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

Southern Province

Reorganizing Primary Health Care in Sri Lanka

Preserving our progress, preparing our future

Primary HealthCare System Strengthening Project (PSSP)

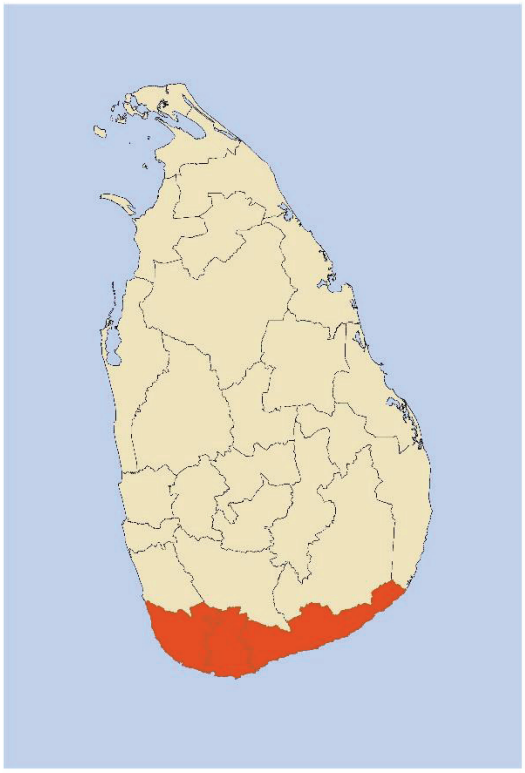
May 2023

Situational Analysis on Capabilities of Primary Medical Care Institutes

Towards

Delivery of Primary Medical Care

2023



Southern Province

Acknowledgment

This study was conducted for the fulfillment of activities related to Disbursement Linked Indicators of the Primary Health Care System Strengthening Project (PSSP), Ministry of Health.

I acknowledge the valuable guidance given by Dr. Deepika Attygalle, Senior Health Specialist World Bank, South Asia, and the Task Team Leader for the project during the planning of the study. The advice and assistance given by Dr. Chandima Sirithunga, Provincial Director Southern Province is sincerely recorded.

Similarly the technical assistance given during the planning stage and active contribution extended to implement the study by Dr K.M Somarathne, Dr Deepika Patabandige, Dr M.W.M.K. Madiwaka Regional Directors of Galle, Hambantota and Matara respectively are endorsed with gratitude.

We highly appreciate the dedication and the commitment extended by all Medical Officers and staff members at the provincial and district level for their uphill task of collecting and entering the required data during the survey in a very short time period. Their tireless effort has significantly contributed to the overall success and quality of the survey results

Sri Mallikarachchi, M&E Specialist of the Project deserves commendation for his exemplary leadership and guidance in driving his team towards this successful accomplishment of the task. His precise guidance and utilization of appropriate methods for data gathering, cleaning, coding, tabulation, analysis, and producing the report has been instrumental in ensuring the accuracy and reliability of the survey report.

Special thanks are extended to Pradeep Jayawardena and Upekshika Ranasinghe for their valuable contribution throughout the entire process, from the stage of developing and pre-testing the format, data gathering through to the final reporting. Their dedication and commitment have played a crucial role in ensuring the success of the activity.

The active participation and contributions of A G Thanuja, Kaushalya Wijesinghe, Dulashi Wickramsinghe, Damith Senaka and Chathuranga Amarasinghe in the process of data gathering, report writing, and management processes of the survey is highly acknowledged:

As the Project Director, I express my sincere gratitude and unstinted thanks to all the officials who have contributed their time, energy, and expertise to the successful completion of the survey. Their dedication, cooperation, and hard work have been instrumental in gathering reliable data, cleaning, coding and analyzing during a very short period in order to producing a comprehensive report.

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

Table of Contents

List of Tables

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 111 PMCII in Southern Province 110 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 PMCII, 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 needs, 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 Southern Province

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

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

RDHS Area	DH A	DHB	DH C	PMCU	Total
Galle	2	8	10	26	46
Hambantota		10	7	13	30
Matara	3	6	7	18	34
Total	**5**	**24**	**24**	**57**	**110**

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 effected 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.

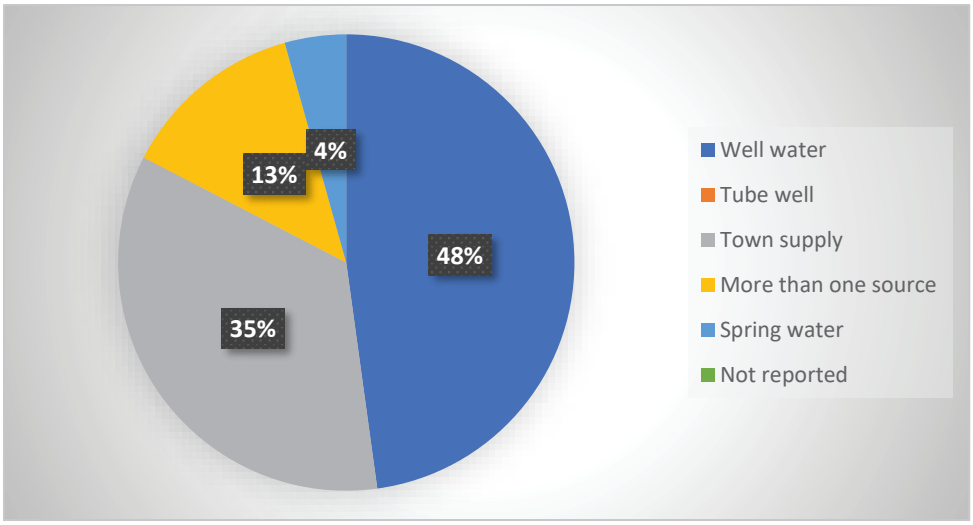
Results

Services and Infrastructure

Current Status of Water Supply

Table 2 Current Status of Water Supply

RDHS Area	Well water	Tube well	Town supply	More than one source	Spring water	Not reported	Total
Galle	22		16	6	2		46
Hambantota		1	29				30
Matara	12	1	17	2	2		34
Total	**34**	**2**	**62**	**8**	**4**		**110**



Based on the provided information, it indicates that 48% of the hospitals used well water as a source for their day-to-day activities. Similarly, 4% of the hospitals relied on spring water as a source. On the other hand, the number of hospitals, totaling to 35%, 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)

