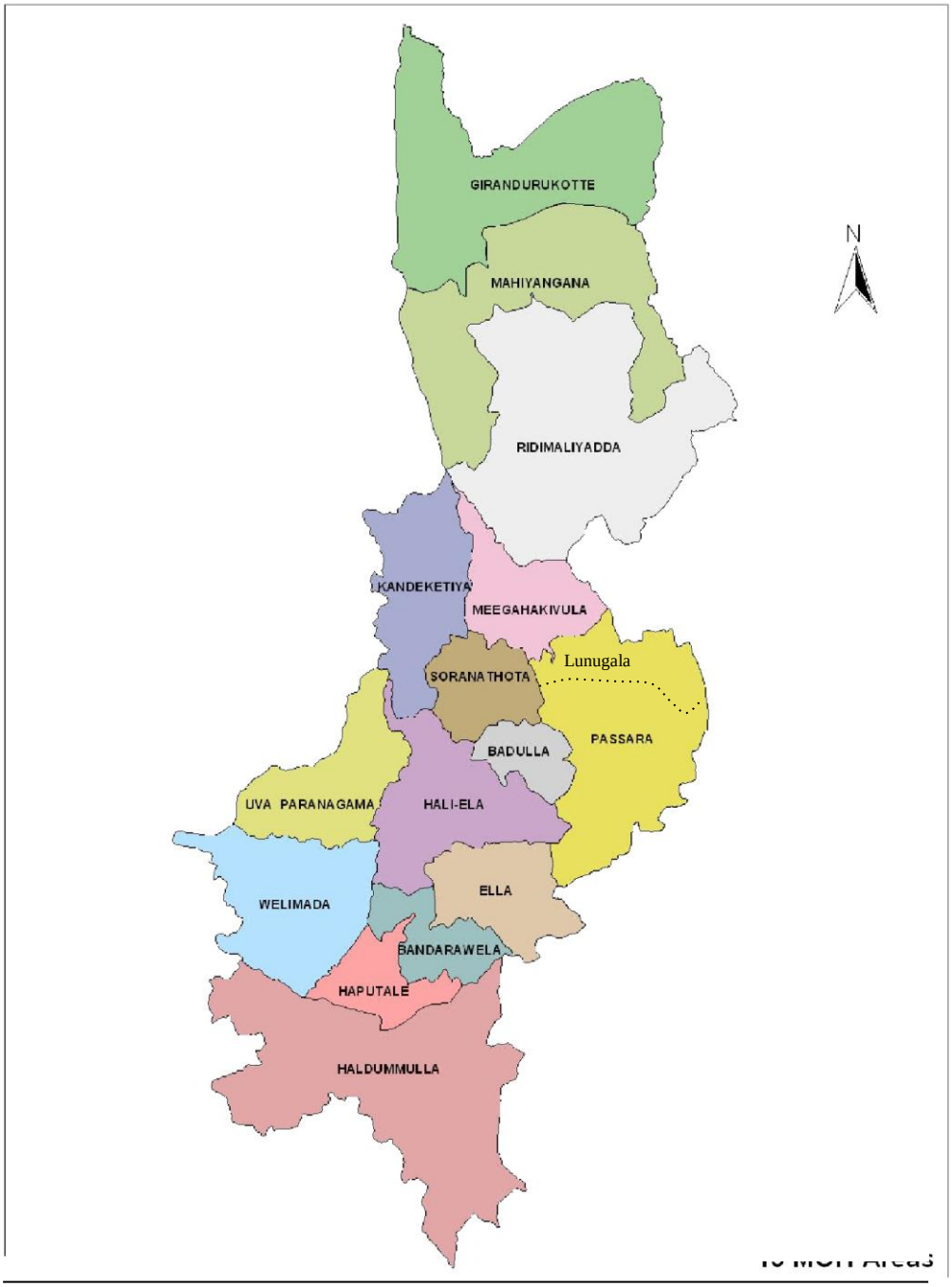


Table 29**: MOH divisions in the district of Badulla -2024**

MOH Area	Total Land area (Sq.km)	Estimated Population (2025)	Actual Population (2025)	No. of GN Divisions	No. of PHI areas	No of PHM area with estates	Total PHM areas	Average Population per PHM area
Welimada	188	110,423	101,930	64	7	4	36	2,983
Hali Ela	165	99,274	103,612	57	6	31	34	3,028
Uvaparanagama	138	85,437	83,919	68	5	5	33	2,544
Badulla	51	82,199	87,549	2,929	9	4	23	3,514
Bandarawela	71	71,749	64,691	3,535	8	5	23	2,787
Rideemaliadda	431	56,541	68,724	42	4	-	18	3,641
Passara	136	53,462	54,208	41	5	16	20	2,780
Haputhale	72	54,548	53,110	26	5	6	17	3,139
Ella	111	49,940	47,408	32	6	6	18	2,655
Mahiyangnana	350	42,903	46,192	18	6	-	18	2,540
Haldummulla	412	41,167	40,594	39	3	8	15	2,746
Girandurukotte	251	40,101	43,217	17	3	-	19	2,341
Lunugala	144	34,374	36,409	28	4	13	16	2,373
Kandekatiya	157	25,276	30,068	26	2	1	12	2,357
Soranathota	79	24,724	27,883	25	3	4	11	2,236
Meegahakiula	105	21,600	24,507	20	2	1	10	2,423

