Situational Analysis on Capabilities of Primary Medical Care Institutes Towards Delivery of Primary Medical Care

North Western Province

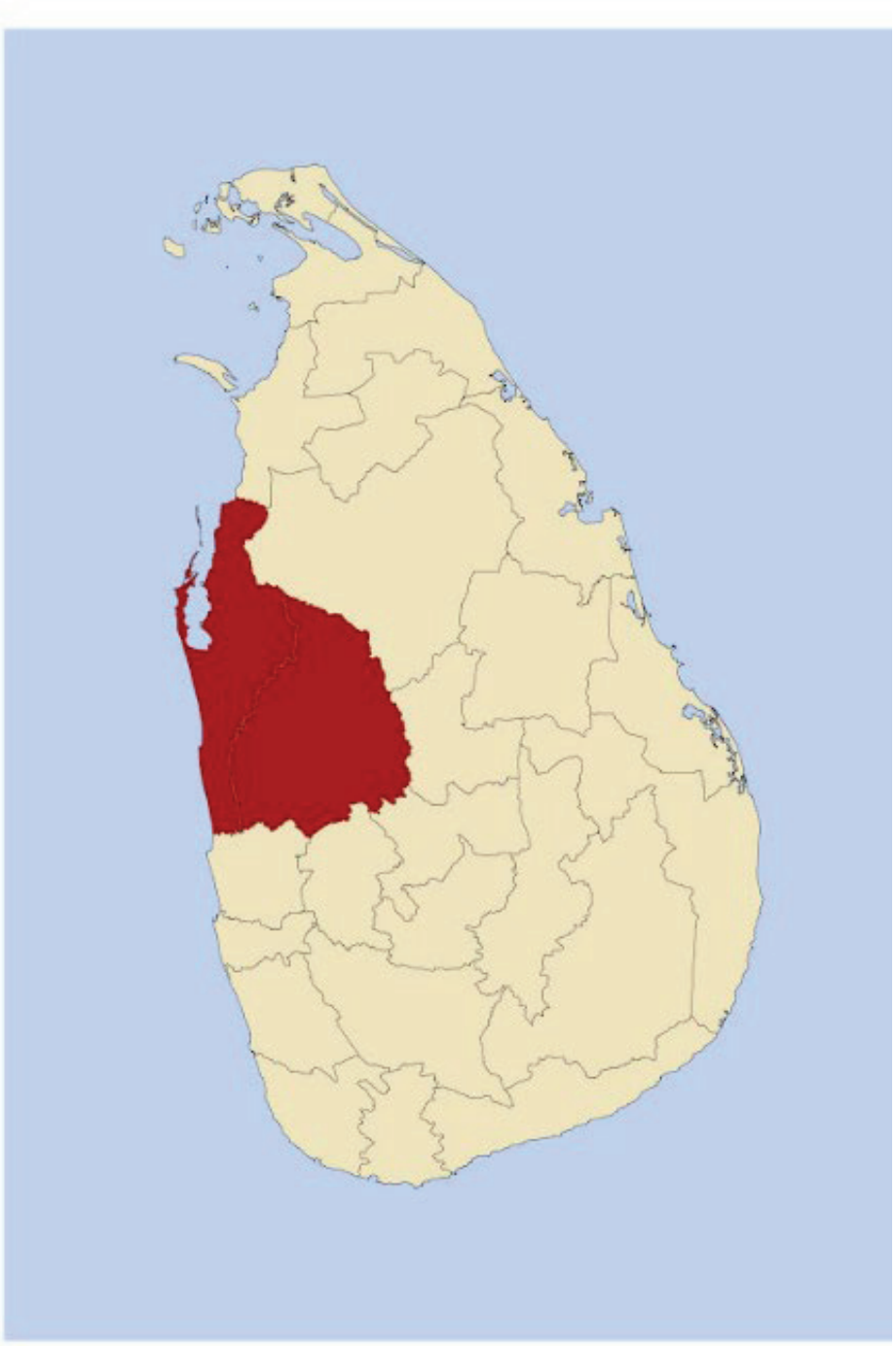
Reorganizing Primary Health Care in Sri Lanka

Preserving our progress, preparing our future

Primary HealthCare System Strengthening Project (PSSP)

May 2023

Situational Analysis on Capabilities of Primary Medical Care Institutes Towards Delivery of Primary Medical Care 2023



North Western Province

Acknowledgment

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Dr J.M.W. Jayasundara Bandara
Project Director
Primary HealthCare System Strengthening Project

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Abbreviation

DHA	Divisional Hospital Type A
DHB	Divisional Hospital Type B
DHC	Divisional Hospital Type C
DLR	Disbursement Link Result
ETU	Emergency treatment Unit
FFC	Friends of facility Committees
GRM	Grievance Redress Mechanism
HHIMS	Hospital Health Information Management System
HIMS	Health Information Management System
LA	Local Authority
MLT	Medical Laboratory Technologists
MoH	Ministry of Health
MO	Medical Officer
NCD	Non-Communicable Disease
NO	Nursing Officer
OPD	Out Patients Division
PDHS	Provincial Director of Health Services
PHC	Primary health Care
PHNO	Public Health Nursing Officers
PMCI	Primary Medical Care Institute
PMCII	Primary Medical Care Institutes
PMCU	Primary Medical Care Unit
PSSP	Primary Health Care System Strengthening Project
RDHS	Regional Directors of Health Services
RMO	Registered Medical Officer
TB	Tuberculosis

Executive Summary

As per the agreement signed between the government of Sri Lanka and the World Bank in 2018 for reorganization of Primary Care System a province wise situational analysis was expected to be conducted two times; one before the implementation of project in 2019 and the other in 2023. This survey was conducted in accordance with the agreement.

Following this situational analysis, it has been made very clear that certain remarkable gaps existed in 2019 have been corrected to greater extent. For example, the number of primary medical care institute not having proper ETUs ie 447 in 2019 has been reduced to 255 this year. Further a surplus of 226 drugstores, 198 dispensaries and 91 adequate waiting areas have been established, addressing the gaps. In 2019 accessibility to safe drinking water in OPDs and clinics was not available in 339 hospitals which has been satisfactorily reduced to 210 in 2023. Similarly, number of hospitals not having proper toilets to patients has been reduced from 305 to 168. This indicates that the situation analysis at provincial level has induced to develop a good action plan for investment which need further improvement.

Out of 137 PMCII in North Western province 128 have responded during the data collection. Survey included the following areas of concerns which are directly related to the responsive and qualitative primary care services delivered to people. Relevant questions were included in the questioner with regard to Current Status of Water Supply, Status of Electricity and Backup Generators, Availability of waste disposal methods and Clinical waste management, Physical space and Infrastructure at Primary Care Institutions , Services for curative and preventive care, Availability of Staff Quarters and Current Status, Services readiness at the PMCIs, Minimum preparedness for managing communicable diseases in epidemic nature, Medical equipment and other necessities for NCD screening and diagnosis, Human Resource Needs, Patient record system and referral mechanism, Internet connectivity, Laboratory Investigation Facilities, Drug Supply, Drug Storage Facilities, Citizen engagement committee and Grievances redress, Implementation and Analysis of Grievance Redress Mechanism.

Many areas including infrastructure development utilities such as water supply and electricity are showing an improvement compared to the previous survey. However, areas such as human resource, accessibility to laboratory facilities, internet connectivity including heath information system and the grievance redress mechanism leading to responsiveness should be given priority attention in future development procedures.

Introduction

A comprehensive gap analysis was conducted in year 2018 before implementing the PSSP activities in provinces. After four and half years approximately, a similar study was done to gather information on services and infrastructure across all hospitals in the province again. The purpose of this analysis was to identify gaps in various areas including infrastructure, service provision, equipment requirements, support services, human resources need, citizen engagement status, and gaps in health information systems even after a considerable investment done through the project implementation.

By conducting this gap analysis, valuable insights were obtained regarding the current state of healthcare facilities and services in the province. The identified gaps will serve as a base for developing action plans with targeted strategies to address the identified areas for improvement. This analysis plays a crucial role in enhancing the overall quality of healthcare delivery and ensuring the provision of efficient and effective services to meet the needs of the population.

Primary Medical Care Institutions (PMCI) in North Western Province

Figures in the table below indicate the number of PMCIs (DHA, DHB, DHC and PMCU) which have completed the questionnaire.

Table 1 Survey of Primary Medical Care Institutes: Completion and Response Rate

RDHS area	Divisional Hospital A	Divisional Hospital B	Divisional Hospital C	PMCU	Total	Response rate (%)
Kurunegala	9	13	16	44	82	87
Puttalam	2	4	7	33	46	100
Total	**11**	**17**	**23**	**77**	**128**	

Methodology

To achieve the DLR 3.3 in the Result Framework, during the pre-planning stage of the activity several meetings were conducted with the provincial health authorities to obtain their insights and views to develop the data collection format compared with the previous format which was used in the year 2018. Based on the comments and insights, draft questionnaire was developed and tested in the field. Thereafter all relevant Medical Officers in PDHS office and three RDHS offices were educated on how to use the questionnaire effectively. The training aimed to ensure that the Medical Officers have understood the purpose of the questionnaire, its specific questions, and the proper application for data collection.

The training provided guidance on administering the questionnaire, including instructions on how to approach respondents, how to record their responses accurately, and how to feed the collected information into Google Form.

Collected data were subjected to a data cleaning process to ensure accuracy and consistency. This involved reviewing the data for any errors, inconsistencies, or missing values, and correcting or removal was affected as necessary.

Once the data cleaning was completed, the cleaned data were coded and tabulated to organize it in a structured format suitable for analysis. This tabulation involved arranging the data in rows and columns, with each row representing a respondent and each column representing a specific variable or question in the questionnaire.

