SERVICE AVAILABILITY AND **READINESS ASSESSMENT SRI LANKA** 2017











Ministry of Health Nutrition & Indigenous Medicine





Service Availability and Readiness Assessment Sri Lanka 2017

Ministry of Health, Nutrition and Indigenous Medicine Department of Census and Statistics, Ministry of National Policies and Economic Affairs

in collaboration with

World Health Organization Global Fund to Fight AIDS, Tuberculosis and Malaria Khulisa Management Services

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The Service Availability and Readiness Assessment (SARA), Sri Lanka 2017 was carried out by the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics, Ministry of National Policies and Economic Affairs in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), World Health Organization (WHO), and Khulisa Management Services.

Additional information about the Service Availability and Readiness Assessment (SARA), Sri Lanka 2017 may be obtained from the Deputy Director General (Non-communicable Diseases), Ministry of Health, Nutrition and Indigenous Medicine, Suwasiripaya, 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.

Telephone: +94 11 268 6393 Fax: +94 11 268 6393 Email: ddgncd.office@health.gov.lk

The complete data set of the survey can be downloaded from the website of the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka (www.health.gov.lk).

Service Availability and Readiness Assessment Sri Lanka 2017

Message from the Honourable Minister of Health, Nutrition and Indigenous Medicine

I take pride in sending this message on the occasion of launching the "Service Availability and Readiness Assessment (SARA)" for the year 2017 by the Ministry of Health, Nutrition and Indigenous Medicine. This is the first time that the Ministry has conducted such a survey.

The health indicators of Sri Lanka are well comparable to those of the developed countries in the world. One major reason for this achievement is the delivery of health care free of charge to the people of Sri Lanka. In the efforts of the health system to achieve the Sustainable Development Goals and universal health coverage, it is essential that quality health care is available and accessible to each and every individual in the country.

In striving towards these achievements, policy makers have the following key questions;

"Are the health services physically available in the health facilities?"

"Do the health facilities have the capacity to provide the expected health services?"

The SARA survey provides detailed answers to these questions.

Thus, the findings of this national survey provide the baseline data for policy makers for planning, monitoring and scaling-up of the health services throughout the island. Furthermore, this report indicates which health services, in which level of care, and what component in the service delivery requires more attention from the perspective of health services availability and readiness, in combating the country's disease burden.

Hon. Dr. Rajitha Senaratne Minister of Health, Nutrition and Indigenous Medicine

Message from the Secretary of the Ministry of Health, Nutrition and Indigenous Medicine

It is with pleasure I state this short message on publication of the "Service Availability and Readiness Assessment (SARA)" for the year 2017 by the Ministry of Health, Nutrition and Indigenous Medicine.

The SARA survey is a national survey, conducted among the state health institutions at different levels of care and the private sector hospitals. Thus, it gives a comprehensive picture of the health services availability and the readiness of the institutions of the country to provide various health services.

This survey report fulfills a major requirement for the planners, administrators and policy makers of health in identifying the level of availability of health services in the institutions at different level of care, capacity of the institutions to provide the services and which components in the chain of health care delivery need more attention and improvement, so that a quality health service is available and delivered to the people of Sri Lanka.

In addition, conduct of this survey based on an internationally accepted methodology adapted to Sri Lanka allows international comparisons as well.

Finally, I congratulate the survey team in preparing this vital document.

B.G.S. Gunathilake Secretary Ministry of Health, Nutrition and Indigenous Medicine

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Message from the Director General of Health Services

Health care systems in all countries continue to evolve in response to changing demographics and disease burden and rapid technological advances. The universal availability and accessibility of health services is essential to achieve the sustainable development goals. Sound information on the supply and quality of health services is therefore a felt need for health systems management, monitoring and evaluation.

The Service Availability and Readiness Assessment (SARA) is a national systematic survey which assess the health facility service delivery focusing on the availability of the health services and the readiness of the health facility to provide the services. The survey was conducted in 2017 among the state-owned institutions and the Private Hospitals, providing a comprehensive analysis of the service availability and the institutional readiness for the delivery of services. The service readiness has been assessed through the availability of trained staff, guidelines, infrastructure, equipment, medicines and diagnostic facilities.

It is planned to conduct the SARA survey on a regular basis as an assessment of the institutional service delivery in the country. This information will provide the progress of the performance of our health system over the years.

The results of SARA survey provide baseline data for health planners, medical administrators and policy makers to identify the existing gaps of the health care delivery system and would allow further planning, monitoring and scaling-up of the interventions to improve the health care delivery systems for the betterment of the people in Sri Lanka.

I congratulate and thank the entire survey team of SARA, who worked tirelessly under difficult circumstances to make it a success.

Dr. Anil Jasinghe Director General of Health Services

Message from the Director General, Department of Census and Statistics

The Ministry of Health, Nutrition and Indigenous Medicine and Department of Census and Statistics (DCS) successfully completed the first ever Service Availability and Readiness Assessment (SARA) in 2017 and this report presents findings of the survey. Irrespective of the busy schedule, DCS readily agreed to collaborate with the Ministry of Health, Nutrition and Indigenous Medicine considering the importance of conducting such a survey in the county.