Figure 18: Map Monaragala district with MOH divisions

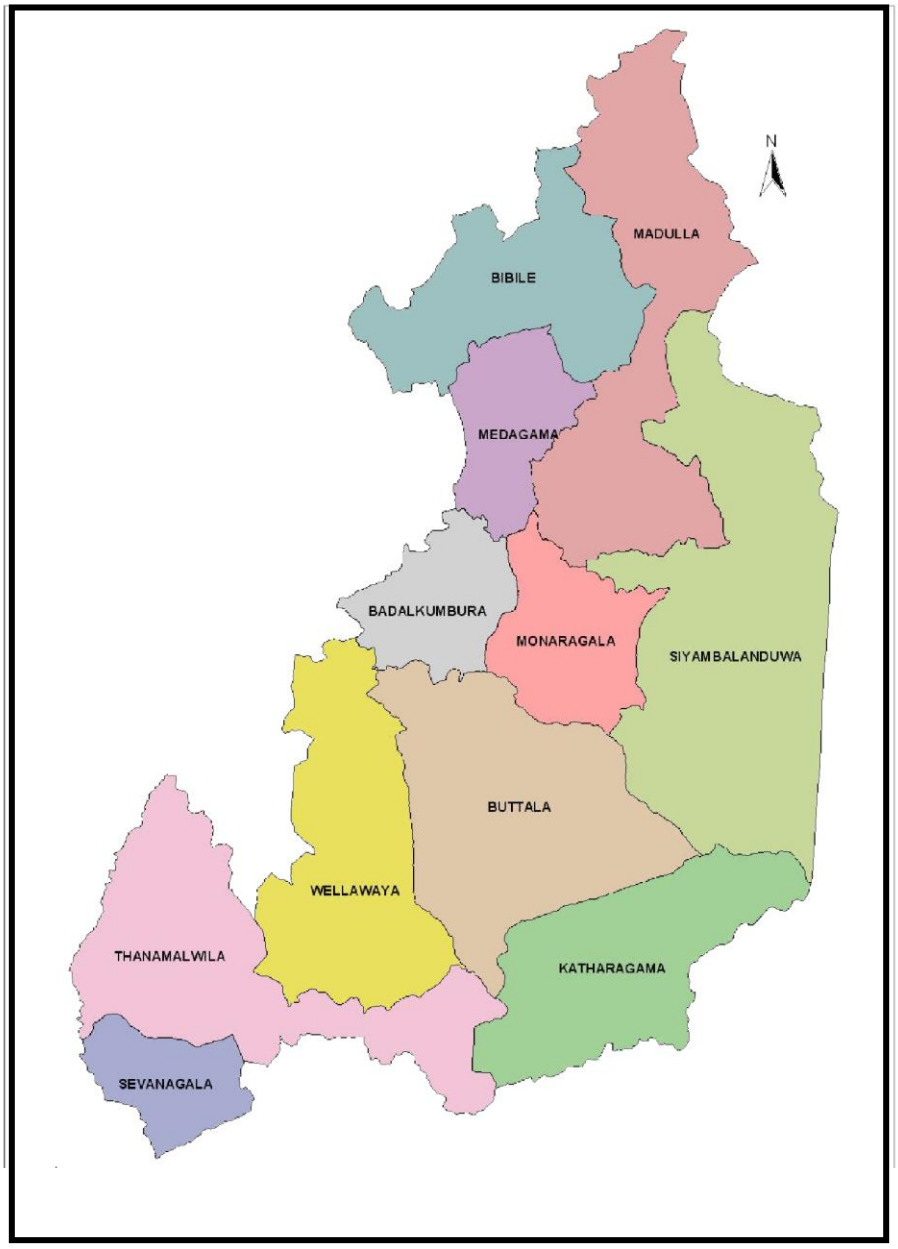


Table 30: MOH divisions in the district of Monaragala -2024

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	45243	48253	41	05	25	-	25	1918
Bibila	484	45498	49639	40	06	22	-	22	2274
Buttala	685	59887	66103	29	04	19	-	19	3355
Kataragama	608	20555	21701	05	03	07	-	07	3234
Madulla	723	35241	37832	38	04	19	-	19	1985
Medagama	254	40479	43700	35	04	20	-	20	2325
Monaragala	255	55866	58660	26	04	25	-	25	2354
Sevanagala	189	47270	54682	14	05	15	-	15	3829
Siyambalanduwa	1049	60966	65702	48	03	25	-	25	2609
Thanamalwila	560	30103	32847	14	05	14	-	14	2435
Wellawaya	598	67757	73080	29	05	25	-	25	2920

As far as the target population (actual population) is concerned the highest target population (110423) under care was reported from MOH area, Welimada compared to lowest target population (21,600) reported from MOH Area, Meegahakiula in the district of Badulla during 2024. In the district of Monaragala Wellawaya, the highest target population (67757) and the lowest target population (20555) were reported from MOH area, Katharagama respectively during 2024.

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 2024

Characteristic	Badulla	Monaragala	Province
Estimated total population	893,177	509,360	1,402,537
Estate population	173,238	11,376	184,614
Eligible families under care	158,522	100,507	250,029
Reported number of births	8,454	5,363	13,817
District birth rate (Estimated)	12.8/1000	12.6/1000	1 12.7/1000

National Birth Rate 10.1/ 1000

*(Source Ministry of Health)

Summary of Population Statistics in Relation to MCH Care – 2024

The total estimated population in Uva Province for 2024 was **1,402,537**, with **893,177** in Badulla and **509,360** in Monaragala. Out of this, the **estate population** accounted for **184,614** individuals, representing a significant share from Badulla (**173,238**) compared to Monaragala (**11,376**).

A total of **250,029 eligible families** were recorded under care across the province, with **158,522** in Badulla and **100,507** in Monaragala.

Regarding maternal and child health (MCH) indicators, the **reported number of births** was **13,817** in the province. Badulla contributed **8,454 births**, while Monaragala reported **5,363 births**.

The **estimated district birth rate** was **12.8 per 1,000 population** in Badulla and **12.6 per 1,000 population** in Monaragala, giving an overall **provincial birth rate of 12.7 per 1,000 population**.

These statistics highlight that Badulla district carries the larger population burden, particularly due to its high estate population, which has important implications for equitable allocation of maternal and child health resources in the province.

4.1.1 Maternal Health

A summary of maternal health services provided in 2024 is given in table 32.

Table 32: Maternal healthcare provision in the province during 2024

Indicator	Badulla		Monaragala		Province	
	Number	%	Number	%	Number	%
Estimated number of pregnant mothers	12,603		7,045		19,648	
Pregnant mothers registered	10,486	83.2	6,549	92.5	17,035	86.7
Pregnant mothers registered before 8 weeks	9,000	85.8	5,822	88.9	14,822	87
Pregnant mothers registered 8 - 12 weeks	922	8.8	493	7.5	1,415	8.3
Pregnant mothers registered after 12 weeks	564	5.4	234	3.6	798	4.7
Teenage Pregnancies Registered	436	4.2	199	3	635	3.7
P_5 or above pregnancies Registered	135	1.3	148	2.3	283	1.7
P5 mothers having 3 or more children (out of mothers, gravida 5 or more)	71	52.6	72	48.6	143	50.5
Pregnant mothers tested for VDRL before 12 weeks	7,624	88.7	5082	91.2	12,707	89.7
Pregnant mothers tested for VDRL After 12 Weeks	930	10.8	478	8.6	1408	9.9
Pregnant mothers screening for HIV	8,541	99.4	5,561	99.8	14,102	99.6
Pregnant mothers tested for Blood grouping and Rh at delivery	8,571	99.8	5,561	99.8	14,132	99.8
Pregnant mothers protected with Rubella vaccination	10,363	98.8	6,513	99.5	16,876	99.1
Reported mothers with antenatal morbidities	2,712	31.6	2,040	36.6	4,752	33.6

Summary of Maternal Healthcare Provision in Uva Province – 2024

In 2024, a total of 17,035 pregnant mothers were registered in Uva Province, covering 86.7% of expected pregnancies. Monaragala showed a higher registration coverage (92.5%) compared to Badulla (83.2%).