The structured data set was analyzed by using statistical methods in SPSS and MS Excel to produce tables and graphs. Finally, the information derived from the analysis will be used for verification purposes.

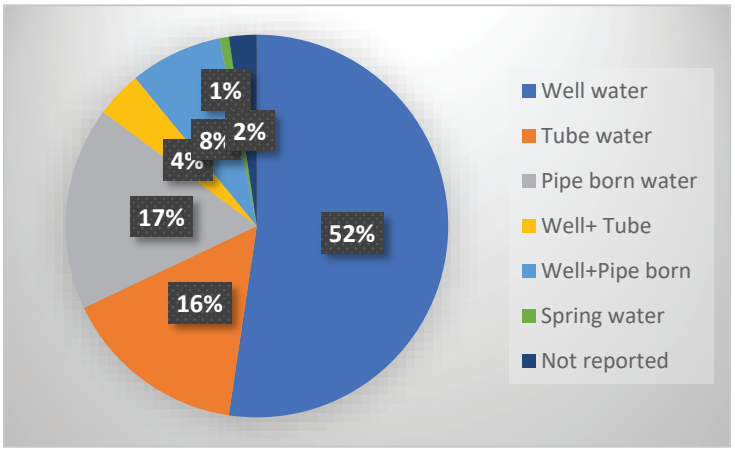
Results

Services and Infrastructure

Current Status of Water Supply

Table 2 Current Status of Water Supply

RDHS area	Well water	Tube water	Pipe born water	Well+ Tube	Well+Pipe born	Spring water	Not reported	Total
Kurunegala	51	8	6	5	8	1	3	82
Puttalam	16	12	16		2			46
Total	**67**	**20**	**22**	**5**	**10**	**1**	**3**	**128**



Based on the provided information, it indicates that 52% of the hospitals used well water as a source for their day-to-day activities. Similarly, 1% of the hospitals relied on spring water as a source. On the other hand, number of hospitals, totaling to 17%, utilized town water supply as their water source for daily utilization. It helps to identify potential gaps or areas that may require attention, such as ensuring adequate access to clean and safe water sources for maintaining hygienic standards in therapeutic interventions within the healthcare facilities.

Current status of Well water (Protected or Unprotected)

Table 3 Current status of Well water (Protected or Unprotected)

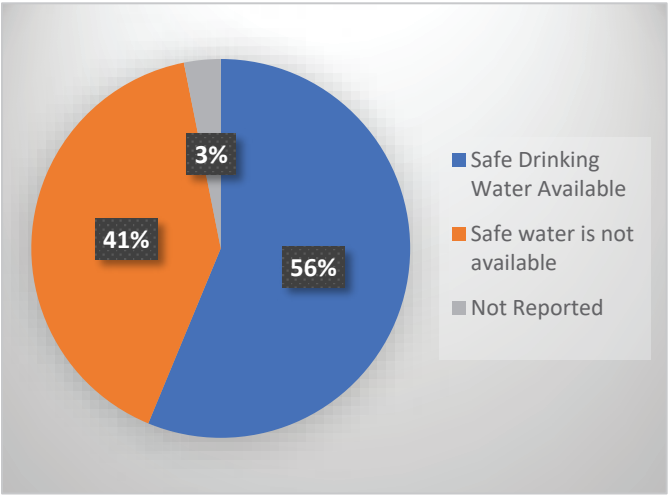
RDHS area	Protected	Unprotected	Total
Kurunegala	34	10	44
Puttalam	13	3	16
Total	**47**	**13**	**60**

Based on the information provided, it appears that 23% in Kurunegala area & 19 % in Puttalam area water from protected wells is being used. In these two areas, 72% of the PMCII utilized un protected well water.

Safe drinking Water availability in OPD and Clinic area

Table 4 Safer drinking Water availability in OPD and Clinic area

RDHS area	Safe Drinking Water Available	Safe water is not available	Not Reported	Total
Kurunegala	49	31	2	82
Puttalam	23	21	2	46
Total	**72**	**52**	**4**	**128**



Ensuring the availability of safe drinking water in the outpatient department (OPD) and clinic areas is essential for maintaining the health and well-being of patients, visitors, and healthcare providers.72 (56%) PMCII Provide safe drinking water while 52 (41%) PMCII, specifically 31 in Kurunegala and 21 in Puttalam, currently do not have access to safe drinking water in OPD and Clinics.

Status of Electricity and Backup Generators

Table 5 Status of Electricity and Backup Generators

	Divisional Hospital A	Divisional Hospital B	Divisional Hospital C	PMCU	Total
Main Line	11	17	23	77	128
Total	**11**	**17**	**23**	**77**	**128**

Availability of Backup Generator - Divisional Hospitals

Table 6 Availability of Backup Generator - Divisional Hospitals

RDHS area	Available	Not Available	Not Reported	Total
Puttalam	12	1		13
Kurunegala	33	4	1	38
Total	**45**	**5**	**1**	**51**

Current Condition of Backup Generators - Divisional Hospitals

Table 7 Availability of Backup Generator - Divisional Hospitals

RDHS area	Working	Not Working	Capacity not adequate	Total
Puttalam	8	1	3	12
Kurunegala	31	4	1	36
Total	**39**	**5**	**4**	**48**

It appears that all PMCII (except those not reported) are connected to the main electricity line, ensuring a reliable power supply. However, there are some divisional hospitals that do not have backup generators, which may pose a potential risk during power outages or emergencies. Out of the available generators in 45 hospitals, 5 are not in working condition.

Immediate attention should be paid to the fact that 4 generators do not have the sufficient capacity and attending to improve the functionality of 5 generators that does not work in good condition.

Availability of waste disposal methods and Clinical waste management

Table 8 Waste Disposal Methods

RDHS area	Segregation Done	Not Done	Not Reported	Total
Puttalam	17	29		46
Kurunegala	63	17	2	82
Total	**80**	**46**	**2**	**128**

Table 9 Methods of Handling Clinical Waste

RDHS area	Burning	Incinerating	sending to inspirator Available Hospital	Sending to LAs	Not Reported	Total
Puttalam	43	1	2			46
Kurunegala	44	6	22	5	5	82
Total	**87**	**7**	**24**	**5**	**5**	**128**

Based on the provided information, it is evident that waste segregation methods are being followed in 80 PMCIs, while 46 PMCII do not adhere to such practices. The majority of PMCII (24) are sending their clinical waste to nearby hospitals for incineration, whereas 5 hospitals are sending their clinical waste to the local authority.

Physical space and Infrastructure at Primary Care Institutions

Physical infrastructure of Primary Healthcare Institutions, including outpatient departments (OPDs) and clinics, should possess a specific physical space in accordance with spatial norms outlined in the circular 01-29/2018 dated 29.06.2018 issued by the Ministry of Health (MoH) to effectively deliver primary healthcare services. There are some common requirements for PMCII: waiting areas, Space for dispensary, drug stores, Laboratory, Rest rooms for staff, space for toilets etc. Based on the findings compared to the specific requirements for PMCII, provincial health authorities should analyze the space requirements considering the given circular, particularly focusing on waiting area, Space for laboratory, Dispensary, drug stores and any other places according to priorities. Out of the total of 128 PMCII, 85 have adequate waiting areas for the public, while 42 hospitals do not meet the space requirements as specified in the circular. Additionally, there are four PMCUs that do not have waiting area facilities at all. Accordingly, the following tables show the status of different service areas: availability/non availability, adequacy of space in PMCII.

Table 10 Availability of waiting area the Patient

RDHS area	Adequate	Not adequate	Not Available	Total
Puttalam	27	18	1	46
Kurunegala	58	24		82
Total	**85**	**42**	**1**	**128**

Table 11 Space adequacy for Dispensary

RDHS area	Adequate	Not adequate	Not Available	Total
Puttalam	44	1	1	46
Kurunegala	70	11	1	82
Total	**114**	**12**	**2**	**128**

Space for Drug Stores

Table 12 Space adequacy for Dispensary

RDHS area	Adequate	Not adequate	Not Available	Total
Puttalam	42	3	1	46
Kurunegala	59	20	3	82
Total	**101**	**23**	**4**	**128**

Space for Restroom for Medical Officer

Table 13 Space for Restroom for Medical Officer

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Puttalam	14	1	30	1	46
Kurunegala	31	5	45	1	82
Total	**45**	**6**	**75**	**2**	**128**

Restroom for Nursing Officers

Table 14 Restroom for Nursing Officers

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Puttalam	12		34		46
Kurunegala	25	6	46	5	82
Total	**37**	**6**	**80**	**5**	**128**

Restroom for Other Staff

Table 15 Restroom for Other Staff

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Puttalam	18	1	27		46
Kurunegala	34	7	38	3	82
Total	**52**	**8**	**65**	**3**	**128**

Toilet facilities for patients

Table 16 Toilet facilities for patients

RDHS area	Adequate	Not adequate	Not Available	Total
Kurunegala	50	16	16	82
Puttalam	25	20	1	46
Total	**75**	**36**	**17**	**128**

Space for a meeting Room

Table 17 Space for a meeting Room

RDHS area	Adequate	Not adequate	Not Available	Total
Kurunegala	26	5	51	82
Puttalam	10		36	46
Total	**36**	**5**	**87**	**128**

Space for Pantry Area

Table 18 Space Pantry Area

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	30	4	46	2	82
Puttalam	11	1	34		46
Total	**41**	**5**	**80**	**2**	**128**

Services for curative and preventive care

To enhance delivery of curative and preventive care in Primary Health Care Institutes, where facilities are insufficient or nonexistent, it is essential to improve the required facilities and spaces. This will ensure that the PMCIs in the district can effectively meet the healthcare needs of the community. The table of availability of ETU room/ Space for emergency care indicates that out of the 128 PMCIs assessed, 41 of them have adequate space for emergency care. However, there are 11 PMCIs do not have sufficient space, while 74 PMCIs do not have a designated space for delivering emergency care. In this context, provincial health authorities should take immediate necessary actions to establish a space for ETUs, even at the smallest centers, “PMCU”.