SARA Survey was conducted to assist and monitor the readiness and the service availability of the state sector and the private sector health facilities. This report provides information related to general service availability and readiness, service-specific availability and readiness, chronic non-communicable diseases (NCD), care for the elders, and disability care etc. that are very vital for making evidence based decision making for further developing the health sector of the country and also to ensure the achievement of the health related Sustainable Development Goals by the year 2030.

DCS has been emphasizing the growth of the elderly population in our country based on the findings of the Censuses Population and Housing (CPH). According to the CPH-2012, 12.4 percent of our population belongs to the elderly population category, i.e., over sixty years. In another survey, it was revealed that one out of four elderly people is having a chronic non communicable decease. Our health system must ready to face the challenge of not only providing health facilities to the elderly personnel but also controlling non-communicable diseases. I am happy to note that this survey has collected data on "care for elders in health facilities" which provides necessary information to address the health needs of growing elderly population.

I would like to extend my heartfelt thanks to all the officers of the Ministry of Health, Nutrition and Indigenous Medicine and Department of Census and Statistics for their dedication and hard work to successfully complete this great task. Once again, while appreciating long standing collaboration between the two institutions in providing health related statistics, I would like to congratulate the Ministry of Health, Nutrition and Indigenous Medicine for initiating this remarkable-national endeavor.

I hope that the information provided in this report would be very useful for health professionals, health administrators, policymakers, and others involved in further improving the quality of the health services provided by the private and public sector institutions.

Dr. A. J. Satharasinghe Director General Department of Census and Statistics

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Service Availability and Readiness Assessment (SARA) is a survey recommended to be conducted by countries, at regular intervals to assess and monitor the availability of the expected health services and the readiness of the health institutions to provide these expected services. Also, the survey generates evidence to support policy reforms, planning, implementing and monitoring the health services provided by the health system as well. The current study conducted in 2017, was the first of such survey done in Sri Lanka, fulfilling a long felt need of the area.

The study was conducted by the Ministry of Health, Nutrition and Indigenous Medicine in collaboration with the Department of Census and Statistics, Sri Lanka. SARA Sri Lanka - 2017 was funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) through the Health Sector Strengthening (HSS) Grant of the GFATM Project of the Ministry of Health, Nutrition and Indigenous Medicine. The technical assistance for the survey was provided by the World Health Organization (WHO). Khulisa Management Services supported the survey through quality assurance. The survey was an example of excellent collaboration between the above governmental and non-governmental organizations.

The survey covered several service areas including maternal and child health, infectious diseases such as human HIV/AIDS and other sexually transmitted infections, tuberculosis, malaria, rabies and dengue; chronic non-communicable disease including diabetes, cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD) and cancer; mental health; care for elders and the disabled; and gender-based violence.

The conduct of the survey was supervised by a Steering Committee lead by the Secretary, Ministry of Health, Nutrition and Indigenous Medicine. Two focal points were appointed at the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics for smooth coordination of the activities within the departments. The staff of both the departments worked collaboratively at the central level in planning and implementation of the survey activities. An expert from the WHO (Ms. Rosebelle Azcuna) provided the technical guidance in development of the questionnaire and data analysis.

The data collection teams consisted of a Medical Officer representing the Ministry of Health, a Statistical Officer and a Statistical Assistant, representing the Department of Census and Statistics.

The questionnaire of the survey was developed based on the WHO SARA Core questionnaire. Experts from the respective directorates and units of the Ministry of Health, Nutrition and Indigenous Medicine adapted the core questionnaire to the Sri Lankan context. New additions to the core questionnaire by the relevant Sri Lankan experts were modules related to the Non Communicable Diseases (Diabetes, CVD, COPD, CKD, Cancer), mental health, care for elderly and disabled, Dengue and Rabies, which were included in the Sri Lankan survey. (The questionnaire of the survey is annexed as Annexure D of this report)

SARA Sri Lanka – 2017 measured the overall availability and readiness of each of the services provided through the network of government and private sector healthcare institutions of Sri Lanka. The availability and the readiness scores are presented for Sri Lanka, sector wise (private and public) and for the different levels of care in this report. While, micro data of the survey are available for the secondary analysis and can be downloaded by any interested party from the web site of the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka, on submitting an application form.

The recommendations of the survey are utmost important to the policy makers and administrators to improve the current conditions in order to uplift the health system of Sri Lanka. In addition, future regular conduct of the SARA survey would allow to assess the level of improvement in the health sector, which is an important input for the policy makers to act upon.

The SARA Sri Lanka -2017 survey team is grateful to all the stakeholders and individuals who supported to make this survey a success.