Early registration was well achieved, with 87% registered before 8 weeks of gestation (Badulla 85.8%, Monaragala 88.9%). However, 4.7% of mothers were registered after 12 weeks, indicating a gap in timely detection.

Teenage pregnancies accounted for 3.7% of all pregnancies (635 cases), with Badulla reporting a higher proportion (4.2%) compared to Monaragala (3%). High-parity pregnancies (P_5 or above) were relatively low (1.7% overall), though among these, around 50.5% had three or more children already, posing higher maternal and child health risks.

Screening coverage was satisfactory:

- VDRL testing before 12 weeks reached 89.7% (91.2% in Monaragala vs. 88.7% in Badulla).
- HIV screening was done in 14,102 mothers.
- Blood grouping and Rh testing at delivery achieved 99.8% coverage.
- Rubella protection was extremely high (99.1% overall).

A significant challenge remains in antenatal morbidity, reported in 33.6% of pregnant mothers (36.6% in Monaragala, 31.6% in Badulla).

Key Observations

- Registration and early detection rates are commendable, particularly in Monaragala.
- Teenage and high-parity pregnancies, though relatively small in proportion, require targeted preventive interventions.
- Screening for VDRL, HIV, and other key tests is at a satisfactory level, nearing universal coverage.

Table 33: Delivery outcome of pregnancies in 2024

Indicator	Badulla		Monaragala		Province	
	No.	**%**	**No.**	**%**	**No.**	**%**
Deliveries reported by PHMM	8591	74.9	5572	86.6	14163	79.3
Live birth reported	8454	77.1	5363	77.8	13817	77.3
Single Birth	8252		5240		13492	
Babies with low birth weight	1554	18	798	15.1	2352	17.4
Still births reported	55	6.5	33	6.1	88	6.3
Abortions reported	1269	12.1	817	12.4	2086	12.2
Home deliveries	12	0.14	4	0.07	16	0.11

Delivery Outcome of Pregnancies – 2024

In 2024, a total of **14,163 deliveries** were reported by Public Health Midwives (PHMM) across Badulla and Monaragala districts, accounting for **79.3%** of expected deliveries in the province. Monaragala recorded a comparatively higher reporting rate (**86.6%**) than Badulla (**74.9%**).

Of these, **13,817 live births** were reported, representing **77.3%** of expected live births in the province. The proportion of live births was slightly higher in Monaragala (**77.8%**) compared to Badulla (**77.1%**).

The majority of births were **single births**, totaling **13,492** across the province.

The prevalence of **low birth weight babies** was **17.4%** at provincial level, with Badulla showing a higher rate (**18%**) compared to Monaragala (**15.1%**).

A total of **88 stillbirths** were reported in the province, giving a stillbirth rate of **6.3%**, which was almost similar across both districts.

The number of **reported abortions** stood at **2,086**, with the majority from Badulla (**1,269**

cases).

Home deliveries with **16 deliveries** (**0.11%**) occurring at home across the province. Badulla recorded **12 cases**, while Monaragala reported **4 cases**.

	Badulla	Monaragala	Uva
Institutional deliveries	8579	5568	14147
Home deliveries by PHMM	-	01	01
Home deliveries by trained persons, (except PHMM)	01	01	02
Home deliveries by untrained persons	11	02	13

Postpartum Care

Table 34: Postpartum Care provided in 2024

Characteristic	Badulla		Monaragala		Province	
	No.	**%**	**No.**	**%**	**No.**	**%**
First visit during first 5 days of estimated deliveries	6687	58.3	3787	58.8	10474	58.6
First visit during first 6 to 10 days of estimated deliveries	1446	12.6	1190	18.5	2636	14.8
First visit during first 11 to 13 days of estimated deliveries	181	2.1	104	1.8	285	2.01
First visit during 14-21 day	342	3	386	6	728	4.1
Postnatal care around 42nd day of reported deliveries	7929	92.3	4925	95.3	12854	93.6
Mothers with post-partum complications	998	11.6	684	12.3	1682	11.9

Postpartum Care Provided – 2024

A total of **10,474 mothers (58.6%)** received their first postpartum visit within the first five days of estimated deliveries. Both districts performed similarly, with Badulla at **58.3%** and Monaragala at **58.8%**. An additional **14.8%** of mothers received their first visit between 6–10 days, and a small proportion (**2.5%**) received the first visit during 11–13 days after delivery.

First visit during **14–21 days** reached **728 mothers (4.1%)**, with Monaragala reporting a slightly higher coverage (**6%**) than Badulla (**3%**).

Postnatal care around the 42nd day showed excellent coverage, with **93.6%** of mothers in the province receiving care. Monaragala recorded the highest coverage (**95.3%**), followed by Badulla (**92.3%**).

A total of **1,682 mothers (11.9%)** were reported with postpartum complications, with a slightly higher proportion in Monaragala (**12.3%**) compared to Badulla (**11.6%**).

Overall, postpartum care services in the province demonstrate high coverage, particularly for care around the 42nd day. However, early postpartum visits within the first 5 days need further strengthening to align with national maternal health guidelines.

Maternal Mortality during 2023

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

Table 35: Maternal deaths reported in 2023

Indicator	Badulla	Monaragala
Number of maternal deaths notified	4	2
Maternal Mortality Ratio 2023	34.9/100000 LB	50.2/100000 LB

	Badulla			Monaragala			Uva Province			National		
	2022	2023	2024	2022	2023	2024	2022	2023	2024	2022	2023	2024
MMR	15.70/2	34.9	34.9	78.63/4	50.2	50.2	-	-	-	33.05/91	25	-
IMR	13.4	11.6	10.3	10.1	11.3	12.5	12.1	11.5	11.1	11.4	10.9	10.6
NMR	8.9	8.1	6	5.6	8.1	9	7.6	8.1	7.2	7.1	7.7	6.8

Maternal Deaths Reported – 2023

In 2023, a total of **6 maternal deaths** were reported from Uva Province, with **4 cases from Badulla** and **2 cases from Monaragala**.