Dental Room Facilities

Table 19 Dental Room Facilities

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	29	4	47	2	82
Puttalam	23	4	19		46
Total	**52**	**8**	**66**	**2**	**128**

ETU room/ Space for emergency care

Table 20 ETU room/ Space for emergency care

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	29	8	43	2	82
Puttalam	12	3	31		46
Total	**41**	**11**	**74**	**2**	**128**

Dressing room/ space for wound care

Table 21 Dressing room/ space for wound care

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	58	14	8	2	82
Puttalam	27	4	15		46
Total	**85**	**18**	**23**	**2**	**128**

Injection room facilities

Table 22 Injection room facilities

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	31	4	43	4	82
Puttalam	9		37		46
Total	**40**	**4**	**80**	**4**	**128**

Clinic Rooms

Table 23 Clinic Rooms

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	60	14	6	2	82
Puttalam	33	1	12		46
Total	**93**	**15**	**18**	**2**	**128**

Office Space for PHMs

Table 24 Office Space for PHMs

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	41	1	36	4	82
Puttalam	29		17		46
Total	**70**	**1**	**53**	**4**	**128**

Space for breastfeeding

Table 25 Space for breastfeeding

RDHS area	Adequate	Not adequate	Not Available	Not Reported	Total
Kurunegala	12	1	63	6	82
Puttalam	5		41		46
Total	**17**	**1**	**104**	**6**	**128**

Availability of Staff Quarters and Current Status

Staff quarters play a crucial role in ensuring the uninterrupted healthcare services, particularly in remote areas. It is essential to have designated quarters for Medical Officers (MOOs) and Nursing Officers (NOOs) to enable them to provide uninterrupted services. However, the following tables indicate existence of underutilized quarters. Specifically, 43 quarters are underutilized by MOOs, 5 by NOOs, and an additional 18 quarters by other staff categories. Moreover, there is a shortage of quarters availability for MOOs (31), NOOs (105), and other staff (83).

These findings highlight the need for provincial authorities to analyze the situation and prioritize the provision of appropriate facilities based on requirements. It is important to assess the specific needs of MOOs, NOOs, and other staff members and allocate quarters accordingly. By addressing these issues, provincial authorities can ensure that healthcare professionals have suitable accommodation to ensure their continuous service delivery in remote areas.

Quarters for MOO

Table 26 Quarters for MOO

RDHS area	fully Utilized	Under-Utilized	Not Available	Total
Kurunegala	40	20	22	82
Puttalam	14	23	9	46
Total	**54**	**43**	**31**	**128**

Quarters for NOO

Table 27 Quarters for NOO

RDHS area	fully Utilized	Under-Utilized	Not Available	Not Reported	Total
Kurunegala	5	3	63	11	82
Puttalam	1	2	42	1	46
Total	**6**	**5**	**105**	**12**	**128**

Any Other Quarters

Table 28 Any Other Quarters

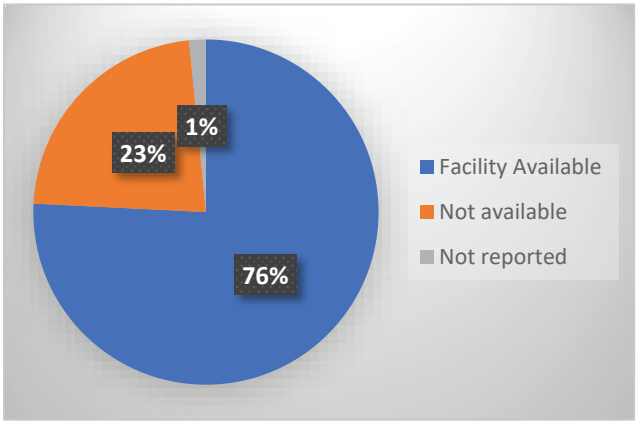
RDHS area	fully Utilized	Under-Utilized	Not Available	Not Reported	Total
Kurunegala	11	9	48	14	82
Puttalam	8		35	3	46
Total	**19**	**9**	**83**	**17**	**128**

Services readiness at the PMCIs

Cervical Cancer Screening (PAP smear testing)

Table 29 Cervical Cancer Screening (PAP testing)

RDHS area	Facility Available	Not available	Not reported	Total
Puttalam	32	14		46
Kurunegala	65	15	2	82
Total	**97**	**29**	**2**	**128**



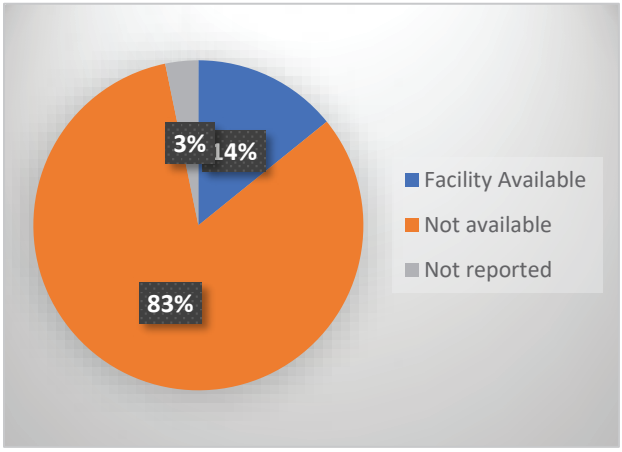
According to the provided information, the pie chart illustrates the distribution of PMCIs with the service availability for Pap tests. Out of a total of 128 PMCIs, 76% have reported having the availability of the service for PAP tests, while 23% of PMCIs do not have such facilities.

Further analysis reveals that among the 97 PMCU facilities, 29 PMCU are lacking the infrastructure for conducting PAP tests, as indicated in the detailed sheet. These findings highlight the significant gap in the readiness for PAP tests within the PMCU if the Medical Officer of health needs to conduct well women clinic in the PMCU for cervical cancer screening.

Facilities for sputum collection for TB screening

Table 30 Facilities for sputum collection for TB screening

RDHS area	Facility Available	Not available	Not reported	Total
Kurunegala	17	64	1	82
Puttalam	4	42		46
Total	**21**	**106**	**1**	**128**



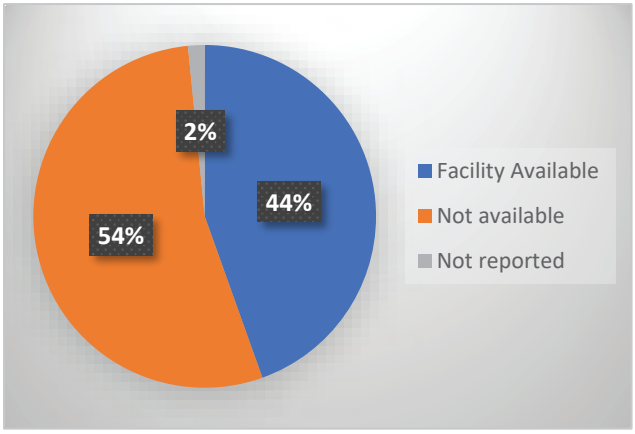
As per the above information, a significant majority of PMCIs, specifically 83%, do not have the necessary facilities to collect sputum for TB screening. This indicates a substantial gap in infrastructure and resources, which can hinder the effective screening and diagnosis of tuberculosis (TB) cases.

On the other hand, a smaller percentage of PMCIs, accounting for 14%, do have the required facilities for sputum collection for TB screening. However as sputum collection centers cannot be established in each PMCIs the staff is encouraged to identify those who need to be investigated for TB are compulsorily referred to those hospitals with facilities.

Facilities to deliver primary oral health care package

RDHS area	Facility Available	Not available	Not reported	Total
Kurunegala	29	51	2	82
Puttalam	28	18		46
Total	**57**	**69**	**2**	**128**

Table 31 Facilities to deliver primary oral health care package



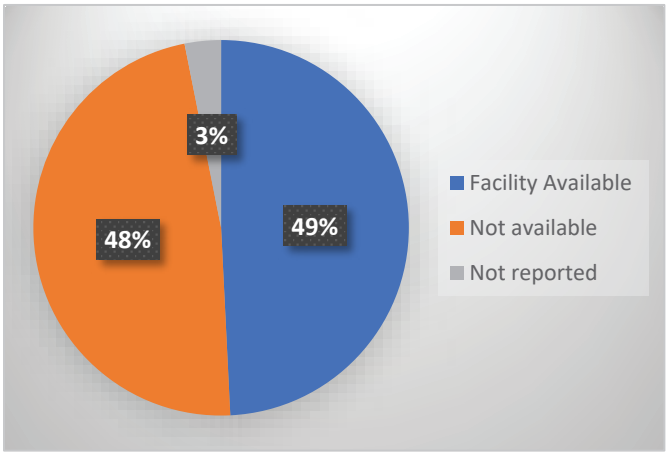
The table above shows that 44% of PMCII have the necessary facilities to deliver primary oral health care packages. This indicates that almost half of the PMCII surveyed are equipped with technology and Human Resource to provide essential oral health services to patients.

However, it is noteworthy to mention that 54% of PMCII do not have the required facilities to deliver primary oral health care at present. It appears as a significant gap in delivery of primary care so that authorities are encouraged to pay the attention as oral health care is an essential commodity in any population.