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Abbreviations and Acronyms

АСТ	Artimisinin Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
ALT	Alanine Aminotransferase
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
ARVc	Anti Rabies Vaccine
BCG	Bacillus Calmette-Guérin
BEmONC	Basic Emergency Obstetric and Newborn Care
BH	Base Hospital
BP	Blood Pressure
CD4	Cluster of Differentiation 4
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHC	Community Health Centre
СКД	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CSF	Cerebro Spinal Fluid
CT	Computerized Tomography
CVD	Cardio Vascular Disease
DBS	Dried Blood Spot
DF	Dengue Fever
DGH	District General Hospital
DH	Divisional Hospitals
DHF	Dengue Haemorrhagic Fever
DHS	Demographic Health Survey
DOTS	Directly Observed Treatment Short Course
DMPA	Depot Medroxy-Progesterone Acetate
DTP	Diphtheria Tetanus Pertussis
ECG	Electro Cardio Gram
ESR	Erythrocyte Sedimentation Rate
EFV	Efavirenz
EPI	Expanded Programme on Immunization
FBC	Full Blood Count
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoSL	Government of Sri Lanka

HDUHigh Dependency Units (HDU)HepBHepatitis BHLCHealthy Lifestyle CentreHIBHaemophilus Influenzae Type BHIVHuman Immunodeficiency VirusHIV+HIV PositiveIMCIIntegrated Management of Childhood IllnessIPTIntermittent Preventive TherapyIPVInjectable Polio VaccineIDDIntrauterine DeviceIVIntragrated Vector ManagementKMCKangaroo Mother CareMBBSBachelor of Medicine and Bachelor of SurgeryMCHMaternal and Child HealthMDGMillennium Development GoalMDRMutple Drug Resistant TuberculosisMIMyocardial InfarctionMMRMumps Measles RubellaMNCHMaternal, Neonatal and Child HealthMOHMedical Officer of HealthMOHMedical Officer of HealthMOHMoltarol STD/AIDS Control ProgrammeNSACPNational STD/AIDS Control ProgrammeNCDNon-Communicable DiseaseNVPOral Contraceptive PillsOIOportunistic InfectionNPTCCDNational Programme for Tuberculosis Control and Chest DiseaseNVPOral Polio VaccineOPVOral Polio VaccineOPVOral Polio VaccineOPOral Rehydration SolutionPHIPublic Health Nursing SisterPHIPublic Health Nursing SisterPHIPublic Health Nursing SisterPHIPublic Health Nursing SisterPHIPublic Health Nur	GPS	Global Positioning System
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MOHMedical Officer of HealthMoHNIMMinistry of Health, Nutrition and Indigenous MedicineNHSLNational Hospital of Sri LankaNSACPNational STD/AIDS Control ProgrammeNCDNon-Communicable DiseaseNGONon-Governmental OrganizationNPTCCDNational Programme for Tuberculosis Control and Chest DiseaseNVPNevirapineOCPOral Contraceptive PillsOIOpportunistic InfectionOPVOral Polio VaccineORSOral Rehydration SolutionPGHPublic Health InspectorPHMPublic Health MidwifePHNSPublic Health MidwifePMTCTPreventing Mother-To-Child TransmissionPMCUPrimary Medical Care UnitRDTRajid Diagnostic Test	MMR	Mumps Measles Rubella
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KHIVIIS Reproductive Health Management Information System		
	KHMIS	Reproductive Health Management Information System

RMO	Regional Malaria Office
SARA	Service Availability and Readiness Assessment
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
ТВ	Tuberculosis
тн	Teaching Hospital
ТРНА	Treponema Pallidum Haemagglutination Test
тт	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNAIDS	United Nations Programme for HIV/AIDS
UNICEF	United Nations Children's Fund
VDRL	Venereal Disease Reference Laboratory
WHO	World Health Organization

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Executive Summary

Introduction

The 2017 Service Availability and Readiness Assessment (SARA) for Sri Lanka was conducted to assist the health sector in assessing and monitoring the service availability and readiness. The objectives of the survey were:

- to describe the availability of general health services in terms of basic amenities (infrastructure), basic equipment, diagnostic capacities, standard precautions, essential medicines, surgical management, and transfusion services in the state sector and private sector health facilities in Sri Lanka
- to describe the availability of trained staff, equipment, diagnostic capacities and medicines/ commodities to deliver services related to key health areas^a in the state sector and private sector health facilities in Sri Lanka
- to assess the readiness of the state sector and private sector health facilities in Sri Lanka to deliver general health services
- to assess the readiness of the state sector and private sector health facilities in Sri Lanka to deliver services related to key health areas^a

The results would provide baseline data for planning, monitoring and scaling-up of interventions for service delivery improvement in the health sector. The SARA survey was conducted between June and July 2017, by the Ministry of Health, Nutrition and Indigenous Medicine (MoHNIM) of Sri Lanka in collaboration with the Department of Census and Statistics, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the World Health Organization (WHO).