According to the Maternal Mortality Ratio (MMR) for 2023, Badulla recorded a relatively low figure of **34.9 per 100,000 live births**, while Monaragala reported a considerably higher ratio of **50.2 per 100,000 live births**.

The variation between the two districts highlights disparities in maternal health outcomes. Monaragala, despite reporting fewer absolute deaths, showed a disproportionately high maternal mortality ratio, likely influenced by its smaller population base and number of live births.

Overall, while the provincial numbers remain within a moderate range compared to national figures, the higher ratio in Monaragala warrants closer review of maternal health services, including access to emergency obstetric care, timely referral mechanisms, and quality of antenatal and intrapartum services.

4.1.2 Child Health

The provincial preventive health system delivers extensive care for children through both clinic- and home-based services. Among the key child welfare activities offered to the community is the growth monitoring and promotion of children. Table 36 presents the key health indicators related to growth monitoring and promotion in 2024.

Table 36: Growth monitoring and promotion of children below 5 years of age in 2024

	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
No. of infants Registered	8532	74.4	5,417	84.2	13,949	78.1
No. of Infants by under care	8391	73.3	5,448.2	84.8	13,840	77.5
Number of infants weighed	8132	97	5325.7	97.8	13,469	97.3
Infants below -2SD	597	7.3	304	5.7	902	6.7

Infants below -3SD	156	1.9	70.1	1.3	226	1.7
1-2 years under care	9783	85.57	6421.5	100	16204	90.7
1-2 years weighted	9112	93.1	6062.2	94.4	15175	93.6
Weight less than -2SD	1229	13.5	679.4	11.2	1908	12.6
Weight less than -3SD	221	2.4	101.2	1.7	322	2.1
2-5 years under care	35317	102.9	23754.2	123	59071	110
2-5 years weighted	28373	100.1	21,368.5	92	49741	96.9
Weight less than -2SD	7393	20.8	4,424	20.7	11817	20.8
Weight less than -3SD	1267	3.6	594	2.8	1861	3.3

Growth Monitoring and Promotion of Children Below 5 Years – 2024

In 2024, a total of 13,949 infants were registered in Uva Province, covering 78.1% of the target population. Monaragala achieved higher coverage (84.2%) compared to Badulla (74.4%). Similarly, 13,840 infants were under regular care (77.5%), with Monaragala reporting slightly higher proportions.

Growth monitoring coverage was high, with 97.3% of infants being weighed at least once during the year. Both districts reported comparable levels of coverage (Badulla – 97%, Monaragala – 97.8%).

Nutritional assessment revealed that 6.7% of infants were below -2SD in weight, with Badulla (7.3%) recording a slightly higher proportion than Monaragala (5.7%). Infants below -3SD were comparatively fewer, at 1.7% provincially.

Among children aged 1–2 years, coverage was satisfactory with 93.6% being weighed. Weight-for-age assessment showed 12.6% of children below -2SD and 2.1% below -3SD. Badulla consistently reported higher proportions of underweight children compared to Monaragala.

For the 2–5 year age group, 59,071 children were under regular care, with Monaragala achieving more than full coverage (102%) likely due to inclusion of children outside the estimated target population. Weighing coverage was high (96.9%), but nutritional concerns remained evident, with 20.8% of children below -2SD and 3.3% below -3SD at the provincial

level. Again, Badulla reported a higher prevalence of underweight children compared to Monaragala.

Overall, the data indicates good coverage of growth monitoring and weighing activities across the province, reflecting effective implementation of preventive child health programmes. However, the persistently higher prevalence of undernutrition, particularly in the 2–5 year age group and in Badulla district, highlights the need for targeted nutrition interventions and closer follow-up to address underlying socioeconomic and health factors.

Mortality among under-five children in 2024

The details of deaths among children less than 5 years of age reported by field PHMM during 2024 are given below.

Table 37: Mortality among children under 10 years of age in 2024

Indicator	Badulla	Monaragala	Province
Number of early neonatal deaths reported(1-7 days)	35	35	70
Number of late neonatal deaths reported (8-28 days)	16	13	29
Number of infant deaths reported after 28days	36	19	55
Number of infant deaths reported	87	67	154
Number of deaths among 1-5 years of age	17	15	32
Under 5 child mortality rate	12.3/1000	15.3/1000	13.5/1000
Number of deaths among 5-10 years of age	15	7	22
Neonatal Mortality Rate	6/1000	9/1000	7.2/1000
Infant Mortality Rate	10.3	12.5	11.1

Summary of Child Mortality in Uva Province – 2024

In 2024, Uva Province reported a total of **70 early neonatal deaths (1–7 days)** and **29 late neonatal deaths (8–28 days)**, amounting to **99 neonatal deaths**. The **Neonatal Mortality Rate (NMR)** was **7.2 per 1,000 live births**, with **Badulla (6/1,000)** performing better than **Monaragala (9/1,000)**.

Infant deaths (under 1 year) total **154 cases** (87 in Badulla and 67 in Monaragala), giving an **Infant Mortality Rate (IMR) of 11.1per 1,000 live births** across the province.

Among children aged **1–5 years**, there were **32 deaths** (17in Badulla, 15 in Monaragala). The **under-5 child mortality rate** stood at **13.5 per 1,000 live births**, slightly higher in Monaragala (**15.3/1,000**) compared to Badulla (**12.3/1,000**).

In the **5–10 years age group**, **22 deaths** were reported (15 in Badulla, 7 in Monaragala).

Key Observations

- **Neonatal and infant mortality remain significant contributors** to overall under-5 mortality, with Monaragala recording higher rates than Badulla.

- **Post-neonatal deaths (1–5 years)** form a considerable share of child deaths, suggesting preventable causes such as infections, malnutrition, and accidents.

- Mortality in **older children (5–10 years)**, though smaller in absolute numbers, indicates ongoing gaps in child health and accident prevention strategies.

- Strengthening neonatal care, improving maternal health interventions, and enhancing child survival programmes (nutrition, immunization, early detection of illness) are essential to reduce provincial mortality rates further.