Facilities to manage the basic emergency

Table 32 Facilities to manage the basic emergency

RDHS area	Facility Available	Not available	Not reported	Total
Kurunegala	40	38	4	82
Puttalam	23	23		46
Total	**63**	**61**	**4**	**128**



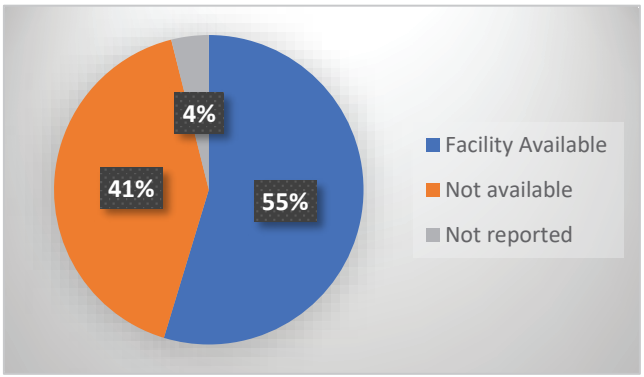
Based on the provided information, it is commendable to note that 49% of PMCII in the province are equipped to provide basic emergency care services to the public. This indicates a significant achievement in ensuring that a majority of PMCIs have the necessary facilities and resources to handle emergency situations effectively.

However, 48% of PMCIs still do not have the required facilities to fulfill the basic emergency care needs. Maximum efforts should be made to address this gap and ensure that all PMCIs in the province are prepared to handle emergency situations promptly and efficiently.

Counseling service through the hospital

Table 33 Counseling service through the hospital

RDHS area	Facility Available	Not available	Not reported	Total
Kurunegala	48	29	5	82
Puttalam	22	24		46
Total	**70**	**53**	**5**	**128**



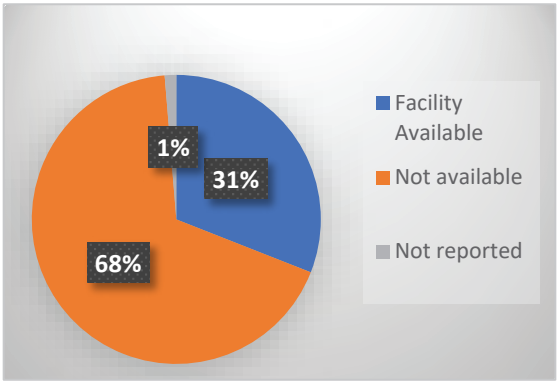
As per the table above, it is commendable to note that 55% of PMCII in the province provide counseling services to the public. This indicates a significant achievement in ensuring that a majority of PMCII have the necessary facilities and resources to handle counseling activities effectively.

However, it is also important to note that 41% of PMCII still do not have the such facilities to ensure better mental healthcare for people.

Providing Mental Health activities or conducting clinics

Table 34 Providing Mental Health activities or conducting clinics

RDHS area	Facility Available	Not available	Not reported	Total
Kurunegala	24	56	2	82
Puttalam	15	31		46
Total	**39**	**87**	**2**	**128**



Mental healthcare activities play a significant role in providing essential primary care services to individuals in need. However, above information indicates that, it is of great concern that 68% of the PMCII surveyed do not have a dedicated mental healthcare clinics service. This indicates a significant gap in the availability of mental health services within the PMCII.

On a positive note, 31% of the PMCII have the necessary facilities to provide mental healthcare services

Minimum preparedness for managing communicable diseases in epidemic nature

It is essential that Primary Health Care Centers should have the designated separate areas to effectively manage suspected patients with Covid-19 infection or other similar outbreaks. These dedicated spaces are required from entry point of the hospital, to isolate the patients at risk and provide treatment by minimizing the transmissibility of the disease to non-infected people. Furthermore, PMCIs should establish an area to display common signs and symptoms of the disease, separate triage areas to efficiently assess the health conditions of patients.

It is important for PMCII to display the major symptoms associated with communicable diseases or outbreaks. These displays raise awareness among patients and visitors, allowing them to recognize possible exposure so that they will take an alternative path without being mixed with others.

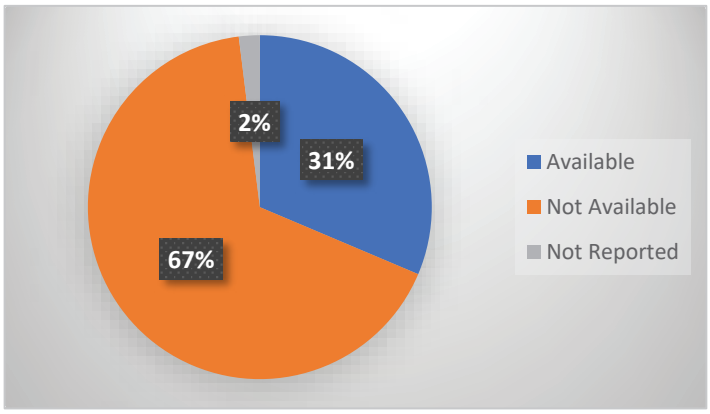
Specifically focusing on divisional hospitals, an analysis was conducted, which revealed the following findings: out of the 88 divisional hospitals (DHH), 16 have designated separate areas available, 11 DHH have established triage areas, and 24 DHH display major symptoms at the entrance of their Outpatient Departments (OPDs). It is essential that all PMCII should improve their preparedness for managing out breaks before the next epidemic comes to country.

By incorporating these measures into PMCII, healthcare facilities demonstrate their readiness to effectively manage and respond to communicable diseases or outbreaks, ensuring the safety of patients, visitors, and healthcare staff.

Separate areas to manage suspected patients of Covid-19 infection or any other epidemic

Table 35 Separate areas to manage suspected patients of Covid-19 infection or any other epidemic

RDHS area	Available	Not Available	Not Reported	Total
Kurunegala	13	24	1	38
Puttalam	3	10		13
Total	**16**	**34**	**1**	**51**



Separate triage area Sign posted at the entrance of all hospitals

Table 36 Separate triage area Sign posted at the entrance of all hospitals

RDHS Area	Available	Not Available	Not Reported	Total
Kurunegala	10	24	4	38
Puttalam	1	12		13
Total	**11**	**36**	**4**	**51**

Major symptoms/ risk factors should be displayed at the entrance All OPDs

Table 37 Major symptoms/ risk factors should be displayed at the entrance All OPDs

RDHS area	Available	Not Available	Not Reported	Total
Kurunegala	20	15	3	38
Puttalam	4	9		13
Total	**24**	**24**	**3**	**51**

Medical equipment and other necessities for NCD screening and diagnosis

The survey focused on identifying the availability and adequacy of essential medical equipment for NCD screening and diagnosis in PMCIs. The results of the survey indicate that there are deficiencies and unavailability of certain items in some PMCIs. In order to ensure uninterrupted PHC (Primary Healthcare) services, it is inevitable for provincial authorities to take action and provide the required items to the PMCIs priority basis.

Table 38 Equipment and other essential items used for NCD screening and Diagnosis

No.	Medical related items	Kurunegala			Puttalam			Total
		AD	NAD	NA	AD	NAD	NA	
1	**BPA**	**80**	**1**	**1**	**46**			128
2	**Microscope**	15	3	59	2	1	42	122
3	**Thermometer**	58	20		17	27		122
4	**Nebulizer**	61	5	10	42	2	1	121
5	**ECG machine**	31	1	45	27	5	13	122
6	**Oxygen supply cylinders**	37		39	20	1	24	121
7	**Ophthalmoscope**	36	1	41	16		29	123
8	**Measurement tape & stadiometer**	76	1	3	41	1	4	126
9	**Weighing machine**	69	3	10	42	2	2	128
10	**Pulse oximeter**	43	4	32	16	1	29	125
11	**Glucometer and strips**	60	16	5	45			126
12	**Cholesterol meter and strips**	62	10	8	45		1	126
13	**Urine ketone tests**	14		61	3		42	120
14	**Spaces for inhalers**	24	2	50	6	1	39	122
15	**Tuning folk**	60		19	13		32	124
16	**Snellen chart**	46	3	27	34		12	122
17	**Torch**	56	9	15	31	1	14	126

18	**WHO/ISH prediction chart**	51		19	42		3	115
19	**Evidence based clinical protocols**	35	2	29	33		13	112
20	**Flow charts with referral criteria**	37	2	26	31		15	111
21	**Patient clinical records**	59	8	7	44		1	119
22	**Medical information register**	46	1	14	45		1	107
23	**Stethoscope**	41	4	32	25		20	122
24	**Weight scale with or without hight measuring**	69	1	8	43		3	124
25	**Hight measuring rode for children and adult**	49	4	25	37		9	124
26	**Weighing scale for infants**	52	1	24	17	1	28	123
27	**length board for infants and young children up to age 2 years**	46		30	16	1	29	122
28	**examination bed**	61	3	15	46			125
29	**tongue depressor**	45	3	29	15		31	123
30	**Tender hammer (Knee hammer)**	70		9	15		31	125

AD: Adequate/ NAD: Not Adequate/ NA: Not available

Human Resource Needs

The primary healthcare policy specifies that every PMCI should have a minimum of two Doctors and one Nursing Officer to ensure the delivery and maintenance of quality PHC services for all citizens. In addition to Medical Officers (MOs) and Nursing Officers (NOs), other essential categories of staff such as MLT, Dispenser. Pharmacist, PHNO, Development Officer etc. are required based on the capacity of the hospitals. This survey aimed to assess the availability in-position of graduate MOO and NOO in PMCIs and examine the current staffing situation.

Availability of Medical Officers in position (Both MOO and RMO):

Within the North Western Province, specifically in the Puttalam region, it has been identified that there are five hospitals that do not have any permanent MO, whether graduate MOs or RMOs. These hospitals rely on relief doctors managed by regional authorities.

Furthermore, among the surveyed PMCII, 68 out of 128 still do not meet the minimum requirement of having at least two Medical Officers. It is imperative to note that this shortage should be addressed by increasing the number of MOO in these PMCIs.