Methods

The SARA 2017 was conducted in a nationally representative sample of 755 facilities drawn from a population of 2543 health facilities in Sri Lanka. The sampling process adopted a two stage stratified random sampling technique with probability proportion to the size representing all facility types and districts. The first stratification was done based on facility type, and the second stratification was done taking into consideration the geographic variation within the country covering all 26 health districts. The strata according to facility type were: (i) primary health care facilities (Primary Medical Care Units and Divisional Hospitals); (ii) secondary health care institutions (Base Hospitals); (iii) tertiary health care institutions (District General Hospitals, Provincial General Hospitals, National Hospital of Sri Lanka and other Teaching Hospitals); (iv) public clinics (TB clinics, sexually transmitted disease (STD) clinics, Regional Malaria Offices (RMO), clinics at Medical Officer of Health (MOH), and Healthy Lifestyle Centres (HLC)); and (v) privately owned hospitals with in-patient services. The sample included 41 tertiary care hospitals, 50 secondary care hospitals, 252 primary health care facilities, 344 public clinics and 68 privately owned hospitals.

a Key health areas considered in 2017 SARA Sri Lanka were: maternal and child health; infectious diseases such as HIV/AIDS and other sexually transmitted infections, tuberculosis, malaria, rabies and dengue; chronic noncommunicable disease including diabetes, cardiovascular disease, chronic obstructive pulmonary disease, chronic kidney disease and cancer; mental health; care for elders and the disabled; and gender-based violence

The WHO SARA tool was adapted for country specific settings by an expert panel comprising representatives of different units of the MoHNIM. Availability of general health services was assessed in all health facilities in terms of availability of basic amenities (infrastructure), basic equipment, diagnostic capacities, standard precautions and essential medicines. Furthermore, availability of the surgical management services and transfusion services was assessed in the facilities that are expected to provide these services.

Availability of services related to maternal and child health, infectious diseases such as HIV/AIDS and other STI, TB, malaria, rabies and dengue, chronic NCD including diabetes, CVD, COPD, CKD and cancer, mental health, care for elders and the disabled, and gender-based violence areas was also assessed in facilities that are expected to provide these services. Availability of these specific services was assessed in four domains, namely, guidelines and trained staff, equipment, diagnostics and medicines/commodities using a set of tracer items. The health facilities that are expected to provide each of the services and the tracer items to be used in each domain for different facility types were decided and agreed upon by the expert panel. When identifying the tracer items, certain items were recognized as tracer items that describe service readiness, and others as auxiliary items.

Data were collected by parallel teams of enumerators, and each team comprised a medically qualified person and 2 statistical officers from the Department of Census and Statistics. The teams visited health facilities and interviewed appropriate respondents, and verified the availability and functionality of the items by direct observation and/or physical inspection as specified in the survey manual.

In assessing service availability, the percentage of facilities offering the service out of the facilities that are expected to provide the service was computed. Furthermore, percentage availability of all tracer items was computed for each facility type. Readiness of the facility to provide the services was assessed as a score (0-100), and was based on the presence of the tracer items identified for service readiness in the domains of guidelines and trained staff, equipment, diagnostics, and medicines/commodities. Percentage availability of services, and readiness scores were weighted to adjust for differences in probabilities of selection of the facilities in the sample, and presented according to the five types of health facilities defined in the sampling method. The percentage availability and readiness scores were also summarized at the national level, and according to sector (public or private) by pooling the respective values from different facilities that provided the service, using the sampling weights appropriate for the facility types.

Summary of findings

General service availability and readiness

General service availability was assessed in all health facilities included in the sample, and was based on the presence of basic amenities (infrastructure), basic equipment, diagnostic capacities, standard precautions, essential medicines, surgical management, and transfusion services. Among the basic amenities, a source of improved water supply was available in almost all health facilities (99%), and the sanitation facilities were available in approximately 91% of public health facilities and all Private Hospitals (100%). Emergency transport service was available in a great majority of public hospitals (91% to 100%) and Private Hospitals with ≥50 beds (90%), and in about half of Private Hospitals with <50 beds (50%). Availability of basic equipment was high in all facilities especially those with in-ward facilities. Availability of basic equipment needed in emergency or specialized care varied according to the kind of equipment and facility type. Most individual tracer items required for standard precautions were available in more than 80% of health facilities. The percentage of facilities offering primary laboratory tests was high for blood glucose test using glucometer, and low for other tests. However, there was a wide variation in the availability when the percentages were disaggregated by facility type. Availability of advanced laboratory tests such as liver and renal function tests was low among all health facilities. However lipid profile testing was available in high percentage of tertiary care hospitals and Private Hospitals with \geq 50 beds, but low in other facilities. Availability of radiological tests (X-ray) was high, and found in most tertiary care hospitals (95%), secondary care hospitals (79%), and Private Hospitals with \geq 50 beds (89%). Of the 48 essential medicines, most were available in the majority of health facilities. Ten of the 48 essential medicines were available in more than 95% of facilities, while another 10 medicines were available in less than 50% of the facilities.

Minor surgical procedure and general surgeries were available in all tertiary care hospitals, and in the majority of secondary care hospitals and Private Hospitals with \geq 50 beds. Blood transfusion services were available in 95% of tertiary care hospitals, 80% of secondary care hospitals and 56% of Private Hospitals.

The general service readiness index is a composite measure designed to combine information from the five domains namely, basic amenities, basic equipment, standard precautions, laboratory diagnostics, and essential medicines. The results revealed that general service readiness index score for hospitals in Sri Lanka was 79 out of 100, with a score of 77 out of 100 in public sector health facilities and 83 out of 100 in private sector health facilities. When considering the type of facility in the public sector, the general service readiness index ranged between 74 and 92 out of 100, from primary care health facilities to tertiary care hospitals. Across the five domains, the basic amenities score was the highest (91 out of 100), and the diagnostic capacity score (45 out of 100) was the lowest at national level.