Table 37: Mortality among children age 10-19 years in 2024

Indicator	Badulla	Monaragala	Province
Number of adolescents under care	113832	63538	177370
Number of deaths among 10-19 years of age	35	6	41

Mortality among Adolescents Aged 10–19 Years in 2024

In 2024, a total of 177,370 adolescents aged 10–19 years were under the care of health services in the Uva Province, comprising 113,832 from Badulla District and 63,538 from Monaragala District.

During the year, 41 adolescent deaths were reported in the province, with a majority (35 deaths) occurring in Badulla, while Monaragala reported 6 deaths. This indicates that 85% of the adolescent deaths in the province were from Badulla District.

The mortality rate among adolescents aged 10–19 years for the province was approximately 2.3 per 10,000 adolescents under care, with Badulla recording a higher rate (3.1 per 10,000) compared to Monaragala (0.9 per 10,000).

This disparity highlights the need for a detailed review of adolescent health risks and underlying causes of mortality in Badulla District, with emphasis on preventive strategies, timely interventions, and strengthening adolescent health programmes across the province.

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 2024

Indicator	Badulla		Monaragala		Province	
	No.	%	No.	%	No.	%
Total users of OCP	11006	6.9	8488	8.4	19494	7.5
Total users of condoms	10613	6.7	6802	6.8	17415	6.7
Total users of injectable	25262	15.9	19042	18.9	44304	17.1
Total users of implants	14185	8.9	7252	7.2	21437	8.3
Total users of I.U.D	21321	13.5	16644	16.6	37965	14.7
Total No of Modern Methods	108718	68.6	69074	68.7	177792	68.6
Total Natural/Traditional Methods	7600	4.8	6397	6.4	13998	5.4
All methods (CPR)	116318	73.4	75471	75.1	191790	74
Unmet Need	5846	3.7	3364	3.3	9211	3.6
LRT	26322	16.6	10842	10.8	37164	14.3
Vasecthomy	9	0.01	3	0.002	12	0.0047

Family Planning Service Provision in 2024

In 2024, a total of **191,790 family planning users** were reported from the Uva Province, reflecting a **contraceptive prevalence rate (CPR) of 74%**. The majority of users relied on modern contraceptive methods, accounting for **68.6%** of total users, while **5.4%** used natural or traditional methods.

Among the modern methods, **injectables (17.1%)**, **IUDs (14.7%)**, and **oral contraceptive pills (7.5%)** were the most commonly used methods at the provincial level. Condom use was reported at **6.7%**, while implant use accounted for **8.3%**. Permanent methods were less common, with **(LRT) accounting for 14.3%** and vasectomy being negligible (**0.01%**).

At district level, **Badulla** reported a slightly lower proportion of injectable users (15.9%) compared to **Monaragala (18.9%)**, while IUD use was higher in Badulla (13.5%) than in Monaragala (16.6%). Implant use was more prominent in Badulla (8.9%) compared to Monaragala (7.2%).

The **unmet need for family planning** in the province stood at **3.6%**, with Badulla (3.7%) showing a slightly higher unmet need than Monaragala (3.3%).

Overall, the data indicate a satisfactory level of contraceptive coverage in the province, with a clear preference towards injectables and IUDs.

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 2024is presented in table 38.

Table 39: Well women clinic services provided in 2024

Characteristic	Badulla	Monaragala	Province
First visits to clinic – 35 years of age 45 years of age	 4521(63.3) 3235(45.3)	 3706(90.9) 2664(65.4)	 8227(73.3) 5899(52.6)
Pap smear taken 35 years of age 45 years of age	 4299(60.2) 3081(43.1)	 3501(85.9) 2570(63.1)	 7800(69.5) 5651(50.4)
Squamous Intra epithelial lesion. Low grade High grade	1	 6 13	 7 13
Malignancy	1	3	4
Number of defects identified – Breast abnormalities	115(1.5)	195(2.7)	310(2.1)
Number of hypertensive patients identified	305(3.9)	438(6)	743(4.9)
Number of diabetic patients identified	311(5.3)	212(4.3)	523(4.8)

Well Woman Clinic Services Provided in 2024

In 2024, a total of **8,227 first visits** were recorded among women aged 35 years in the Uva Province, representing **73.3% coverage**. Coverage was higher in Badulla (63.3%) compared

to Monaragala (90.9%). Among women aged 45 years, **5,899 first visits** were recorded, with a provincial coverage of **52.6%**, showing a decline compared to the 35-year age group.

Pap smear coverage among 35-year-old women in the province was **69.5%**, with Monaragala (85.9%) performing significantly better than Badulla (60.2%). Among 45-year-olds, coverage was lower, with **50.4%** at provincial level, again higher in Monaragala (63.1%) than Badulla (43.1%).

A total of **20 cases of squamous intraepithelial lesions** were detected, comprising **7 low-grade** and **13 high-grade** cases. In addition, **4 malignancies** were identified during the reporting period.

Screening also enabled the detection of **310 breast abnormalities (2.1%)**, **743 hypertensive patients (4.9%)**, and **523 diabetic patients (4.8%)** across the province. Notably, the burden of non-communicable diseases was higher in Monaragala, which reported a larger share of hypertensive patients (6.7%), while Badulla recorded a higher prevalence of diabetes (5.3%).

Overall, the well woman clinic programme demonstrated **good service coverage among women aged 35 years**, but relatively lower uptake among women aged 45 years. The findings highlight the programme's role in **early detection of cancers and non-communicable diseases**, though there is a need to improve Pap smear coverage in Badulla and strengthen follow-up for identified abnormalities.

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 2024

		Badulla		Monaragala		Uva Province	
		No.	**%**	**No.**	**%**	**No.**	**%**
Total number of schools	>200 Student	247	40	149	49	396	44
	<200 Student	359	60	155	51	514	55
Total		606	100	304	100	910	100
SMI completed schools		606	100	291	95.7	897	97.85
Total number of children to be examined		32641		43201		75842	
Total number of children examined		28068		40070		75842	

School Healthcare Provision in 2024 – Uva Province

In 2024, school medical inspection (SMI) coverage across Uva Province showed a high level of implementation. A total of 910 schools were functioning in the province, with 44% (396 schools) having more than 200 students and 55% (514 schools) with fewer than 200 students.

- Badulla District:

  Out of 606 schools, 40% (247) had more than 200 students, while 60% (359) had fewer. All schools (100%) successfully completed SMIs. Of the 32,641 children eligible for examination, 28,068 (86%) were examined.