Availability of Nursing Officers in position:

Nursing Officers play a vital role in strengthening PHC services and ensuring the provision of proper care to patients in the PMCI as well as domestically for those who cannot come, including tasks such as vaccination, blood drawing, and ETU care.

However, a significant concern arises within the North Western Province, where 86 PMCIs do not have a single Nursing Officer in position. This issue demands immediate attention from the respective authorities to rectify the staffing gap.

In the following tables the availability of position indicate as follows;

A- Not available single officer
B- Available One
C- Available two
D- Available Three or more

Availability of Graduate Medical Officers

Table 39 Availability of Graduate Medical Officers

RDHS Area	Medical Officers				Total
	A(MO=0)	B(MO=1)	C(MO=2)	D(MO>3)	
Kurunegala	23	26	11	22	82
Puttalam	7	24	9	6	46
Total	**30**	**50**	**20**	**28**	**128**

Availability of RMO/AMO

Table 40 Availability of RMO/AMO

RDHS Area	Registered Medical Officers (RMO)				Total
	A(MO=0)	B(MO=1)	C(MO=2)	D(MO>3)	
Kurunegala	42	34	4	2	82
Puttalam	37	7	1	1	46
Total	**79**	**41**	**5**	**3**	**128**

Availability of all medical Officers (Graduate MO and RMO)

Table 41 Availability of all medical Officers (Graduate MO and RMO)

RDHS Area	A(MO=0)	B(MO=1)	C(MO=2)	D(MO>3)	Total
Kurunegala		42	13	27	82
Puttalam	5	21	13	7	46
Total	**5**	**63**	**26**	**34**	**128**

Availability of Nursing Staff

Table 42 Availability of Nursing Staff

RDHS Area	Nursing Officer				Total
	A	B	C	D	
Kurunegala	48	4	4	26	82
Puttalam	38		1	7	46
Total	**86**	**4**	**5**	**33**	**128**

Other Essential Categories for Primary Healthcare Services

In addition to the Medical Officers (MOs) and Nursing Officers (NOs), several other categories such as Dental surgeons, MLT, Dispenser, Pharmacist, Development Officer and SKS etc. are required to ensure effective and comprehensive Primary Healthcare (PHC) services. Respective authorities should take necessary actions to mobilize these cadres and address the issue of above categories depending on the specific needs, services, and resources of each Primary Healthcare Center (PMCI) by carefully assessing the requirements of each PHC center. It is essential for the authorities to consider factors such as health needs of the empaneled population, geographical distribution, service demands, and available resources when determining the appropriate cadre and staffing for PMCIs. Regular assessments, monitoring, and evaluation should be conducted to identify emerging needs and ensure that the workforce is adequately enforced to deliver high-quality PHC services.

Availability of Ward Sister

Table 43 Availability of Ward Sister

RDHS Area	Ward Sister			Total
	A	B	C	
Kurunegala	67	4	11	82
Puttalam	43	2	1	46
Total	**110**	**6**	**12**	**128**

Availability of Dental surgeon

Table 44 Availability of Dental surgeon

RDHS Area	Dental Surgeon				Total
	A	B	C	D	
Kurunegala	53	27	2		82
Puttalam	32	13		1	46
Total	**85**	**40**	**2**	**1**	**128**

Availability of Medical Laboratory Technologists (MLT)

Table 45 Availability of Medical Laboratory Technologists (MLT)

RDHS Area	A	B	C	D	Total
Kurunegala	66	11	5		82
Puttalam	40	2	3	1	46
Total	**106**	**13**	**8**	**1**	**128**

Availability of PHNO

Table 46 Availability of PHNO

RDHS Area	PHNO				Total
	A	B	C	D	
Kurunegala	53	23	2	4	82
Puttalam	43	3			46
Total	**96**	**26**	**2**	**4**	**128**

Availability of Pharmacist

Table 47 Availability of Pharmacist

RDHS Area	Pharmacist				
	A	B	C	D	Total
Kurunegala	70	8	4		82
Puttalam	41	2	2	1	46
Total	**111**	**10**	**6**	**1**	**128**

Availability of Dispenser

Table 48 Availability of Dispenser

RDHS Area	Dispenser				Total
	A	B	C	D	
Kurunegala	8	48	26		82
Puttalam	5	34	6	1	46
Total	**13**	**82**	**32**	**1**	**128**

Availability of Development Officer

Table 49 Availability of Development Officer

RDHS Area	Development Officers				Total
	A	B	C	D	
Kurunegala	36	25	9	12	82
Puttalam	37	5	1	3	46
Total	**73**	**30**	**10**	**15**	**128**

Availability of Management Assistant

Table 50 Availability of Management Assistant

RDHS Area	Management Assistant				Total
	A	B	C	D	
Kurunegala	72	9	1		82
Puttalam	43	1		2	46
Total	**115**	**10**	**1**	**2**	**128**

Patient record system and referral mechanism

Under the Ministry of Health (MoH), there are two systems involved in recording patient clinical information: Health Information Management Systems (HIMS) and Hospital Health Information Management Systems (HHIMS).

HIMS primarily operates at Healthy Life Style centers within the Primary Health Care Centers. These centers serve as the primary care point for patients, offering essential healthcare services. HIMS enables the PMCIs to effectively manage and maintain patient clinical information, including medical histories, risk assessment and stratification based on WHO risk chart. It is proposed to design to cater to the specific needs and workflows of primary healthcare settings. On the other hand, HHIMS is primarily utilized in tertiary/secondary care hospitals, and it is being extended to divisional hospitals too. HIMS being a cloud-based system officials involved in health planning can access to summary data while HHIMS being functional within institutions access to data at national level is impossible.

Received information indicates that out of the total 32 PMCII utilize HIMS system, while the remaining PMCIs have not yet implemented HIMS

Currently available digital patient record system

Table 51 Currently available digital patient record system

RDHS area	HIMS	HHIMS	Any Other	Not Reported	Total
Kurunegala	18		2	62	82
Puttalam	14	1		31	46
Total	**32**	**1**	**2**	**93**	**128**

Internet connectivity

When evaluating the internet facilities in PMCII, it is of concern that 82 hospitals out of the total have no internet connectivity. This indicates a significant gap in the connectivity leading to inaccessibility to essential online system at those specific PMCII. It is essential to address this issue and ensure that all PMCII have a reliable internet connectivity to establish cloud based HIMS.

Table 52 Internet connectivity

RDHS area	Yes	No	Not Reported	Total
Kurunegala	27	54	1	82
Puttalam	18	28		46
Total	**45**	**82**	**1**	**128**

According to the study, it was found that some PMCIs have multiple types of internet connectivity, such as wired and Wi-Fi connections. In order to ensure efficient and effective usage of internet connectivity in PMCIs, it is recommended that MoH and provincial health authorities study the feasibility of providing a unified connectivity solution. For example, the bellow information depicts those 31 hospitals having both kind of connectivity of wired and Wi-Fi.

Nature of the connectivity

Table 53 Nature of the connectivity

RDHS Area	Fiber	Wired	Wi-Fi	More than one	Not reported	Total
Kurunegala	3	7	11	6	55	82
Puttalam	1	8	5	4	28	46
Total	**4**	**15**	**16**	**10**	**83**	**128**

Laboratory Investigation Facilities

Laboratory facilities in primary healthcare settings are indeed crucial for NCD management and ensuring quality patient care. While it may not be feasible to establish fully-fledged laboratories in every Primary Health Care Center due to resource constraints, alternative approaches can be adopted to address this issue. One approach is the establishment of a laboratory network, where certain PMCII are designated as sample collection centers. These centers can collect samples from patients and sent them to centralized laboratories or nearby hospital with a laboratory for necessary investigations. In the North Western province, several concerns have been identified regarding laboratory facilities. Here is a summary of the highlighted concerns:

Availability of Medical Laboratory Technicians (MLT):

- There are 23 hospitals in the province that have laboratory facilities with MLT staff.

Unavailability of MLT in some hospitals:

- There is one (1) hospital (DHC) where the laboratories are not functional due to the unavailability of MLT staff indicating a challenge in recruitment.

Lack of laboratory facilities in some hospitals:

- There are three (3) DHB, Twelve (12) DHC and Fifty-Three (53) PMCIs without laboratory facilities.
- This suggests that patients seeking laboratory services in these areas may need to rely on alternative hospitals or healthcare facilities.

Sample sending from PMCII to nearby hospitals:

- Three (3) DHA, nine (9) DHB and Eighteen (18) PMCIs in the North Western province send their samples to nearby hospitals for laboratory testing.

Table 54 Availability of Laboratory facilities

	A			C	D			E			Not responded	
RDHS area	**DHA**	**DHB**	**DHC**	**DHC**	**DHB**	**DHC**	**PMCU**	**DHB**	**DHC**	**PMCU**	**PMCU**	**Total**
Puttalam	2	3	1				19	1	6	14		46
Kurunegala	9	8		1	3	12	34	2	3	4	6	82
Total	**11**	**11**	**1**	**1**	**3**	**12**	**53**	**3**	**9**	**18**	**6**	**128**

A - A functioning laboratory with MLT is available
B- Laboratory available, but functions with relief MLT
C- Laboratory available, but not functioning due to the unavailability of MLT
D- No Laboratory
E- Sending samples to nearby lab

Providing laboratory services to nearby hospitals

In the North Western province, out of the 24 hospitals with available laboratory facilities, it is noteworthy that they are providing laboratory services to 20 nearby hospitals within the lab network. This indicates a collaborative approach to ensure access to laboratory testing.