The overall readiness score at national level for providing surgical management services was 76 out of 100, and for transfusion services, 41 out of 100 among the facilities that are expected to provide these services.

Maternal and child health services availability and readiness

Of the health facilities in Sri Lanka which are expected to offer family planning services, the service was available in 70% of public sector health facilities and 65% of Private Hospitals. The family planning services were available in all Medical Officer of Health (MOH) clinics (100%) and almost all secondary and tertiary care hospitals. In contrast, the availability was low in Primary Medical Care Units (PMCU) (41%).

The overall family planning readiness score was 39 out of 100 at national level, with a marginal difference between public and private sectors. Presence of trained staff and guidelines was relatively low across all facilities other than MOH clinics. The highest readiness score for family planning, 83 out of 100, was found in Teaching Hospitals, and the lowest, 10 out of 100, in PMCU. The MOH clinics reported a readiness score of 79 out of 100.

All key antenatal care services except monitoring blood sugar in pregnancy, were available in more than 70% of the health facilities which are expected to provide the service in Sri Lanka. It was shown that all MOH clinics (100%), all tertiary care hospitals (100%), the majority of Base Hospitals (89%) and almost two-thirds of Private Hospitals (65%) offered antenatal care services.

The overall readiness score for antenatal care services was high in MOH clinics (89 out of 100) and tertiary care hospitals (83 out of 100), and low in primary care facilities (54 out of 100) and Private Hospitals with <50 beds (52 out of 100).

The delivery services are expected to be provided by all public and Private Hospitals. The results showed that the delivery services were available in all tertiary care hospitals (100%), all secondary care hospitals (100%), and the majority of the Divisional Hospitals (82%) at primary care level. In the private sector, availability of delivery services was higher in Private Hospitals with \geq 50 beds (93%) than Private Hospitals with <50 beds (47%).

All tertiary care hospitals (100%) offered services related to all seven signal functions for basic emergency obstetric and newborn care (BEmONC). At the secondary care level, 67% of Base Hospitals provided all seven signal functions of BEmONC. Overall, 77% of the public sector hospitals provided BEmONC services in contrast to 34% of privately owned hospitals in Sri Lanka.

The overall readiness score for BEmONC was found to be 54 out of 100 at the national level excluding Divisional Hospitals. There is a wide gap in readiness score between public sector (84 out of 100) and private sector hospitals (37 out of 100). The overall readiness score was \geq 80 out of 100 in tertiary care hospitals and secondary care hospitals.

All tertiary care hospitals (100%) offered services related to all nine signal functions for comprehensive emergency obstetric and newborn care (CEmONC). At the secondary care level, availability of Caesarean section and blood transfusion services was relatively low in Base Hospitals (65% and 69% respectively), with the availability of CEmONC services being 62%. Overall, 74% of the public sector hospitals provided CEmONC services in contrast to 33% of privately owned hospitals, in Sri Lanka.

The overall readiness score for CEmONC was 58 out of 100, with the corresponding score of 75 out of 100 for the public sector, and 45 for the private sector hospitals. In the public sector, the readiness score was high in tertiary care hospitals (90 out of 100) in contrast to secondary care hospitals (68 out of 100).

Essential newborn care services, such as early and exclusive breastfeeding, hygienic cord care, thermal protection of the newborn and lactation management services were available in more than 90% of the public secondary and tertiary care hospitals. Availability of mother-baby centers was low across all health facilities, i.e., only 15% of all public sector health facilities had a mother-baby center. In Private Hospitals mother-baby centers were available in 17%.

Assessing immunization services among the MOH clinics showed that all MOH clinics (100%) offered routine immunization services.

The overall readiness score for immunization services was 92 out of 100 at the MOH clinics. Rediness scores for guidelines and trained staff, equipment and vaccines at the MOH clinics were 86, 92 and 92 out of 100, respectively.

Of the facilities that are expected to provide the service, the majority (89%) offered preventive and curative services for children under 5 years of age, at national level. The services were available in all public secondary and tertiary care hospitals (100%), all MOH clinics (100%), and in the majority of primary health care facilities (86%) and Private Hospitals (73%).

However, the overall readiness of public sector hospitals to provide preventive and curative care services for children was low as revealed by the readiness scores ranging from 37 out of 100 in the Divisional Hospitals to 73 out of 100 in tertiary care hospitals. Readiness score in the MOH clinics was 70 out of 100. The overall readiness score in Private Hospitals was higher (54 out of 100) than in public sector health facilities (44 out of 100).

At national level, adolescent health services (excluding the school health services) were offered by only 48% of health facilities that are expected to provide the service. The percentage availability was 58% in public sector health facilities in contrast to 29% in Private Hospitals. Among the services, separate youth drop-in center was available only among few facilities (4% at national level), whereas family planning services and emergency contraceptive pills for adolescents were provided by limited facilities.