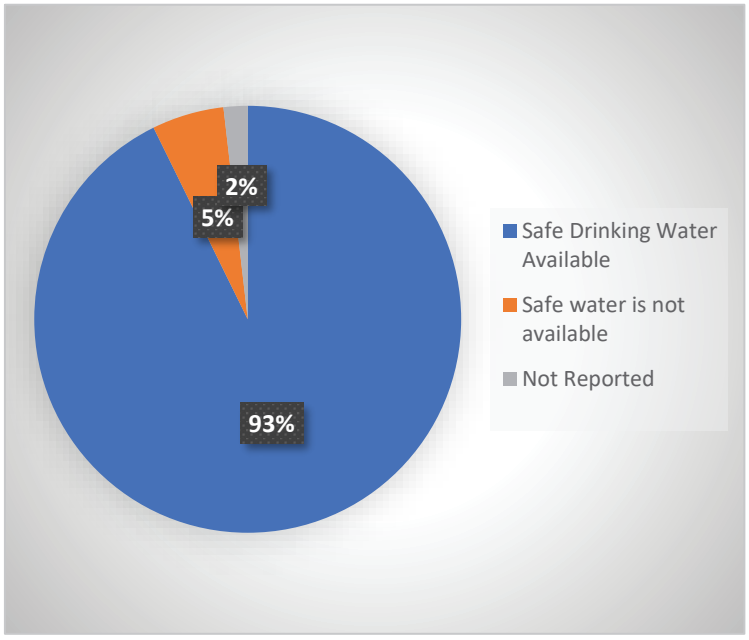
RDHS Area	Protected/unprotected		
	Protected	Not reported	Total
Galle	22	2	24
Matara	12	2	14
Total	**34**	**4**	**38**

Based on the information provided, it appears that in Galle and Matara areas, 89% of the well water being used is from protected wells. In Galle area, 92% of the PMCII utilized 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
Galle	38	6	2	46
Hambantota	30			30
Matara	34			34
Total	**102**	**6**	**2**	**110**



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.102 (93%) PMCII Provide safe drinking water while 6 (5%) PMCII, specifically 6 in Galle 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

RDHS Area	DHA	DHB	DHC	PMCU	Total
Main line	5	24	24	57	110
Total	5	24	24	**57**	**110**

Availability of Backup Generator - Divisional Hospitals

Table 6 Availability of Backup Generator - Divisional Hospitals

RDHS Area	Available	Not available	Not reported	Total
Galle	19	1		20
Hambantota	15		2	17
Matara	15	1		16
Total	**49**	**2**	**2**	**53**

Current Condition of Backup Generators - Divisional Hospitals

Table 7 Availability of Backup Generator - Divisional Hospitals

RDHS Area	Working	Not Working	Capacity not adequate	Other *	Not reported	Total
Galle	16	2	1		1	20
Hambantota	16	1				17
Matara	15				1	16
Total	**47**	**3**	**1**	**0**	**2**	**53**

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 49 hospitals, 3 are not in working condition.

Immediate attention should be paid to the fact that one generator does not have the sufficient capacity and while attending to improve the functionality of 1 generator that do 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
Galle	35	11		46
Hambantota	29		1	30
Matara	34			34
Total	**98**	**11**	**1**	**110**

Table 9 Methods of Handling Clinical Waste

RDHS Area	Burning	incinerating	sending to incinerator available hospital	sending to local authorities	other	Not reported	Total
Galle	21	3	19	2	1		46
Hambantota	4			2	23	1	30
Matara	31	1	1	1			34
Total	**56**	**4**	**20**	**5**	**24**	**1**	**110**

Based on the provided information, it is evident that waste segregation methods are being followed in 98 PMCII, while 11 PMCII do not adhere to such practices. Twenty (20) PMCII 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 (PMCII), 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 110 PMCII, 84 have adequate waiting areas for the public, while 24 hospitals do not meet the space requirements as specified in the circular. Additionally, there is one PMCU 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	not reported	Total
Galle	34	12			46
Hambantota	24	5		1	30
Matara	26	7	1		34
Total	**84**	**24**	**1**	**1**	**110**

Table 11 Space adequacy for Dispensary

RDHS Area	Adequate	Not adequate	Not Available	not reported	Total
Galle	44	2			46
Hambantota	24	4	1	1	30
Matara	32	2			34
Total	**100**	**8**	**1**	**1**	**110**

Space for Drug Stores

Table 12 Space adequacy for Dispensary

RDHS area	Adequate	Not adequate	Not Available	not reported	Total
Galle	38	6	2		46
Hambantota	20	8	1	1	30
Matara	31	3			34
Total	**89**	**17**	**3**	**1**	**110**

Space for Restroom for Medical Officer

Table 13 Space for Restroom for Medical Officer

RDHS Area	Adequate	Not adequate	Not Available	not reported	Total
Galle	24	7	15		46
Hambantota	17	4	6	3	30
Matara	14	1	19		34
Total	**55**	**12**	**40**	**3**	**110**

Restroom for Nursing Officers

Table 14 Restroom for Nursing Officers

RDHS Area	Adequate	Not adequate	Not Available	not reported	Total
Galle	17	7	21	1	46
Hambantota	15	3	10	2	30
Matara	14		20		34
Total	**46**	**10**	**51**	**3**	**110**

Restroom for Other Staff

Table 15 Restroom for Other Staff

RDHS Area	Adequate	Not adequate	Not Available	not reported	Total
Galle	24	13	9		46
Hambantota	14	5	9	2	30
Matara	14	1	19		34
Total	**52**	**19**	**37**	**2**	**110**

Toilet facilities for patients

Table 16 Toilet facilities for patients

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Galle	23	18	4	1	46
Hambantota	22	8			30
Matara	25	6	3		34
Total	**70**	**32**	**7**	**1**	**110**

Space for a meeting Room

Table 17 Space for a meeting Room

RDHS Area	Adequate	Not adequate	Not Available	not reported	Total
Galle	17	5	24		46
Hambantota	10	5	12	3	30
Matara	23		11		34
Total	**50**	**10**	**47**	**3**	**110**

Space for Pantry Area

Table 18 Space Pantry Area

RDHS Area	Adequate	Not adequate	Not Available	not reported	Total
Galle	16	2	28		46
Hambantota	15	6	7	2	30
Matara	26	1	7		34
Total	**57**	**9**	**42**	**2**	**110**