- Monaragala District:

  There were 304 schools, with 49% (149) having more than 200 students and 51% (155) having fewer. SMIs were completed in 291 schools (95.7%). Of the 43,201 children to be examined, 40,070 (93%) were examined.

- Provincial Overview:

  In total, 897 out of 910 schools (97.85%) in Uva Province completed SMIs in 2024. Of the 75,842 children eligible for health examinations, 75,842 children were examined, reflecting a near-complete coverage.

This demonstrates the strong commitment of the school health programme in Uva Province, with both Badulla and Monaragala districts achieving high coverage, though Monaragala showed slightly lower SMI completion rates compared to Badulla.

Communicable Disease Control

Surveillance of communicable diseases is a key function of the public health services at both provincial and national levels. More than 25 diseases are reported on a weekly basis, with the primary aim of early detection of outbreaks to enable timely prevention and control. Medical Officers of Health (MOOH) and Public Health Inspectors (PHII) play a vital role in investigating, confirming, and reporting these cases to both regional and central authorities. The following table presents the reported cases of selected communicable diseases in the province during 2024.

Table 41: Reporting of selected communicable diseases in 2024

	Badulla	Monaragala	Province
Dengue fever/ DHS	904	1029	1933
Dysentery	47	22	69
Encephalitis	12	05	17
Enteric fever	09	03	12
Food poisoning	59	98	157
Leptospirosis	513	739	1252
Typhus fever	56	37	93
Viral hepatitis	60	74	134

Reporting of Selected Communicable Diseases – 2024

In 2024, a range of communicable diseases continued to pose a significant public health challenge in Uva Province. A total of 1,933 dengue cases were reported, making dengue the highest reported communicable disease, with Monaragala (1,029 cases) slightly surpassing Badulla (904 cases).

Leptospirosis was the second highest reported disease, with 1,252 cases across the province. Monaragala again reported a higher burden (739 cases) compared to Badulla (513 cases).

Other notable diseases included:

- Food poisoning: 157 cases, with more reports from Monaragala (98) than Badulla (59).
- Viral hepatitis: 134 cases, slightly higher in Monaragala (74) than Badulla (60).
- Typhus fever: 93 cases, with Badulla (56) reporting more than Monaragala (37).
- Dysentery: 69 cases (Badulla 47, Monaragala 22).
- Encephalitis: 17 cases (Badulla 12, Monaragala 5).
- Enteric fever: 12 cases in total.

Overall, the provincial disease profile indicates that vector-borne diseases such as dengue and leptospirosis continue to dominate the communicable disease burden, while food and waterborne illnesses also contributed to morbidity. Monaragala district reported a comparatively higher disease load for most conditions, highlighting the need for strengthened preventive and control measures, particularly in vector control and sanitation.

4.5 Non-Communicable Diseases

The rising prevalence of Non-Communicable Diseases (NCDs) in Sri Lanka is largely attributed to demographic shifts and lifestyle changes. Conditions such as hypertension, diabetes mellitus, cancer, and cardiovascular diseases are of particular concern. Consequently, the public health sector places significant focus on the prevention and control of NCDs at both provincial and national levels.

Healthy Lifestyle Centres (HLCs) have been established in all MOH areas with the primary aim of encouraging healthy living among the community. Their key functions include screening for NCD risk factors, identifying undiagnosed cases, and providing appropriate management for those already diagnosed.

At the district level, a Medical Officer of NCDs, attached to the Regional Directorate of Health Services, is tasked with coordinating prevention and control activities between national and local health systems. The following table outlines selected NCD prevention and control interventions carried out in the province during 2024**.**

Table 42: Prevention and control of NCD activities in the province during 2024

Characteristic	Badulla	Monaragala	Province
Target population for the year 2024	89,600	181,029	270,629
Number of HLCs established	62	28	90
Number of people screened in 2024	260.69	19,008	47,221
Percentage of target population screened	29%	11%	20%
Total population screened by the end of 2024	260,69	21,152	472,21
Cumulative coverage	197,416	185,834	383,250

Prevention and Control of NCDs – 2024

In 2024, the estimated **target population for NCD screening in Uva Province was 270,629** individuals, with 89,600 in Badulla and 181,029 in Monaragala. A total of **90 Healthy Lifestyle Centres (HLCs)** were operational across the province, of which 62 were in Badulla and 28 in Monaragala.

During the year, **47,221 individuals were screened** for NCDs across the province, representing **20% of the target population**. Screening coverage varied between districts, with **Badulla achieving 29% coverage (26,069 persons screened)**, while **Monaragala reported 11% coverage (19,008 persons screened)**.

By the end of 2024, the **cumulative number of individuals screened reached 472,211** for the province. District-wise, cumulative coverage was 197,416 in Badulla and 185,834 in Monaragala.

Overall, while a substantial number of people have been screened cumulatively, the **annual screening coverage in 2024 remains below the expected levels**, particularly in Monaragala.

Strengthening outreach and awareness programmes, improving accessibility to HLCs, and ensuring follow-up care are essential to enhance the effectiveness of the NCD prevention and control programme.

The following table describes a summary of NCD prevention and control activities conducted in 2024.

	Badulla					**Monaragala**				
	Male	**%**	**Female**	**%**	**Total**	**Male**	**%**	**Female**	**%**	**Total**
Total screened	11067	6.17	150.02	8.37	26069	7989	9	11019	12.2	19008
Smokers detected	3681	33.26	68	0.45	3749	2427	30.4	90	0.8	2517
Alcoholics detected	6599	59.62	42	0.28	6641	3649	45.7	39	0.4	3688
Beatle chewers detected	5589	50.50	3005	20.03	8594	3619	45.3	1012	9.2	4631
People with high BMI (25-29.9)	2316	20.92	4496	29.97	6812	1661	20.8	3467	31.5	5128
People with high BMI (>30)	481	4.34	1663	11.08	2144	316	4	1054	9.6	1370
People with high BP (>140/90)	2562	23.14	3124	20.82	5686	1804	22.6	2223	20.2	4027
People with high Fasting Blood Sugar (>126mg/dl)	163	1.47	327	2.17	490	1013	12.7	1711	15.5	2724
Referrals made to consultant centers	229	2.07	418	2.79	647	1904	23.8	2275	20.6	4179

Table 43: Details of the screened population in both districts -2024

Details of the Screened Population – 2024

In 2024, a total of **45,677 individuals** were screened for NCD risk factors in Uva Province, with **26,069 from Badulla** and **19,008 from Monaragala**.