The overall readiness score for adolescent health services (excluding the school health services) at national level was 14 out of 100, and the readiness was low across all the domains concerned. The Provincial General Hospitals and MOH clinics reported somewhat higher readiness score than other facilities (44 out of 100 and 41 out of 100 respectively).

Among the hospitals that are expected to provide befriending of survivors of gender based violence (GBV), 71% of tertiary care hospitals, 41% of Base Hospitals, and 6% of Private Hospitals, offered this service.

The overall readiness score for gender based violence (GBV) services was very low at national level (15 out of 100). This score was somewhat higher in public sector health facilities (32 out of 100) than private sector (2 out of 100). The Teaching Hospitals (61 out of 100) and Provincial General Hospitals (67 out of 100) reported relatively higher readiness scores than others.

HIV/AIDS service availability and readiness

STD clinics in the public sector were assessed for the availability and readiness for HIV counseling and testing services, and care and support services for persons with HIV/AIDS. The results showed that all STD clinics offered HIV/AIDS counseling and testing services, and almost all (97%) provided care and support services for persons with HIV/AIDS. Antiretroviral therapy (ART) was available in the majority of STD clinics (80%). A great majority of STD clinics provided family planning counseling for persons with HIV/AIDS (97%).

Readiness of STD clinics for HIV/AIDS counselling and testing services was high, at 82 out of 100, and the readiness to provide HIV/AIDS care and support services was 71 out of 100. The overall readiness for HIV/AIDS antiretroviral prescription and client management services was low (30 out of 100). This could be due to the fact that the ART services are available only in 22 STD clinics, and the tests required for persons on ART (CD4 and viral load assessment) are available in the central STD clinic and few other selected hospitals.

Assessing the HIV post-exposure prophylaxis service among the facilities that should provide this service, it was shown that HIV post-exposure prophylaxis service was readily available at the NHSL (100%) and STD clinics (90%), but limited in secondary care hospitals (16%) and Private Hospitals (7%).

The overall readiness scores for HIV post-exposure prophylaxis services at the STD clinics and Public Tertiary Care Hospitals were 82 out of 100 and 42 out of 100, respectively.

Almost all STD clinics (97%) offered services for prevention of mother to child transmission of HIV (PMTCT). Seventy six percent of MOH clinics, 52% of secondary care hospitals and 82% of tertiary care hospitals offered PMTCT services expected from these facilities.

The readiness score for PMTCT services was 70 out of 100 in STD clinics in contrast to 30 out of 100 in facilities other than STD clinics.

All STD clinics (100%) provided diagnostic and treatment services for sexually transmitted infections.

The overall readiness score for diagnostic and treatment services for STI was 71 out of 100 at the STD clinics.

Tuberculosis, malaria, rabies, and dengue services availability and readiness

Among the health facilities that are expected to provide Tuberculosis (TB) diagnostic services in the country, the services were available in 45% of health facilities, which included 43% of public sector health facilities and 65% of Private Hospitals. Of the public sector health facilities, all TB clinics (100%), all tertiary care hospitals (100%), and a majority of secondary care facilities (93%) provided TB diagnostic services.

The overall readiness score for TB diagnostic services was high in TB clinics (72 out of 100) compared to other health facilities.

All TB clinics prescribed anti-TB drugs, provided drugs to patients, and carried out management and treatment follow-up of TB patients. A very high percentage of TB clinics (93%) offered screening for HIV infection in TB patients, however only 70% of the clinics provided services to confirm HIV infection by sending blood samples to the central STD clinic. Eighty-one percent of TB clinics had staff trained on management of HIV TB co-infection.

The overall readiness score for TB treatment services was 79 out of 100, with readiness being the highest for medicines and commodities (95 out of 100), in contrast to guidelines and trained staff (67 out of 100).

Malaria diagnostic and treatment services were available in all Regional Malaria Offices (RMO) (100%), almost all secondary care hospitals (97%), and majority of tertiary care hospitals (80%). At national level, availability of malaria diagnostic services was 57%, with no difference in public and private sectors. Malaria treatment services were available in higher percentage of public sector health facilities (78%) than Private Hospitals (31%).

Overall readiness score for providing malaria diagnosis and treatment services at national level was 67 out of 100. The highest readiness score was reported from RMOs (97 out of 100), followed by secondary and tertiary care hospitals (57 out of 100 and 50 out of 100 respectively). Readiness scores for guidelines and trained staff and equipment were low in primary and secondary care facilities, and Teaching Hospitals in contrast to RMOs and Provincial and District General Hospitals.

Of all the hospitals that are expected provide rabies post exposure treatment service, it was available 24 hours a day in all 7 days of the week (24x7) in 61% of Base Hospitals and 76% of the tertiary care hospitals in Sri Lanka. The percentage availability of this service at national level was low (28%) due to low availability in Divisional Hospitals and Private Hospitals. Services of vaccination of dogs and sterilization of female dogs were offered in 78% and 71% of MOH areas, respectively.

Overall readiness score for rabies post exposure treatment services was 38 out of 100 at the national level. Readiness to provide post exposure treatment services at tertiary care hospitals was high with a score of 90 out of 100. The overall readiness score for dog vaccination and population control services was 73 out of 100.