Services for curative and preventive care

To enhance delivery of curative and preventive care in Primary Health Care Institutes (PMCII) where facilities are insufficient or nonexistent, it is essential to improve the required facilities and spaces. This will ensure that the PMCII 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 110 PMCII assessed, 68 of them have adequate space for emergency care. However, there are 17 of them do not have sufficient space, while 25 PMCII 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
Galle	18	3	25		46
Hambantota	13	1	15	1	30
Matara	21		13		34
Total	**52**	**4**	**53**	**1**	**110**

ETU room/ Space for emergency care

Table 20 ETU room/ Space for emergency care

RDHS Area	Adequate	Not adequate	Not Available	Total
Galle	19	9	18	46
Hambantota	18	6	6	30
Matara	31	2	1	34
Total	**68**	**17**	**25**	**110**

Dressing room/ space for wound care

Table 21 Dressing room/ space for wound care

RDHS Area	Adequate	Not adequate	Not Available	Total
Galle	30	8	8	46
Hambantota	28	2		30
Matara	31	3		34
Total	**89**	**13**	**8**	**110**

Injection room facilities

Table 22 Injection room facilities

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Galle	10	4	31	1	46
Hambantota	10	3	17		30
Matara	30	2	2		34
Total	**50**	**9**	**50**	**1**	**110**

Clinic Rooms

Table 23 Clinic Rooms

RDHS Area	Not adequate	Not Available	Not Reported	Total
Galle	41	5		46
Hambantota	27	2	1	30
Matara	30	4		34
Total	**98**	**11**	**1**	**110**

Office Space for PHMs

Table 24 Office Space for PHMs

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Galle	9		37		46
Hambantota	16	2	11	1	30
Matara	25		9		34
Total	**50**	**2**	**57**	**1**	**110**

Space for breastfeeding

Table 25 Space for breastfeeding

RDHS Area	Adequate	Not adequate	Not Reported	Total
Galle	9	36	1	46
Hambantota	13	16	1	30
Matara	23	11		34
Total	**45**	**63**	**2**	**110**

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 and Nursing Officers to enable them to provide uninterrupted services. However, the following tables indicate existence of underutilized quarters. Specifically, 13 quarters are underutilized by MOO, and an additional 4 quarters by other staff categories. Moreover, there is a shortage of quarters availability for MOO (34), NOO (97), and other staff (60).

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 MOO, NOO, 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	Not Reported	Total
Galle	23	4	19		**46**
Hambantota	16	8	5	1	30
Matara	23	1	10		34
Total	**62**	**13**	**34**	**1**	**110**

Quarters for NOO

Table 27 Quarters for NOO

RDHS Area	Fully Utilized	Not Available	Not Reported	Total
Galle	2	41	3	46
Hambantota	5	23	2	30
Matara	1	33		34
Total	**8**	**97**	**5**	**110**

Any Other Quarters

Table 28 Any Other Quarters

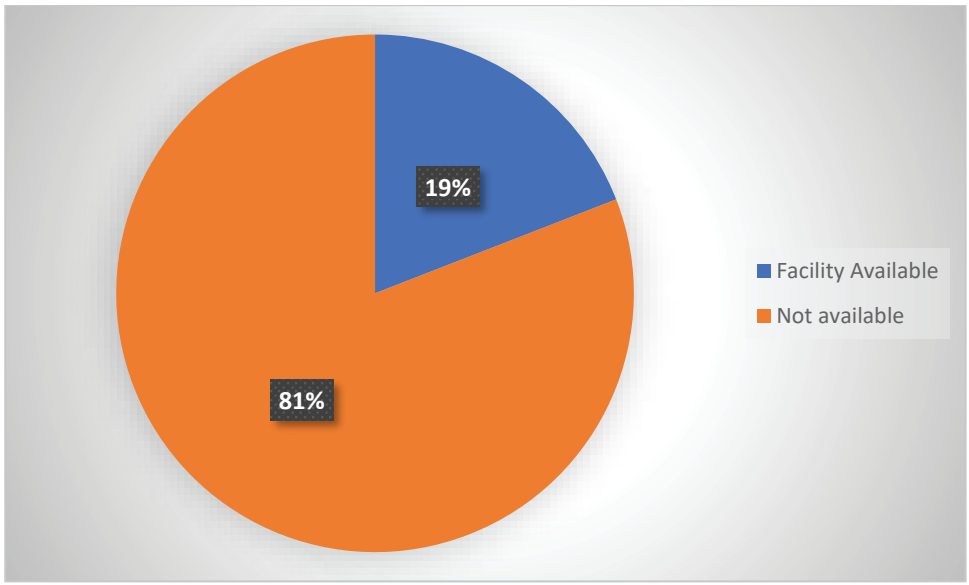
RDHS Area	Fully Utilized	Under-Utilized	Not Available	Not Reported	Total
Galle			42	4	46
Hambantota	4	4	15	7	30
Matara	1		3	30	34
Total	**5**	**4**	**60**	**41**	**110**

Services readiness at the PMCII

Cervical Cancer Screening (PAP smear testing)

Table 29 Cervical Cancer Screening (PAP testing)

RDHS Area	Facility Available	Not available	Total
Galle	11	35	46
Hambantota	3	27	30
Matara	7	27	34
Total	**21**	**89**	**110**



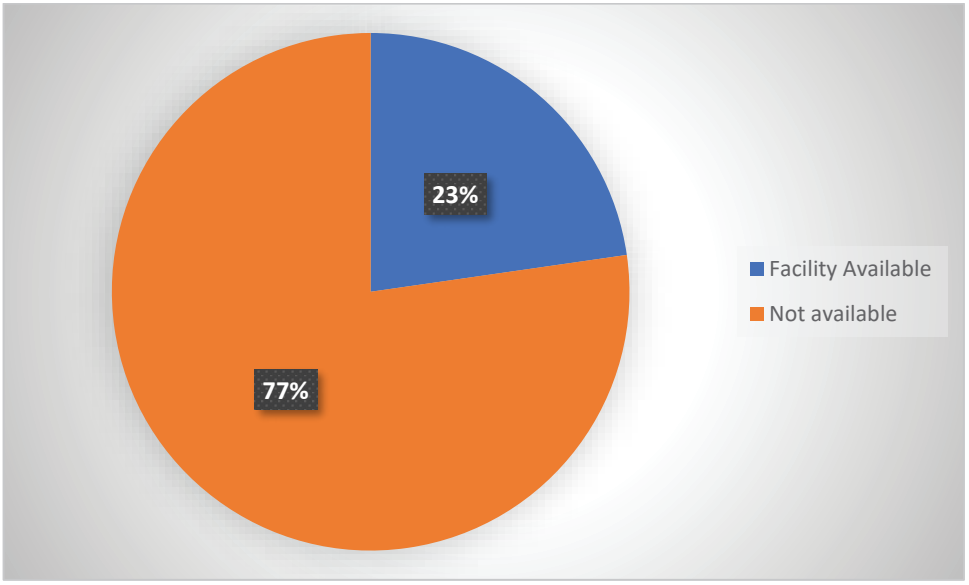
Based on the provided information, the pie chart illustrates the distribution of PMCII with the service availability for Pap tests. Out of a total of 110 PMCII, 19% have reported having the availability of the service for PAP tests, while 81% of them do not have such facilities.