Key findings from screening activities include:

- **Tobacco and substance use:**
    - **Smokers**: 6,266 individuals detected (Badulla 3,749; Monaragala 2,517). The majority were males (over 90%).
    - **Alcohol consumers**: 10,281 individuals identified, with Badulla contributing 6,641 and Monaragala 3,683. Males accounted for the majority of alcohol use (around 60% in Badulla and 46% in Monaragala).
    - **Betel chewers**: 13,952 cases detected, with 8,594 in Badulla and 4,631 in Monaragala.
- **Nutritional risk factors:**
    - **Overweight (BMI 25–29.9):** 11,809 individuals, with Badulla (6,812) recording more cases than Monaragala (5,128). Females were more affected (≈ 65% of cases).
    - **Obesity (BMI ≥30):** 3,514 individuals, of whom 2,144 were in Badulla and 1,370 in Monaragala.

- **Clinical risk factors:**

    - **Hypertension (BP >140/90):** 9,690 individuals detected, with higher numbers in Badulla (5,868) compared to Monaragala (4,027).

    - **High Fasting Blood Sugar (>126 mg/dl):** 3,214 individuals were identified, with 490 in Badulla and a higher number (2,724) in Monaragala.

- **Referrals:**
  A total of **4,179 individuals** were referred to consultant centres for further management, the majority from Monaragala (2,275) compared to Badulla (1,904).

Summary:

The findings highlight a **substantial burden of behavioural and metabolic risk factors** across both districts. While tobacco and alcohol use remain significant issues, particularly among males, obesity, hypertension, and diabetes are emerging as major health challenges, with females more affected by overweight and obesity. Monaragala reported a higher prevalence of diabetes and a greater proportion of referrals, indicating the need for strengthened follow-up care.

The overall results emphasise the importance of scaling up lifestyle modification interventions, early detection, and clinical management strategies to reduce the long-term burden of NCDs in Uva Province.

4.6 Prevention and Control of Dengue in the Province

The first dengue case in Uva Province was identified in 1991 in the Kandeketiya PHI area and was confirmed as an imported case from Colombo. The second reported case in 2000 led to the establishment of the first-ever district-level Dengue Control Unit in Sri Lanka, located in Badulla. This unit was placed under the supervision of the PDHS Uva, RDHS Badulla, RE Badulla, and RMO Badulla, with the mandate to strengthen regional dengue prevention and control.

The unit's responsibilities included identifying mosquito breeding sites, calculating vector indices to monitor disease trends, implementing fogging operations, conducting health education programmes, and maintaining close coordination with the Central Dengue Control Unit at the Ministry of Health, Colombo.

In 2024, 1615 dengue cases were reported in Uva Province, showing a significant reduction compared to 6,070 cases in 2017. Of the total, 846 cases were from Badulla and 769 from Monaragala. In 2024, only one dengue-related death was reported, from the Monaragala district.

Table 44: Reported Dengue cases in 2024

Indicator	Badulla	Monaragala	Uva Province
Number of confirmed cases	846	769	1615
Number of deaths	0	01	01

4.7 Tuberculosis and Chest Diseases

Table 45: TB diagnosis and care provided in 2024

	Badulla				Monaragala			
	PTB Smear+ ve	PTB Smear - ve	EPTB	Total	PTB Smear+ ve	PTB Smear – ve	EPTB	Total
Number of patients treated	107	67	80	254	68	30	37	135

TB Diagnosis and Care – 2024

In 2024, a total of 389 patients were treated for tuberculosis (TB) in Uva Province. Out of them, 254 patients were reported from Badulla district and 135 patients from Monaragala district.

- In Badulla, there were 107 PTB smear-positive, 67 PTB smear-negative, and 80 extra-pulmonary TB (EPTB) cases.

- In Monaragala, there were 68 PTB smear-positive, 30 PTB smear-negative, and 37 EPTB cases.

The data indicates that Badulla district reported a higher burden of TB cases compared to Monaragala, accounting for nearly two-thirds of the provincial total. Smear-positive pulmonary TB continues to be the predominant category in both districts, highlighting the need for strengthened case detection, treatment adherence, and preventive measures to reduce transmission in the community.

4.8 STD/AIDS

Table 46: Health services provided in relation to STD/AIDS during 2024

	Syphilis	Gonorrhoea	Genital Herpes	Genital Warts	Candidiasis	Tricomonaisis	Other STII	Total
Badulla	49	06	15	18	44	04	14	150
Monaragala	22	11	42	37	69	01	81	263
Total								**413**

Health Services in Relation to STD/AIDS – 2024

In 2024, a total of **413 patients** received treatment for sexually transmitted infections (STIs) in Uva Province. Of these, **150 cases** were reported from Badulla district and **263 cases** from Monaragala district.

- In Badulla, the most common STIs recorded were **syphilis (49 cases)** and **candidiasis (44 cases)**.

- In Monaragala, the leading conditions were **candidiasis (69 cases)**, **genital herpes (42 cases)**, and a significantly higher number of **other STIs (81 cases)**.

Overall, Monaragala district reported nearly **two-thirds (64%)** of the provincial STI cases, indicating a comparatively higher disease burden. The data highlights the continued need for strengthening awareness programmes, early case detection, treatment facilities, and preventive strategies in both districts, with special emphasis on Monaragala where case numbers were considerably higher.

4.9 Rabies

.Aligned with national policies and programmes, the Provincial Department of Health Services, Uva province, implements a range of activities aimed at the prevention and control of human rabies. The province has two Regional Rabies Control Units, one in each district, which work in close coordination with area Medical Officers of Health to deliver these services. The primary goal of these units is to reduce the stray dog population through the promotion of responsible dog ownership. Key activities undertaken include dog vaccination, administration of Depo Provera to female dogs, and sterilisation. A summary of rabies prevention and control measures carried out in the province during 2024 is presented below.

Table 47: Prevention and Control Activities carried out in the province during 2024

District	Target dog population	ARV Performed		No. Depo given		Dog sterilization		Deaths due to Human Rabies
		No	%	No	%	No	%	
Badulla	113177	66436	58	-	-	2916	8.6	0
Monaragala	69665	65298	93.73	-	-	2435	6.99	01
Province	182842	131734	75.86	-	-	5351	7.8	01

Rabies Prevention and Control Activities – 2024

In 2024, rabies prevention and control activities were conducted in Uva Province with a focus on dog vaccination and sterilisation to reduce the risk of human rabies. The estimated dog population in the province was **182,842**, of which **131,734 dogs (75.86%)** were vaccinated against rabies.