Under the preventive services for dengue fever, availability of integrated vector management services in MOH areas was assessed, and it was found that 85% of MOH units offered this service. Eighty seven percent of MOH areas carried-out activities to prevent dengue outbreaks. However, only 41% of MOH units had outbreak mitigation plan.

The overall readiness score for dengue vector control was 51 out of 100 in the MOH areas.

Availability of services for clinical diagnosis of dengue was assessed in all hospitals, and it was found to be available in all tertiary care hospitals (100%), and most secondary care hospitals (97%) and most Private Hospitals (91%). There were high dependency units (HDU) for management for critically ill dengue patients in 65% of tertiary care hospitals, 44% of secondary care hospitals, and 30% of Private Hospitals with beds ≥50.

Overall readiness score for offering dengue screening and clinical case management services was 18 out of 100. Readiness score for dengue in-patient and emergency management services was high in secondary and tertiary care hospitals, with a readiness score of 83 out of 100 and 93 out of 100, respectively. Within the Private Hospitals, those with beds \geq 50 reported a readiness score of 71 out of 100 in contrast to 33 out of 100 in Private Hospitals with <50 beds.

Chronic non-communicable disease service availability and readiness

Services for screening or diagnosis of diabetes were available in 95% of health facilities that are expected to provide this service in Sri Lanka. The service was available at all public sector health facilities (100%) and most Private Hospitals (91%). However, only 58% of health facilities at national level provided blood glucose testing by venous blood. Availability of services for management of diabetes in health facilities that are expected to provide the service was high. However, the percentages of facilities providing screening services for complications such as diabetic retinopathy, nephropathy and peripheral neuropathy were low at the national level (36% to 49%). The services for screening for complications in tertiary care hospitals were high (94% to 97%).

The overall readiness for diabetes screening and diagnosis services was 50 out of 100 in MOH clinics (service provided through Well Woman Clinics), 68 out of 100 in HLCs, and 52 out of 100 in Primary Medical Care Units (PMCU). The readiness scores in Divisional Hospitals and Private Hospitals were also low (50 to 69 out of 100) compared to secondary and tertiary care hospitals (73 to 80 out of 100). The overall readiness score for diabetes management at national level was 68 out of 100. The figure was high in secondary and tertiary care hospitals (80 to 88 out of 100), in comparison to PMCU (57 out of 100) and Private Hospitals with <50 beds (60 out of 100).

Of all health facilities that are expected to provide the service, 89% offered screening or diagnostic services for cardiovascular disease (CVD), and 69% offered cardiovascular risk assessment using the WHO ISH chart. Seventy

four percent of health facilities that are expected to provide the service offered services for management of high CVD risk at national level. Services for management of cardiovascular disease (myocardial infarction and stroke) were available at all tertiary care and secondary care hospitals, and approximately half of the primary care hospitals and one-third of the Private Hospitals.

Overall readiness score for screening and diagnosis services for CVD was 74 out of 100 in the health facilities at national level excluding HLCs, and 77 out of 100 for HLCs. Readiness with respect to management of clients with CVD risk was 76 out of 100 at national level excluding Divisional Hospitals, PMCU and HLCs. The overall readiness score for management of myocardial infarction and stroke was 82 out 100 in hospitals at national level.

Eighty-eight percent of health facilities that are expected to provide the service offered screening and diagnostic services for chronic obstructive pulmonary disease (COPD), and 86%, management of COPD.

Overall readiness score for screening, diagnosis and management of COPD was high in secondary care hospitals (83 out of 100) and tertiary care hospitals (81 out of 100), and low in Divisional Hospitals (67 out of 100) and PMCU (56 out of 100). The overall readiness score was 75 out of 100 in Private Hospitals.

Fifty two percent of health institutions in Sri Lanka that are expected to provide the service, offered diagnostic services for chronic kidney disease (CKD). This service is offered by 97% of tertiary care hospitals, 92% of secondary care hospitals, 41% of primary care health facilities and 57% of Private Hospitals. Management and/ or long-term patient follow up of CKD was available in 49% of all health facilities that are expected to provide the service, and assessment of renal functions in 49% of health facilities. The percentage availability of CKD management services by facility type was almost similar to the CKD diagnosis services.

Overall readiness score for CKD services was 43 out of 100 for Divisional Hospitals, 55 out of 100 for Base Hospitals, 70 out of 100 for tertiary care hospitals and 42 out of 100 for Private Hospitals.

Cancer service availability and readiness

Service availability and readiness was assessed in relation to three common cancers - oral, breast and cervical cancer.

At the national level, 57% of health facilities that are expected to provide the service, offered clinical oral examination, and 17%, offered oral cancer diagnosis services. These services were available mostly in the secondary care hospitals (92%) and tertiary care hospitals (97%). Services for clinical oral examination were available in 55% of the Private Hospitals as well. Services for oral cancer surgery, oral cancer chemotherapy, radiotherapy and palliative care were available in 75%, 62%, 38%, and 66% of tertiary care hospitals, respectively.