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	Total
Galle	10	36	46
Hambantota	4	26	30
Matara	11	23	34
Total	**25**	**85**	**110**



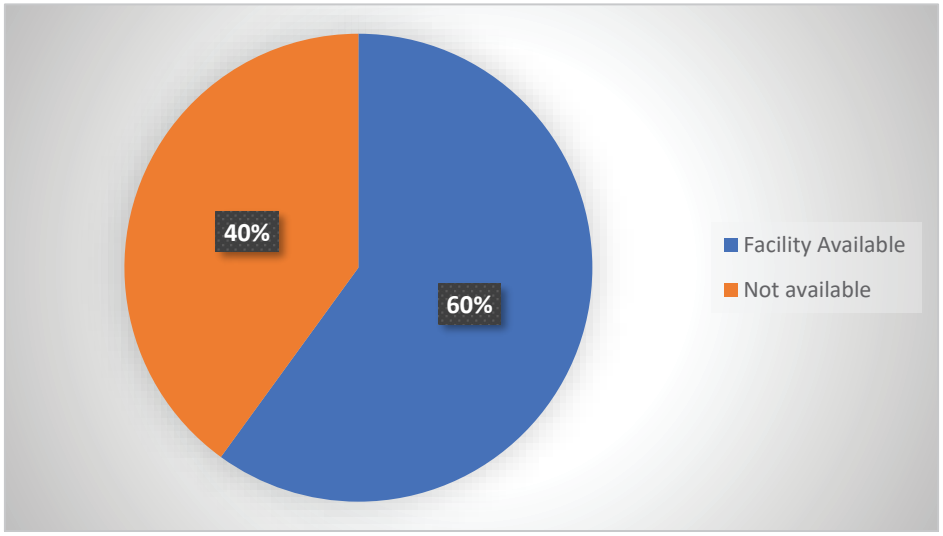
As per the above information, a significant majority of PMCII, specifically 77%, do not have the necessary facilities to collect sputum for TB screening. This indicates a substantial gap in infrastructure and resources, which can hinder the effective screening and diagnosis of tuberculosis (TB) cases.

On the other hand, a smaller percentage of PMCII, accounting for 23%, do have the required facilities for sputum collection for TB screening. However as sputum collection centers cannot be established in each PMCII 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

Table 31 Facilities to deliver primary oral health care package

RDHS Area	Facility Available	Not available	Total
Galle	21	25	46
Hambantota	24	6	30
Matara	21	13	34
Total	**66**	**44**	**110**



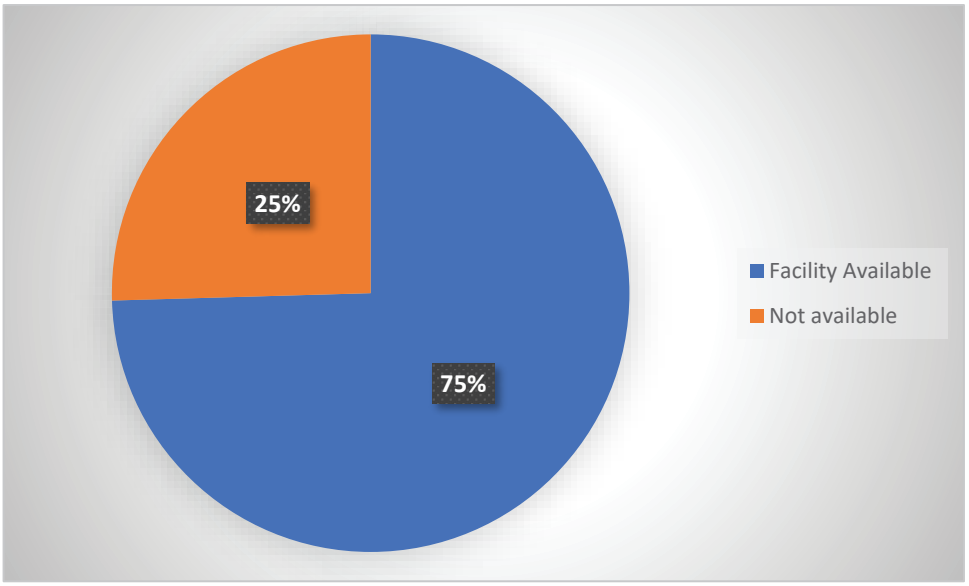
The table above shows that 60% of PMCII have the necessary facilities to deliver primary oral health care packages. This indicates that more half of the PMCII surveyed are equipped with technology and Human Resource to provide essential oral health services to patients.

However, it is noteworthy to mention that 40% 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	Total
Galle	29	17	46
Hambantota	23	7	30
Matara	30	4	34
Total	**82**	**28**	**110**