Table 55 Laboratory service providing

	Service providing			
RDHS area	**DHA**	**DHB**	**DHC**	**Total**
Puttalam	2	2	1	5
Kurunegala	9	6		15
Total	**11**	**8**	**1**	**20**

Alternative Approaches for laboratory Services

In the PSSP project, one of the minimum requirements is the capability to conduct lab tests for glucose and cholesterol. It is essential that all Primary Health Care Centers have a feasible methodology to provide laboratory services to the people. In cases where a PMCI does not have its own laboratory, alternative approaches should be implemented to ensure the availability of investigative facilities.

By this survey identified some potential methodologies which are being used by PMCIs:

Usage of strips: PMCII utilize strips or test kits for glucose and cholesterol testing. These strips provide a quick and convenient method for obtaining test results for screening purpose, requiring minimal technology and training.

Sending samples to nearby hospitals or central laboratories: In situations where PMCIs are lacking in their own laboratory, samples can be sent to nearby hospitals or central laboratories for testing. This approach ensures that patients can still access to necessary diagnostic investigations within the network.

Point-of-care machines: Implementing point-of-care machines in PMCIs facilitate for on-site testing for many variables. These portable devices provide rapid results, enabling immediate diagnosis and treatment decisions. This could be mostly recommended for PMCIs situated in remote areas where sample sending is difficult.

It is crucial to establish at least one of these methodologies in PMCII to fulfill the minimum requirement set by the PSSP. Failure to do so may result in people seeking private laboratory services, which can be costly and less accessible.

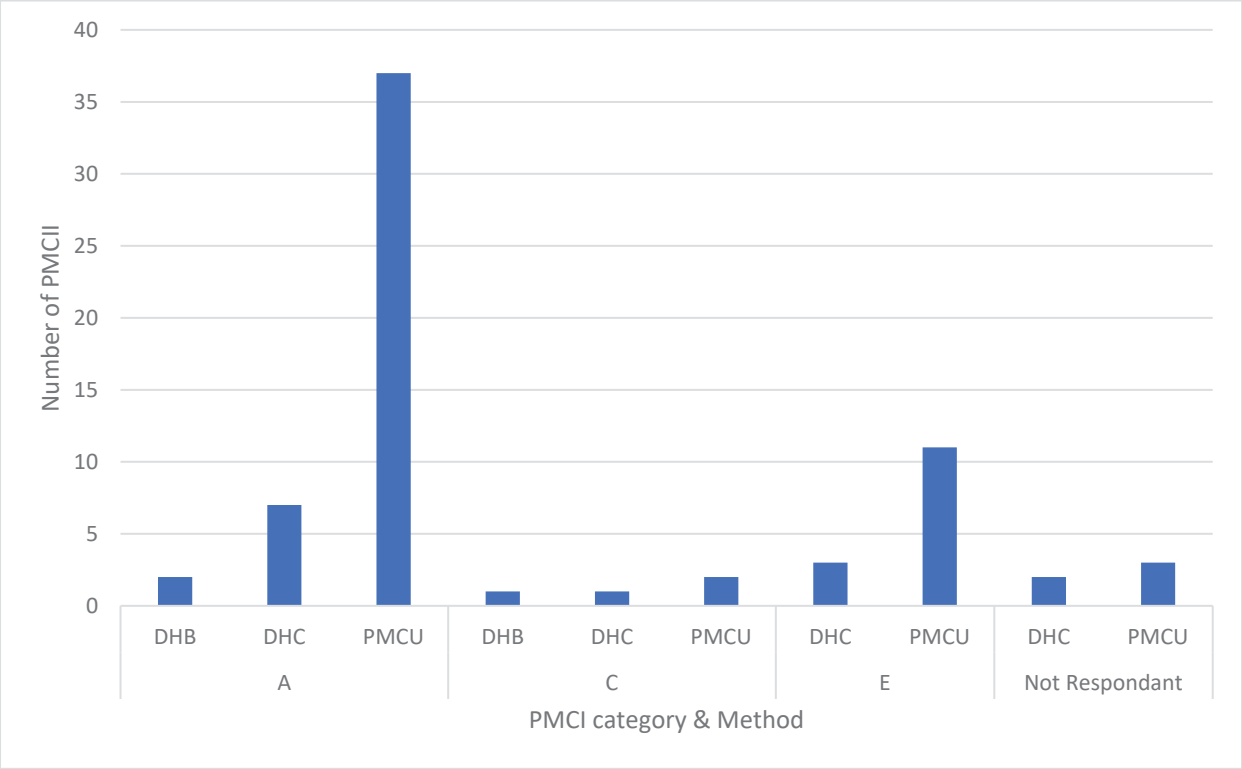
By ensuring access to glucose and cholesterol lab tests through alternative approaches, PMCII can effectively meet the diagnostic needs of their patients. Managing the minimum required tests in PMCII that do not have their own laboratory involves adopting alternative approaches. According to the survey results, only 46 PMCII (46 out of 128) utilize the strips method for conducting blood glucose test including 2 DHB, 7 DHC and 37 PMCU. In fact, the survey findings indicate that two PMCIs send their samples to a central laboratory for testing. However, it is concerning that eight PMCIs reported not using any alternative methods other than referring patients to private laboratories for their required tests. This dependence on private laboratories may result in increased out of pocket costs for patients and potential disparities in access to essential diagnostic services. To improve the situation, it is recommended that efforts be made to expand the utilization of alternative methods in PMCIs without their own laboratories. This can include implementing the strips method, establishing connections with nearby hospitals or central laboratories for sample testing, or introducing point-of-care machines for on-site testing.

Alternative laboratory methods

Table 56 Usage of alternative methods for blood glucose

RDHS Area	A			C			E		Not Respondent		Total
	DHB	DHC	PMCU	DHB	DHC	PMCU	DHC	PMCU	DHC	PMCU	
Kurunegala	2	7	20	1	1	1	3	11	2	2	50
Puttalam			17			1				1	19
Grand Total	**2**	**7**	**37**	**1**	**1**	**2**	**3**	**11**	**2**	**3**	**69**

A: By glucose meters / Cholesterol meter
B: Point of care
C: By sending sample to laboratory in nearby hospitals
D: By Sending samples to Central Laboratory
E: By patent through private laboratory



Cholesterol

Table 57 Usage of alternative methods for cholesterol

RDHS Area	A			C			E		Not respondent		Total
	DHB	DHC	PMCU	DHB	DHC	PMCU	DHC	PMCU	DHC	PMCU	
Kurunegala	2	6	20	1	2	1	3	11	2	2	50
Puttalam			17			1				1	19
Total	**2**	**6**	**37**	**1**	**2**	**2**	**3**	**11**	**2**	**3**	**69**

Creatinine

Table 58 Usage of alternative methods for creatinine

RDHS Area	B	C			D	E		Not respondent		Total
	DHB	DHB	DHC	PMCU	PMCU	DHC	PMCU	DHC	PMCU	
Kurunegala	1	2	3	9	4	7	14	3	7	50
Puttalam				1					18	19
Total	**1**	**2**	**3**	**10**	**4**	**7**	**14**	**3**	**25**	**69**

Drug Supplies

The drug supply chain is of utmost importance in primary health care settings to ensure uninterrupted access to essential medications and provide better services to all citizens. In the context of the PSSP, one of the main capabilities is to ensure that PMCII maintain an adequate supply of essential drugs with no outages for a period of five-days at any given time.

Proper drug storage plays a crucial role in maintaining the quality and efficacy of medications. Therefore, it is essential for each and every PMCI to have appropriate facilities such as air-conditioning systems and refrigerators. These facilities help to regulate temperature and humidity, ensuring that drugs are stored under optimal conditions. It is the responsibility of provincial health authorities and the PSSP project to prioritize the provision of appropriate infrastructure and equipment, including air-conditioning systems and refrigerators, in PMCII.

Drugs Ordering and estimating annual drug requirement

In the survey conducted, it was found that the majority of PMCII follow a self-assessment approach for drug ordering and estimating the annual drug requirement. Specifically, out of the 128 PMCII surveyed, 69 PMCII reported preparing their annual estimate independently. Additionally, these PMCII assessed their annual drug requirement by increasing a certain percentage from the previous year's estimates. By adopting self-assessment approaches to drug ordering and estimating annual drug requirements, PMCII can enhance their ability to provide essential medications to patients without interruptions. Continuous evaluation and improvement of these practices will contribute to efficient drug management and ultimately improve the quality of care delivered in primary health care settings.

Drugs Ordering

Table 59 Drugs Ordering

RDHS area	Annual estimates are prepared by PMCI	regional level drug stores will take care	Not Reported	Total
Kurunegala	77	3	2	82
Puttalam	46			46
Total	**123**	**3**	**2**	**128**

Estimate annual drug requirements

Table 60 Estimate annual drug requirements

RDHS area	Increase by a certain percentage from last year's estimates	Regional-level officers will do the calculations	Not Reported	Total
Kurunegala	73	2	7	82
Puttalam	46			46
Total	**119**	**2**	**7**	**128**

The survey aimed to investigate the frequency of shortfalls in essential drugs and the practice of prescribing medications and requesting patients to purchase them from outside sources. The results indicate the following trends among the surveyed PMCII (128 in total)

Frequency of Drug Shortages:

11% of PMCII reported rare occurrences of drug shortfalls during the survey period. This suggests that a majority of PMCII were able to maintain a steady supply of essential drugs without significant interruptions.

45% of PMCII experienced frequent occurrences of drug shortages. This indicates a notable proportion of PMCII faced challenges in maintaining an adequate drug supply, which can impact patient care and healthcare delivery.

40% of PMCII reported occasional shortfalls in drug availability. While not as frequent as the aforementioned category, this still highlights instances where patients may experience transient difficulties in accessing to necessary medications.

External Prescription Practices:

12% of PMCII managed to provide medications within their own system, indicating that a significant proportion of PMCII were able to meet the medication needs of patients from their own drug supply.