- In **Badulla district**, 66,436 dogs were vaccinated, covering **58%** of the estimated population, and **2,916 dogs (8.6%)** were sterilised. One death due to human rabies was reported.

- In **Monaragala district**, 65,298 dogs were vaccinated, achieving a higher coverage of **93.73%**, while **2,435 dogs (6.99%)** were sterilized. Similarly, one human rabies death was reported.

At provincial level, a total of **5,351 dogs (7.8%)** underwent sterilisation. Despite extensive vaccination efforts, two human rabies deaths were reported in the province during the year, indicating the continued need for strengthening vaccination coverage, improving sterilisation programmes, and promoting responsible dog ownership.

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 2024

Dental Procedures	**Badulla**	**Monaragala**
Total Attendance	220271	135,790
Extractions (%)	23	20%(27390)
Post op - complication	827	314
OPMD	522	252
Restorations – temporary	26100	13678

Permanent Amalgam		641	74
Permanent composite		20235	11253
Permanent GIC		29856	28763
Advanced conservation		1462	2852
Total Restoration (%)		35	40%(55304)
Periodontal Treatment Scaling		15188	11394
Surgery		834	626
Indoor		855	537
All referrals		8173	3714
Miscellaneous		30360	17083
No. of Dental Chair		66	26
	220271		04

Curative Dental Care Services – 2024

Curative dental care services were extensively provided across Uva Province during 2024, with a total of 356,061 patient attendances (Badulla – 220,271; Monaragala – 135,790).

- Extractions accounted for 23% of total procedures in Badulla and 20% (27,390 cases) in Monaragala.

- Post-operative complications were reported in 827 cases in Badulla and 314 cases in Monaragala.

- Screening and management of Oral Potentially Malignant Disorders (OPMD) were recorded in 522 cases in Badulla and 252 cases in Monaragala.

With regard to restorative procedures:

- Badulla reported 26,100 temporary restorations, while Monaragala had 13,678.
- Permanent fillings included amalgam (641 in Badulla, 74 in Monaragala), composite (20,235 vs. 11,253), and GIC (29,856 vs. 28,763).
- Advanced conservation procedures were carried out more in Monaragala (2,852 cases) compared to Badulla (1,462 cases).
- Overall, restorations accounted for 35% of procedures in Badulla and 40% (55,304 cases) in Monaragala, showing a relatively higher emphasis on restorative care in Monaragala.

Other notable services included:

- Periodontal scaling: 15,188 cases in Badulla and 11,394 in Monaragala.
- Oral surgeries: 834 cases in Badulla and 626 in Monaragala.
- Indoor care: 855 cases in Badulla and 537 in Monaragala.
- Referrals: 8,173 in Badulla and 3,714 in Monaragala.
- Miscellaneous procedures: 30,360 in Badulla and 17,083 in Monaragala.

The province was equipped with 92 dental chairs (Badulla – 66, Monaragala – 26), supporting service delivery.

This data demonstrates a substantial curative dental care workload, with restorative procedures forming a significant proportion of services, especially in Monaragala. Strengthening preventive and promotive oral health strategies remains essential to reduce the need for extractions and restorative interventions in the long term.

Table 50: Screening of pregnant mothers for oral diseases during 2024

Characteristic	Badulla	Monaragala	Province
Total number registered	10486	6549	17035
Number screened (%)	102	93%(6152)	97.5
Number needed care (%)	91	75%(4972)	83
Number with dental caries (%)	65	56%(3679)	60.5
Number with Periodontal Disease (%)	24	40%(2679)	32
Number with other oral diseases (%)	1	1.8%(123)	1.4
Number treated	9675	4617	14292
Number treatment completed (%)	67	39%(2566)	53

Screening of Pregnant Mothers for Oral Diseases – 2024

In 2024, a total of 17,035 pregnant mothers were registered for oral health services in Uva Province, with a screening coverage of 97.5% (16,254 mothers). Screening coverage was highest in Monaragala (93%) compared to Badulla.

Out of those screened, 83% (14,097 mothers) required dental care. The main oral health issues identified were:

- Dental caries in 60.5% (6,279 mothers)

- Periodontal disease in 32% (3,275 mothers)
- Other oral diseases in 1.4% (143 mothers)

A total of 14,292 pregnant mothers received treatment (Badulla – 9,675; Monaragala – 4,617). However, only 53% (8,158 mothers) completed the treatment process, with completion rates higher in Badulla (67%) compared to Monaragala (39%).

These findings indicate that while screening coverage for oral diseases among pregnant mothers in the province was satisfactory, treatment completion rates remained suboptimal, particularly in Monaragala. Strengthening follow-up mechanisms and enhancing maternal awareness on the importance of oral health during pregnancy are vital to improve treatment adherence and outcomes.

Table 51: Screening of School children for oral diseases - 2024

Characteristic	Badulla	Monaragala	Uva Province
Total target school population	54457	32878	87335
Number screened (%)	79	91%	85
Number with dental caries (%)	38	37%	37.50
Number with Fluorosis (%)	0.3	1.3%	0.8
Number with Malocclusions (%)	3	3%	3
Number with calculi (%)	6	4%	5
Number treated	45	42%	43.50
Number treatment completed (%)	37	36%	36.5

Screening of School Children for Oral Diseases – 2024

In 2024, a total of 87,335 school children were targeted for oral health screening in Uva Province. Out of this, 85% of children were screened (Badulla – 79%, Monaragala – 91%).

Among those screened, 37.5% were found to have dental caries, indicating a significant disease burden across both districts. Other oral health conditions detected included fluorosis (0.8%), malocclusions (3%), and calculus (5%).

With regard to follow-up care, 43.5% of identified cases received treatment, while only 36.5% of children completed the required treatment. The relatively low rate of treatment completion, despite a high screening coverage, highlights a gap between case detection and treatment adherence.

Overall, while school oral health screening coverage in Uva Province was satisfactory, the high prevalence of dental caries and the low completion of treatment emphasise the need for improved preventive measures, better access to restorative services, and enhanced awareness among school children and parents to ensure continuity of care.