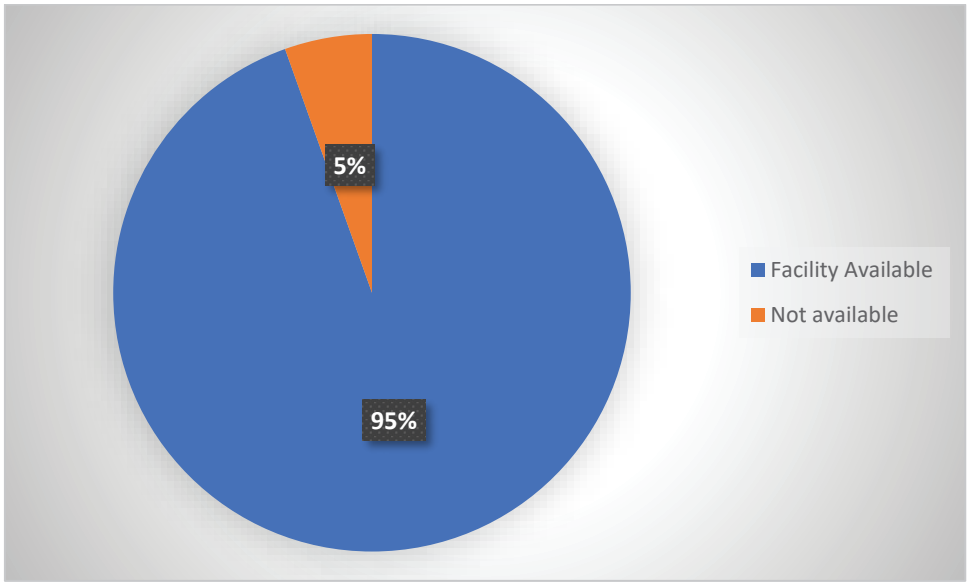
When studied the provided information, it is commendable to note that 75% of PMCII in southern province are equipped to provide basic emergency care services to the public. This indicates a significant achievement in ensuring that a majority of PMCII have the necessary facilities and resources to handle emergency situations effectively.

However, 25% of institutes 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 PMCII 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
Galle	46			46
Hambantota	29	1		30
Matara	29	5		34
Total	**104**	**6**		**110**



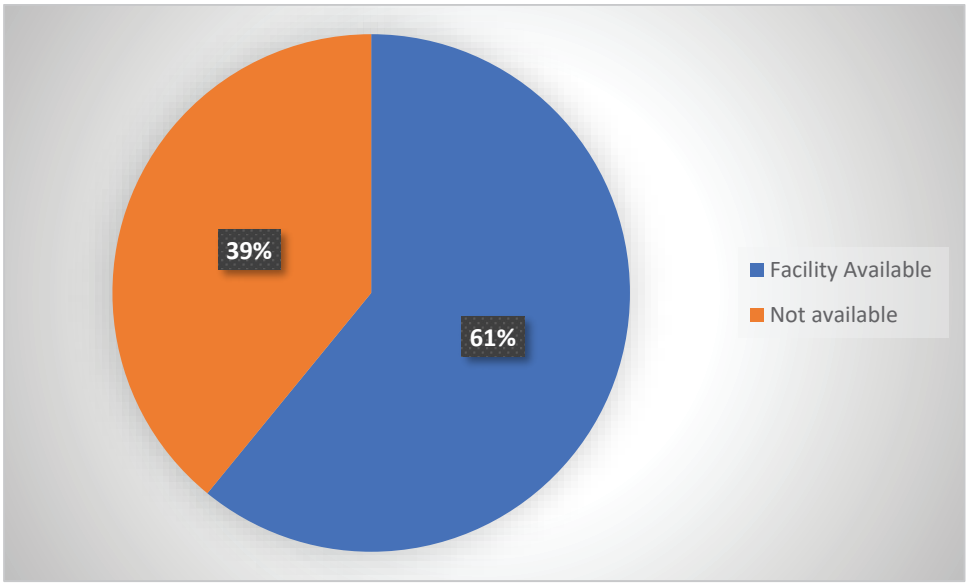
As per the table above, it is commendable to note that 95% of PMCII in the province provide counseling services to the public. This indicates a significant achievement in ensuring that a majority of PMCII have the necessary facilities and resources to handle counseling activities effectively.

However, it is also important to note that 5% 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
Galle	25	21		46
Hambantota	26	4		30
Matara	16	18		34
Total	**67**	**43**		**110**



Mental healthcare activities play a significant role in providing essential primary care services to individuals in need. However, above information indicate that, it is of great concern that 39% 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, 61% 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, PMCII 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 53 divisional hospitals , 41 have designated separate areas available, 23 have established triage areas, and 49 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 PMCI, 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
Galle	13	7		20
Hambantota	15	1	1	17
Matara	13	3		16
Total	**41**	**11**		**53**

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
Galle	10	10		20
Hambantota	9	7	1	17
Matara	4	12		16
Total	**23**	**29**	**1**	**53**

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
Galle	17	3		20
Hambantota	16		1	17
Matara	16			16
Total	**49**	**3**	**1**	**53**

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 PMCII. The results of the survey indicate that there are deficiencies and unavailability of certain items in some PMCII. 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 PMCII priority basis.

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

Nu	Medical Items	Galle			Hambantota			Matara		
		AD	NAD	NA	AD	NAD	NA	AD	NAD	NA
1	**BPA**	**42**	**4**		31	1	1	**33**	**1**	
2	**Microscope**	11		35	14		16	13		21
3	**Thermometer**	42	3		29	1	2	28		6
4	**Nebulizer**		41	5		31	1		34	
5	**ECG machine**	24	1	21	24	1	7	33		1
6	**Oxygen supply cylinders**	24	1	21	28		4	34		
7	**Ophthalmoscope**	27		19	21	2	7	29		5
8	**Measurement tape & stadiometer**	46			32		1	32		2
9	**Weighing machine**	44	1	1	32		1	31		3

10	**Pulse oximeter**	30		15	21		11	26		8
11	**Glucometer and strips**	45	1		31	1	1	33	1	
12	**Cholesterol meter and strips**	43	2	1	31		1	33	1	
13	**Urine ketone tests**			46	5		27	3		31
14	**Spaces for inhalers**	11	3	32	17	1	13	27		7
15	**Tuning folk**	22		22	14		18	20		14
16	**Snellen chart**	29		16	29		4	31		3
17	**Torch**		45			32	1		31	3
18	**WHO/ISH prediction chart**	46			30		2	34		
19	**Evidence based clinical protocols**	44		2	28		3	34		
20	**Flow charts with referral criteria**	31	2	12	22	1	9	34		
21	**Patient clinical records**	44	1	1	31		1	34		
22	**Medical information register**	46			30		1	34		
23	**Stethoscope**	28	18		30		2	27		7

24	**Weight scale with or without height measuring**	42	1	2	32		1	30		4
25	**Height measuring rode for children and adult**	33	2	11	31		2	29		5
26	**Weighing scale for infants**	20		26	28		5	28		6
27	**length board for infants and young children up to age 2 years**	11		35	21		12	28		6
28	**examination bed**	45		1	31		1	34		
29	**tongue depressor**	34		12	27		6	26		8
30	**Tender hammer (Knee hammer)**	37		9	31		2	29		5

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 and Nursing Officers, 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 PMCII and examine the current staffing situation.