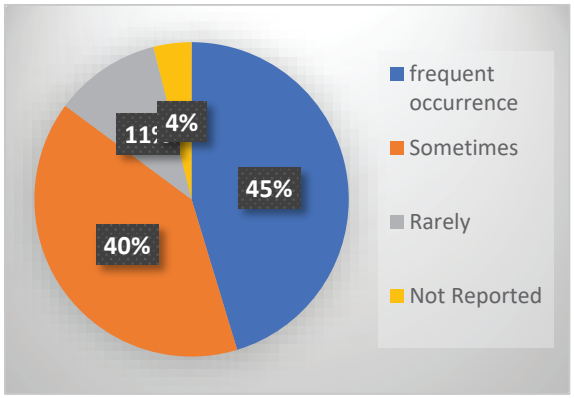
44% of PMCII frequently asked patients to buy drugs from outside sources. This suggests that a notable percentage of PMCII relied on patient's purchasing power on medications externally, ich may have attributed to causes of not maintaining a steady drug supply.

42% of PMCII managed to address drug shortages to some extent, potentially through alternative means such as sourcing medications from other facilities or utilizing available resources within the system.

Shortfall of essential medicines at the institution

Table 61 Shortfall of essential medicines at the institution

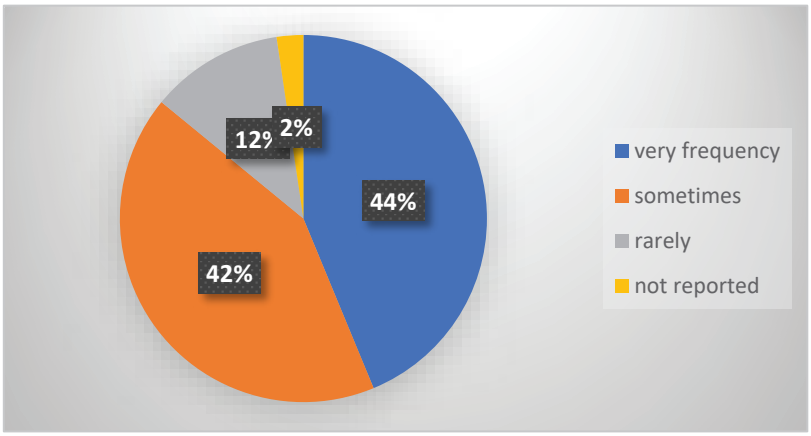
RDHS area	frequent occurrence	Sometimes	Rarely	Not Reported	Total
Kurunegala	24	40	13	5	82
Puttalam	34	11	1		46
Total	**58**	**51**	**14**	**5**	**128**



Prescribe drugs & request patients to buy from outside

Table 62 Prescribe drugs & request patients to buy from outside

RDHS area	very frequency	sometimes	rarely	not reported	Total
Kurunegala	19	45	15	3	82
Puttalam	37	9			46
Total	**56**	**54**	**15**	**3**	**128**



Drug Storage Facilities

Proper drug storage is crucial for maintaining the quality and efficacy of medications in primary health care settings. The survey findings reveal that almost all PMCII keep drug storage in optimum temperature conditions, primarily utilizing air-conditioning or refrigeration facilities.

Among the 128 PMCIs, the following trends were observed:

Air-Conditioning Facilities:

76 PMCII (59%) have dedicated air-conditioned drug storage rooms. These facilities ensure that medications are stored at the recommended temperature to maintain their efficacy.

Refrigeration Facilities:

In cases where air-conditioning rooms are not available, 105 PMCII (82%) use refrigerators as an alternative method to maintain the optimum temperature for drug storage.

Only 19 PMCII (15%) reported not having any refrigeration facilities, suggesting a potential need for improvement in those specific facilities.

These findings indicate that the majority of PMCII (124 out of 128) have implemented effective measures for drug storage, either through air-conditioned rooms or refrigerators. However, the 4 PMCII without any refrigeration facilities should be considered immediately to ensure that all PMCII adhere to proper drug storage practices.

Provincial health authorities should continue to prioritize the provision of appropriate storage facilities in PMCII, including air-conditioned rooms or refrigerators, to safeguard the quality of medications. Regular monitoring and maintenance of these storage systems are essential to ensure that drugs remain safe and effective for patient use.

By maintaining optimum temperature conditions for drug storage, PMCII can contribute to the delivery of quality healthcare services, enhance patient safety, and ensure the efficacy of medications in primary health care settings.

Good storage facility with AC to store pharmaceuticals

Table 63 Good storage facility with AC to store pharmaceuticals

RDHS area	Yes	No	not reported	Total
Kurunegala	37	43	2	82
Puttalam	39	7		46
Total	**76**	**50**	**2**	**128**

A refrigerator to store such required

Table 64 A refrigerator to store such required

RDHS area	Yes	No	not reported	Total
Kurunegala	62	16	4	82
Puttalam	43	3		46
Total	**105**	**19**	**4**	**128**

Citizen engagement committee and Grievances redress

The establishment of Friends of facility Committees (FFCs) and their functions is one of the main disbursements linked indicators in the Primary Health Care Strengthening Project (PSSP). FFCs are expected to work in collaboration with the relevant PMCI and enhance services within the community surrounding hospitals, ultimately improving primary health care delivery. In line with this objective, the Ministry of Health (MoH) developed a comprehensive guideline, which has been approved by the MoH and adopted by all provincial health authorities. A survey was conducted to assess the awareness of the FFC guideline among all Primary Health Care Centers and determine whether they have established FFCs in adherence to the guidelines. Additionally, the survey aimed to evaluate the functionalities of existing FFCs and the implementation of grievance management methods by PMCII. Based on the information received, the following key findings are highlighted:

Awareness of FFC Guidelines:

Out of the total 128 PMCIs, 63 PMCIs have demonstrated awareness of the FFC guidelines. This indicates a considerable level of familiarity with the purpose and objectives of FFCs.

The remaining PMCIs should be made aware of the FFC guidelines to ensure consistent implementation across all primary health care settings.

Establishment of FFCs in the North Western Province:

In the North Western Province, 48 PMCIs have successfully established FFCs, indicating their commitment to community engagement and improved service delivery.

For the remaining PMCIs in the region, it is crucial to initiate the establishment of FFCs to promote community engagement and enhance primary health care services.

Frequency of FFC Meetings:

Among the PMCIs that have established FFCs, it is encouraging to note that most of them conduct quarterly meetings. These meetings serve as platforms for discussing the requirements and processes of primary health care services.

Regular meetings enable effective communication, coordination, and continuous improvement in the delivery of primary health care.

Overall, the findings suggest a positive trend in FFC awareness and implementation in primary health care settings. To maximize the benefits of FFCs, it is essential to ensure that all PMCIs are aware of the FFC guidelines and actively work towards establishing FFCs. Ongoing support and guidance should be provided to PMCIs, particularly those that have not yet established FFCs, to facilitate the implementation process. Regular FFC meetings should be encouraged to promote collaboration, addressing concerns, and enhance the quality of primary health care services in the respective regions.

Awareness of Friend of Facility Committee "Suwaseva Mithuro"

Table 65 Awareness of Friend of Facility Committee "Suwaseva Mithuro"

RDHS area	Yes	No	not reported	Total
Kurunegala	32	49	1	82
Puttalam	31	15		46
Total	**63**	**64**	**1**	**128**

Establishment of "Suwaseva Mithuro"

Table 66 Establishment of "Suwaseva Mithuro"

RDHS area	Yes	No	not reported	Total
Kurunegala	27	50	5	82
Puttalam	21	25		46
Total	**48**	**75**	**5**	**128**

How frequently do they meet

Table 67 Establishment of "Suwaseva Mithuro"

RDHS area	Monthly	Quarterly	Annually	Not reported	Total
Kurunegala	3	22	3	54	82
Puttalam	2	17		27	46
Total	**5**	**39**	**3**	**81**	**128**

Implementation and Analysis of Grievance Redress Mechanism

The Ministry of Health (MoH) has taken the initiative to establish a Grievance Redress Mechanism (GRM) to address public grievances and provide timely solutions within the health sector. The GRM aims to ensure that grievances raised by the public are effectively managed and resolved at appropriate levels, based on the nature of the grievance. The survey conducted on the implementation of the Grievance Redress Mechanism (GRM) in PMCII has provided valuable insights into the current status of grievance management and suggests areas for improvement. The following key findings and recommendations have been identified:

Grievance Box (Suggestion box)

Out of 128 PMCII surveyed, 83 PMCII have established grievance boxes at their premises to collect public grievances.

However, there is a need to encourage and promote the establishment of grievance boxes in the remaining 43 PMCII to ensure a standardized and accessible approach for receiving grievances.

Regular Analysis of Grievances:

Only 49 PMCII reported conducting weekly analysis of grievances received through the grievance boxes.

It is recommended that all PMCII adopt a regular analysis process to systematically review and address public grievances in a timely manner.

Awareness and Responsibility:

It is crucial for all management staff within PMCII to be aware of the GRM and their role in addressing grievances.

Management should take proactive steps to analyze grievance trends and encourage corrective actions within their authority.

If corrective actions cannot be taken at the local level, management should escalate the grievances and seek guidance and intervention from higher authorities.

Any grievance/ suggestion box kept at the institution

Table 68 Any grievance/ suggestion box kept at the institution

RDHS Area	Yes	No	Not reported	Total
Kurunegala	57	24	1	82
Puttalam	26	19	1	46
Total	**83**	**43**	**2**	**128**

How frequently check the box

Table 69 How frequently check the box

RDHS Area	weekly	monthly	not looking at it	not reported	Total
Kurunegala	29	25	1	27	82
Puttalam	20	4		22	46
Total	**49**	**29**	**1**	**49**	**128**

Corrective measures are undertaken in such situations.