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

Within the Southern Province, specifically in the Hambantota region, it has been identified that there is one hospital that does not have any permanent MO, whether graduate MO or RMO. This hospital rely on relief doctors managed by regional authorities.

Furthermore, among the surveyed PMCII, 16 out of 110 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 MOs in these PMCII.

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 Southern Province, where 59 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	Graduate Medical Officers				Total
	A(MO=0)	B(MO=1)	C(MO=2)	D(MO>3)	
Galle	4	22	2	18	46
Hambantota	1	10	7	12	30
Matara	1	10	8	15	34
Total	**6**	**42**	**17**	**45**	**110**

Availability of RMO/AMO

Table 40 Availability of RMO/AMO

RDHS Area	A(RMO=0)	B(RMO=1)	C(RMO=2)	D(RMO>3)	not reported	Total
Galle		17	21	6	2	46
Hambantota	14	9	7			30
Matara		16	13	5		34
Total	**14**	**42**	**41**	**11**	**2**	**110**

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
Galle		7	19	20	46
Hambantota	1	8	7	14	30
Matara		1	12	21	34
Total	**1**	**16**	**38**	**55**	**110**

Availability of Nursing Staff

Table 42 Availability of Nursing Staff

RDHS area	Nursing Officers (NOO)				Total
	A(NOO=0)	B (NOO =1)	C(NOO =2)	D(NOO >3)	
Galle	27	1		18	46
Hambantota	13			17	30
Matara	19	1	1	13	34
Total	**59**	**2**	**1**	**48**	**110**

Others Essential Categories for Primary Healthcare Services

In addition to the Medical Officers and Nursing Officers, 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 PMCII. 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	
Galle	41	5		46
Hambantota	24	6		30
Matara	30	1	3	34
Total	**95**	**12**	**3**	**110**

Availability of Dental surgeon

Table 44 Availability of Dental surgeon

RDHS area	Dental Surgeon			Total
	A	B	C	
Galle	28	18		46
Hambantota	18	12		30
Matara	19	14	1	34
Total	**65**	**44**	**1**	**110**

Availability of Medical Laboratory Technologists (MLT)

Table 45 Availability of Medical Laboratory Technologists (MLT)

RDHS Area	A	B	Total
Galle	38	8	46
Hambantota	22	8	30
Matara	26	8	34
Total	**86**	**24**	**110**

Availability of PHNO

Table 46 Availability of PHNO

RDHS Area	PHNO		Total
	A	B	
Galle	36	10	46
Hambantota	22	8	30
Matara	29	5	34
Total	**87**	**23**	**110**

Availability of Pharmacist

Table 47 Availability of Pharmacist

RDHS Area	B	C	D	Total
Galle	40	6		46
Hambantota	23	7		30
Matara	27	6	1	34
Total	**90**	**19**	**1**	**110**

Availability of Dispenser

Table 48 Availability of Dispenser

RDHS Area	Dispenser				Total
	A	B	C	D	
Galle	2	28	16		46
Hambantota	1	17	12		30
Matara	1	24	7	2	34
Total	**4**	**69**	**35**	**2**	**110**

Availability of Development Officer

Table 49 Availability of Development Officer

RDHS Area	Development Officers				Total
	A	B	C	D	
Galle	1	24	14	7	46
Hambantota	1	12	13	4	30
Matara		15	12	7	34
Total	**2**	**51**	**39**	**18**	**110**

Availability of Management Assistant

Table 50 Availability of Management Assistant

RDHS Area	Management Assistant			Total
	A	B	C	
Galle	33	12	1	46
Hambantota	19	11		30
Matara	25	7	2	34
Total	**77**	**30**	**3**	**110**

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 PMCII 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 96 PMCII utilize HIMS system, while the remaining PMCII have not yet implemented HHIMS

Currently available digital patient record system

Table 51 Currently available digital patient record system

RDHS Area	HIMS	HHIMS	Any other	Not reported	Total
Galle	46				46
Hambantota	17	1	2	10	30
Matara	33			1	34
Total	**96**	**1**	**2**	**11**	**110**

Internet connectivity

When evaluating the internet facilities in PMCII, it is of concern that 25 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 institutes have a reliable internet connectivity to establish cloud based HIMS

Table 52 Internet connectivity

RDHS Area	Yes	No	Total
Galle	31	15	46
Hambantota	21	9	30
Matara	33	1	34
Total	**85**	**25**	**110**

According to the study, it was found that some PMCII 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 PMCII, 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 33 hospitals having both kind of connectivity of wired and Wi-Fi.

Nature of the connectivity

Table 53 Nature of the connectivity

RS	Fiber	Wired	Wi Fi router	Weird & wifi	No connectivity	Not Reported	Total
Galle	5	3	9	13		16	46
Hambantota		1	4	16	1	8	30
Matara	2		27	4	1		34
Total	**7**	**4**	**41**	**33**	**2**	**24**	**110**

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 Southern 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 24 hospitals in the province that have laboratory facilities with MLT staff.
- Eight divisional hospital type B, has relief MLT staff to support laboratory operations.

Unavailability of MLT in some hospitals:

- There is one (1) hospitals 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 is one DHA and 6 DH B 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:

- 22 PMCII in the Southern province send their samples to nearby hospitals for laboratory testing.

Table 54 Availability of Laboratory facilities

RDHS Area	A				B		C	D			E			Not reported	Total
	DHA	DHB	DHC	PMCU	DHB	DHC	DHC	DHB	DHC	PMCU	DHB	DHC	PMCU	PMCU	
Galle	2	4	1	1	3				1	19	1	8	6		46
Hambantota		8				3		1	4	13	1				30
Matara	3	5			1	1	1		1	15		4	2	1	34
Total	**5**	**17**	**1**	**1**	**4**	**4**	**1**	**1**	**6**	**47**	**2**	**12**	**8**	**1**	**110**

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 Southern province, out of the 24 hospitals with available laboratory facilities, it is noteworthy that they are providing laboratory services to 18 nearby hospitals within the lab network. This indicates a collaborative approach to ensure access to laboratory testing.

Table 55 Laboratory service providing

RDHS Area	Service providing				Total
	DHA	DHB	DHC	PMCU	
Galle	2	3	1	1	7
Hambantota		7			7
Matara	3	1			4
Total	**5**	**11**	**1**	**1**	**18**

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 PMCII:

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 PMCII 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 PMCII 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 PMCII situated in remote areas where sample sending is difficult.

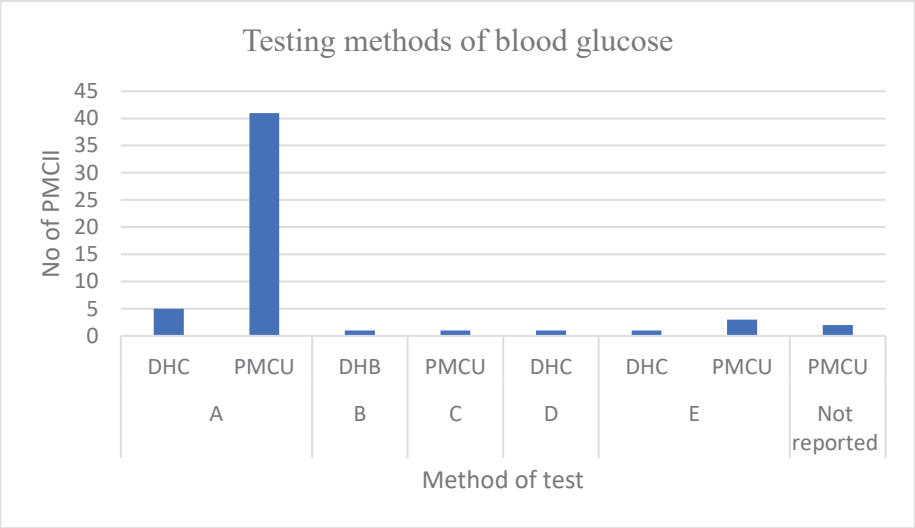
It is crucial to establish at least one of these methodologies in PMCII to fulfill the minimum requirement set by the PSSP. Failure to do so may result in people seeking private laboratory services, which can be costly and less accessible.

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 hospitals that do not have their own laboratory involves adopting alternative approaches. According to the survey results, the majority of PMCII (46out of 55) utilize the strips method for conducting blood glucose tests including 5 DHA, and 41 PMCU. In fact, The survey findings indicate that one PMCI send their samples to a central laboratory for testing. However, it is concerning that four PMCII 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 PMCII 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		B	C	D	E		Not reported	Total
	DHC	PMCU	DHB	PMCU	DHC	DHC	PMCU	PMCU	
Galle		17		1	1			1	20
Hambantota	3	9	1			1	3	1	18
Matara	2	15							17
Total	**5**	**41**	**1**	**1**	**1**	**1**	**3**	**2**	**55**



A- By glucose meter/cholesterol meter

B- By point of care analyzer

C- By sending sample to laboratory in nearby hospital

D- By sending sample to central laboratory

E- By patient through private laboratory

F- By sending sample to a laboratory in a near by hospital + By patient through private laboratory

Cholesterol

Table 57 Usage of alternative methods for cholesterol

RDHS Area	A		B	C	D	E		Not reported	Total
	DHC	PMCU	DHC	DHB	DHC	DHC	PMCU	PMCU	
Galle		17			1		1	1	20
Hambantota	2	9	1	1		1	3	1	18
Matara	2	15							17
Grand Total	**4**	**41**	**1**	**1**	**1**	**1**	**4**	**2**	**55**

Creatinine

Table 58 Usage of alternative methods for creatinine

RDHS Area	A	B			C	D		Not reported		Total
	DHC	DHB	DHC	PMCU	DHC	DHC	PMCU	DHC	PMCU	
Galle				1	1		2		16	20
Hambantota	1	1	1			2	6		7	18
Matara								2	15	17
Total	**1**	**1**	**1**	**1**	**1**	**2**	**8**	**2**	**38**	**55**

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 110 PMCII surveyed, 100 reported preparing their annual estimate independently. Additionally, these institutes 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	A	B	Not reported	Total
Galle	38	8		46
Hambantota	28	1	1	30
Matara	34			34
Total	**100**	**9**	**1**	**110**

A- Annual estimates are prepared by you

B- Regional-level drug stores will take care of that

Estimate annual drug requirements

Table 60 Estimate annual drug requirements

RDHS Area	A	B	Not reported	Total
Galle	24	22		46
Hambantota	28	1	1	30
Matara	33	1		34
Total	**85**	**24**	**1**	**110**

A- Increase by a certain percentage from last year's estimates

B- Regional-level officers will do the calculation

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 (110 in total)

Frequency of Drug Shortages:

17% of PMCII reported rare occurrences of drug shortfalls during the survey period. This suggests that a majority of them were able to maintain a steady supply of essential drugs without significant interruptions.

25% of PMCII experienced frequent occurrences of drug shortages. This indicates a notable proportion of them faced challenges in maintaining an adequate drug supply, which can impact patient care and healthcare delivery.

58% 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.

24% of PMCII frequently asked patients to buy drugs from outside sources. This suggests that a notable percentage of them relied on patient's purchasing power on medications externally, which may have attributed to causes of not maintaining a steady drug supply.

63% 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

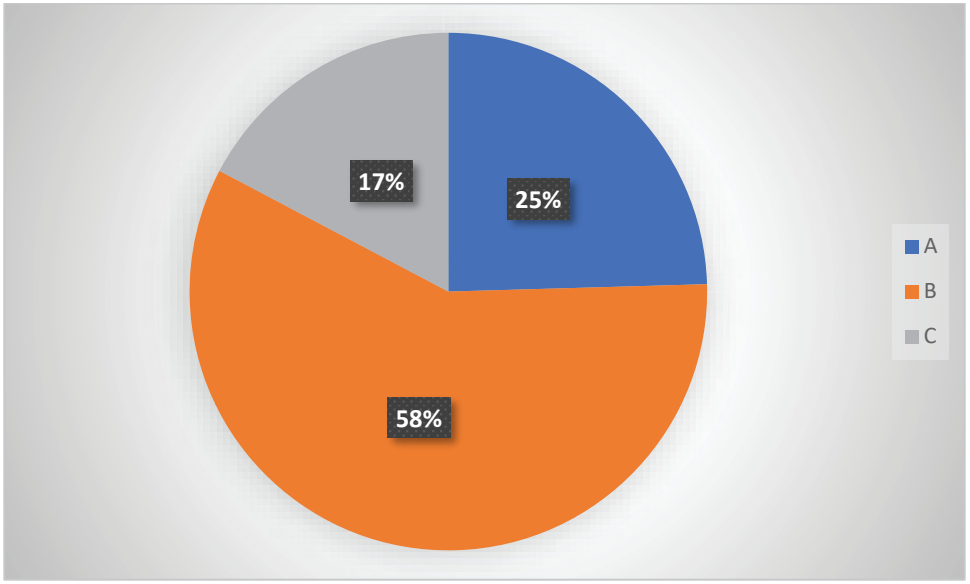
Table 61 Shortfall of essential medicines at the institution