Table 70 Corrective measures are undertaken in such situations

RDHS Area	Yes	No	Not Reported	Total
Kurunegala	44	11	27	82
Puttalam	18	7	21	46
Total	**62**	**18**	**48**	**128**

Conclusion

The survey results have provided considerable amount of information with regard to the capability of PMCII in North Western province for delivery of primary health care services effectively and efficiently. All officers involved in decision making, managing resources, implementing day today activities, monitoring and supervising should be able to refer to the information provided and take appropriate actions to minimize the gaps indicated so that the people in North Western province will enjoy a satisfactory qualitative PHC service.

This survey might have missed some areas of concerns. Therefore, a similar exercise should be conducted regularly at least in every two years with an improved questionnaire to reveal any overlooked areas which has public concerns.

It will be noteworthy to compare these results with the information provided in the situation analysis report published in 2019 to make sure that some number of gaps identified early, have been addressed. However, the due attention paid by provincial officers and their commitment will prove an excellent primary care service to population in North Western province.

Annexure I

Situation Analysis 2023
Primary Healthcare System Strengthening Project – PSSP

Section 1 of 4

1. Name of Enumerator
   :……..
2. Designation
   :…….……..……
3. Contact Number
   :…….…….
4. Email :.....
5. Data of visit
   :……..

Section 2 of 4

Institution Details

1. Provincial Director of Health Services area
   :……..
2. Regional Director of Health Services area :……..
3. Name of the PMCI
   :……
4. Category of the Hospital :
   - Divisional Hospital A ☐
   - Divisional Hospital B ☐
   - Divisional Hospital C ☐
   - PMCU ☐

Section 3 of 4

Services and Infrastructure

3.1 Water supply services to the hospital

Well water	☐	Protected well ☐	Unprotected well ☐
Tube well	☐		
Pipe born water	☐		
Other	☐		

3.2 Is safe drinking water available in OPD/ Clinic areas?

Yes ☐ No ☐

3.3 Main source of electricity

No electricity	☐
Main line	☐
Generator	☐
Solar power	☐
Other	☐

3.4 Availability of backup generator

Yes ☐ No ☐

3.5 If yes Current condition of the generator

Working ☐
Not working ☐
Capacity not adequate ☐
Other ☐

3.6 Waste disposal methods

3.6.1 Is the segregation of waste done?

Yes ☐ No ☐

3.6.2 How do you handle disposal of clinical waste?

Burning at premises ☐
Incinerating ☐
Sending to incinerator available hospital ☐
Sending to Local Authorities ☐
Other ☐

Physical space and Infrastructure and HR requirements at Primary care institutions

3.7 Physical space and Infrastructure

	Yes	No	If "No" whether is it required (pls tick)	Adequate*		Not Adequate
Waiting area for patients available						
Space for consultation rooms						
Dispensary /Pharmacist or dispensers' room						
Drug store area						
Laboratory room						
Rest room medical officers						
Rest room for nursing staff						
Rest room for other staff						
Toilet facilities for patients (male and Female)						
Space for a meeting room						
Pantry area						

*** Please refer to general circular 01-29/2018 published by MoH - physical space norms for primary health care facilities**

3.7.1 if any additional requirements/remarks please mention……..

……
……

3.8 Availability of Health Quarters and current status

	Yes	No	fully utilized	Under utilized
Quarters for MOO				
Quarters for NOO				
Any Other quarters*				

3.8.1 Any Other quarters please specify:
……..

Services for curative and preventive care work

3.9 Infrastructure Facilities to deliver services

	Yes	No	If "No" whether is it required (pls tick	Adequate	Not Adequate
Dental room facilities					
ETU room/ space for emergency care					
Dressing room/space for wound care					
Injection room facilities					
Clinic room/rooms to handle ANC/FP/Well women clinic/NCD care /nutrition promotion work					
Office space for PHMs (for those who visit from MOH office)					
Office space for PHIs (for those who visit from MOH office)					
space for breastfeeding					

3.9.1 if any additional requirements/remarks please mention……..

……
……

Minimum preparedness to provide covid 19 and or any communicable diseases outbreak emergency responses at OPD and Emergency Department care

3.10 Availability of facilities and services to manage any out diseases outbreak emergency Responses

	Yes	No
Separate areas to manage suspected patients to have Covid-19 infection or any other epidemic		
Separate triage area Sign posted at the entrance of all hospitals		
Major symptoms/risk factors should be displayed at the entrance All OPDs		

Equipment and other items used for NCD screening and diagnosis

3.11 Availability of essential medical equipment

	Yes	No	Number Adequate	Number Not Adequate
Blood pressure apparatus				
Microscope				
Thermometer				
Nebulizer				
ECG machine				
Oxygen supply cylinders				
Ophthalmoscope				
Measurement tape & stadiometer				
Weighing machine				
Pulse oximeter				
Glucometer and strips				
Cholesterol meter and strips				
Urine ketone tests				
Spaces for inhalers				
Tuning folk				
Snellen chart				
Torch				
WHO/ISH prediction chart				
Evidence based clinical protocols				
Flow charts with referral criteria				
Patient clinical records				
Medical information register				
Stethoscopes				
Weight scale with or without height measuring				
Height measuring rod for children and adults				

Weighing scales for infants				
Length board for infants and young children up to age 2 years				
Examination bed				
Tongue depressor				
Tendon hammer (knee hammer)				

Human resource needs

3.12 Availability of HR

	Approved cadre	In position
Medical officers		
Dental surgeon		
RMO/AMO		
Ward Sister		
Nursing staff		
Medical Lab Technicians (MLT)		
Pharmacist		
Dispenser		
PHNO		
Development Officer		
Management Assistant		
SKS staff		
Multi task force (Bahukarya) staff		

Section 4 of 4

Project-Related Specific Question

4.1 Does the institution has facilities to conduct cervical cancer screening (PAP smear testing)

Yes ☐ No ☐

4.2 Do you have the facilities for sputum collection for TB Screening

Yes ☐ No ☐

4.3 Dose the hospital has facilities to deliver primary oral health care package?

Yes ☐ No ☐

4.4 Dose the hospitals has facilities to manage the basic emergencies

Yes ☐ No ☐

4.5 Are you providing routine nutrition counselling services through the hospital?

Yes ☐ No ☐

4.6 Are you providing mental health activities or conduct clinics?

Yes ☐ No ☐

Patient record system and referral mechanism

4.8 Currently available digital patient record system

HIMS ☐ HHIM ☐ Any Other …….

4.9 Does the hospital have internet facility?

Yes ☐ No ☐

4.10 If yes what kind of connectivity?

Fibre ☐
Wired ☐
Wi Fi router ☐
Dongle ☐
Other ☐

4.11 Does the hospital have local wired network system?

Yes ☐ No ☐

12 Do you have computer facilities at the institute?

Yes ☐ No ☐

Laboratory investigation facilities

5. Availability of laboratory facilities

A. Functioning laboratory with MLT is available ☐
B. Laboratory available, but functions with relief MLT ☐
C. Laboratory available, but not functioning due to the unavailability of MLT ☐
D. No laboratory ☐
E. Sending samples to nearby lab ☐

5.1 If your answer to question No 05 is "A", do you provide laboratory services to the nearby hospitals and MOHs

Yes ☐ No ☐

5.2 If answer is "Yes" please indicating name of Hospitals and MOHs

……..

5.3 If your answer to question No 05 is "B" & "C", Do you have a MLT in the approved hospital carder?

Yes ☐ No ☐

5.4 If your answer to question No 5 is "C" or “D" how do you provide following basic laboratory facilities

	By glucose meter / Cholesterol meter	By point of care analyzer	By sending sample to laboratory in nearby hospital	By sending samples to central laboratory	By patient through private laboratory
Blood glucose					
Cholesterol					
Creatinine					

Drug supplies

6. How do you make the orders for medical supplies
   - ☐ Annual estimates are prepared by you
   - ☐ Regional level drug stores will take care of that
   - ☐ Regional office will discuss with you and do the calculations
   - ☐ No specific mechanism to do this

6.1 How do you estimate your annual drug requirements?
   - ☐ Increase by certain percentage from last year’s estimates
   - ☐ Regional level officers will do the calculations
   - ☐ Not involve at all

6.2 How frequently you experience with shortfall of essential medicines at your institution
   - ☐ Frequent occurrence
   - ☐ Sometimes
   - ☐ Rarely

6.3 How frequently you prescribe drugs and request patients to buy from outside pharmacies
   - ☐ Very frequently
   - ☐ Sometimes
   - ☐ Rarely

6.4 Do you have a good storage facility with AC to store pharmaceuticals
Yes ☐ No ☐

6.5 Do you have a refrigerator to store such required
Yes ☐ No ☐

Citizen Engagement

6.6 Are you aware about existing government guidelines on functioning of Friends of facility committee "Suwasewa Mithuro"
Yes ☐ No ☐

6.7 Have you established a "Friends of facility committee?"

Yes ☐ No ☐

6.8 How frequently they meet

Monthly ☐
Quarterly ☐
Annually ☐

6.9 Is there any appointment system adopted at the institution for consulting patients

Yes ☐ No ☐

6.10 Is there any grievance/suggestion box kept at the institute.

Yes ☐ No ☐

6.11 If Yes- How frequently you check the box

Weekly ☐
Monthly ☐
Not looking at it ☐

6.12 Any corrective measures are undertaken in such situations.

Yes ☐ No ☐

In addition to the above details, are there any things you suggest to improve the services

……
……

……
……

Authorization

I hereby declare that the information given above is true and accurate to the best of my knowledge.

……..……

Authorized Officers' Name and designation **Date:**

……
Authorized Officers' Signature