RDHS Area	A	B	C	Total
Galle	13	27	6	46
Hambantota	1	23	6	30
Matara	13	14	7	34
Total	**27**	**64**	**19**	**110**

A- Frequent occurrence

B- Sometimes

C- Rarely



Prescribe drugs & request patients to buy from outside

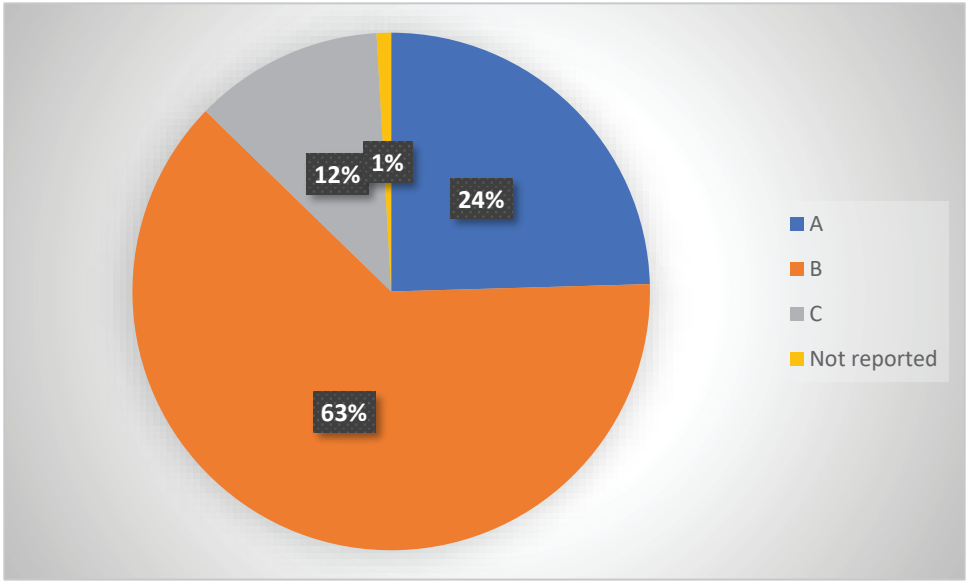
Table 62 Prescribe drugs & request patients to buy from outside

RDHS Area	A	B	C	Not reported	Total
Galle	10	28	8		46
Hambantota	5	23	1	1	30
Matara	12	18	4		34
Total	**27**	**69**	**13**	**1**	**110**

A- Very frequency

B- Sometimes

C- Rarely



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 all PMCII prioritize drug storage in optimum temperature conditions, primarily utilizing air-conditioning or refrigeration facilities.

Among the 110 PMCII, the following trends were observed:

Air-Conditioning Facilities:

94 PMCII (85%) 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, 87 PMCII (79%) use refrigerators as an alternative method to maintain the optimum temperature for drug storage.

Only 23 PMCII (20%) reported not having any refrigeration facilities, suggesting a potential need for improvement in those specific facilities.

These findings indicate that the majority of PMCII have implemented effective measures for drug storage, either through air-conditioned rooms or refrigerators. However, the two 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
Galle	35	11		46
Hambantota	28	2		30
Matara	31	2	1	34
Total	**94**	**15**	**1**	**110**

A refrigerator to store such required

Table 64 A refrigerator to store such required

RDHS Area	Yes	No	Total
Galle	31	15	46
Hambantota	27	3	30
Matara	29	5	34
Total	**87**	**23**	**110**

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 110 PMCII, 82 have demonstrated awareness of the FFC guidelines. This indicates a considerable level of familiarity with the purpose and objectives of FFCs.

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

Establishment of FFCs in the Southern Province:

In the Southern Province, 101 PMCII have successfully established FFCs, indicating their commitment to community engagement and improved service delivery.

For the remaining PMCII 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 PMCII 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 PMCII are aware of the FFC guidelines and actively work towards establishing FFCs. Ongoing support and guidance should be provided to PMCII, 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
Galle	25	18	3	46
Hambantota	25	5		30
Matara	32	2		34
Total	**82**	**25**	**3**	**110**

Establishment of "Suwaseva Mithuro"

Table 66 Establishment of "Suwaseva Mithuro"

RDHS Area	Yes	No	Not reported	Total
Galle	39	7		46
Hambantota	28		2	30
Matara	34			34
Total	**101**	**7**	**2**	**110**

How frequently do they meet

Table 67 Establishment of "Suwaseva Mithuro"

RDHS Area	Monthly	Quarterly	Annually	Not reported	Total
Galle	5	16	4	21	46
Hambantota	2	23		5	30
Matara	1	31		2	34
Total	**8**	**70**	**4**	**28**	**110**

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 110PMCII surveyed, 105 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 5 PMCII to ensure a standardized and accessible approach for receiving grievances.

Regular Analysis of Grievances:

Only 28 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
Galle	44	2		46
Hambantota	28	1	1	30
Matara	33	1		34
Total	**105**	**4**	**1**	**110**

How frequently check the box

Table 69 How frequently check the box

RDHS Area	weekly	Monthly	Not looking at it	Not reported	Total
Galle	16	22	5	3	46
Hambantota		27		3	30
Matara	12	21		1	34
Total	**28**	**70**	**5**	**7**	**110**

Corrective measures are undertaken in such situations.

Table 70 Corrective measures are undertaken in such situations.

RDHS Area	Yes	No	Not reported	Total
Galle	38	2	6	46
Hambantota	25	1	4	30
Matara	33		1	34
Total	**96**	**3**	**11**	**110**

Conclusion

The survey results have provided considerable amount of information with regard to the capability of PMCII in Southern 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 Southern 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 amount 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 Southern province.

Annexure 01

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 (ple 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 (ple 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 have 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 ☐ HHIMS ☐ 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 ☐

4.12 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 indicate 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 analyser	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