National level overall readiness score for oral cancer services was 42 out of 100 for public sector hospitals in contrast to 30 out of 100 in private sector health hospitals.

Sixty eight percent of health facilities that are expected to provide the clinical breast examination in Sri Lanka offered the service. The corresponding percentage for breast cancer diagnostic services was 66%. Mammography services were available in 42% of tertiary care and 18% of Private Hospitals. Surgical treatment for breast cancer was provided in all tertiary care, 63% of secondary care hospitals and 50% of Private Hospitals.

Overall readiness score for breast cancer services ranged from 30 to 68 out of 100 across public sector hospitals, in contrast to 21 out of 100 in Private Hospitals.

Thirty six percent of health facilities that are expected to provide the clinical examination of cervix in Sri Lanka, offered the service, and 58%, offered the cervical cancer diagnostic services. The majority of Teaching Hospitals, some secondary hospitals and Private Hospitals provided colposcopy services (83%, 11% and 15% respectively) and surgical treatment for cervical cancer (83%, 46%, and 37% respectively). Chemotherapy services for management of cervical cancer was available in 47% of public sector health facilities and 22% of Private Hospitals. Radiotherapy was available only in tertiary care facilities (27%).

Overall readiness score for cervical cancer services varied from 84 to 100, out of 100 in tertiary care hospitals. The readiness score was 63 out of 100 in Base Hospitals, 44 out of 100 in Divisional Hospitals and in 41 out 100 in Private Hospitals.

Mental health service availability and readiness

Availability of outpatient mental health services and in-ward psychiatric services were assessed in all hospitals included in the survey. Seventy three percent of the hospitals offered outpatient mental health services, and 46% of hospitals offered in-ward psychiatric services at national level. Mental health services such as referral of persons who attempted suicide for psychiatric assessment, child and adolescent guidance services, services to address issues related to substance abuse, gender based violence (GBV), and mental health issues of elderly were available in more than half of the hospitals (59% to 71%).

Overall readiness score to offer mental health services was 64 out of 100, and ranged from 53 out of 100 in Private Hospitals to 94 out of 100 in tertiary care hospitals.

Elderly care service availability and readiness

Availability of elderly friendly wards was low as 20% among of all hospitals that are expected to provide this service. Only 18% percent of public health facilities, and 22% of Private Hospitals had elderly friendly wards. Availability of health staff with training on care for elderly was extremely low, as indicated by low presence of trained medical officers/consultants (7%), nursing officers (7%), attendants (6%,) and labourers (4%) at health facilities.

The overall readiness score for elderly care services in all health institutions was 42 out of 100, with no difference between public and private health facilities.

Disability care service availability and readiness

A physiotherapist was available in 72% of all hospitals that are expected to provide disability care service, with this percentage ranging from 57% in Private Hospitals with <50 beds to 100% in tertiary care hospitals. Occupational therapy was available in 16% of health institutions that are expected to provide this service in the country. Percentage availability of occupational therapy services was very low among health facilities expect in tertiary care hospitals. Speech and language therapy was available in 26% of hospitals in the country. Prosthetic and orthotic services were available only in 11% of health facilities that are expected to provide this service.

Readiness for physiotherapy (22 out of 100), speech and language therapy (8 out of 100), occupational therapy (2 out of 100), and prosthetic and orthotic services (3 out of 100) were extremely low as revealed by the readiness scores for these services at national level.

Conclusions and recommendations

In conclusion, the SARA Sri Lanka 2017 report provides scientifically valid data to inform policy decisions and strategic planning in the health sector, focusing on service availability and readiness in public and private sector health facilities in Sri Lanka. Identifying the health facility types or groups and tracer items responsible for poor service availability or readiness would help health managers take necessary action to improve the situation.

Service availability in SARA Sri Lanka 2017 showed a distinct pattern within public sector health facilities, where availability was the lowest in primary care health facilities (Divisional Hospitals and PMCU) and the highest at tertiary care hospitals. The service availability at secondary care hospitals (Base Hospitals) was also high and closer to the tertiary care level than primary care level. The service availability at public clinics that are expected to provide specific services was at a satisfactory level. In privately owned hospitals, there was a clear difference between those hospitals with \geq 50 beds and hospitals <50 beds with respect to all services, where service availability was low in hospitals <50 beds. Between the 2 sectors, public sector health facilities often had a higher service availability than private sector.

Despite the high availability, service readiness was low for most of the services at national level, particularly in the domains of guidelines and trained staff, and diagnostics. Unavailability of guidelines was a common issue observed across all levels of health facilities, and that reduced the overall readiness score to a great extent. Staff trained on the key health service areas was relatively low in certain health facilities, despite regular training programmes by the MoHNIM. Non availability of guidelines and staff trained on specific services was clearly observed in the Private Hospitals, and this finding should be given attention in the process of improving service readiness at national level.

Overall, the results indicate the need of strengthening the service availability in the primary care health facilities (Divisional Hospitals and PMCU). A comparable improvement is also needed in the Private Hospitals with <50 beds.

Low readiness scores at national level demand a plan of action to make the essential tracer items readily available, particularly in the domains of guidelines and trained staff for the services expected through the respective health facilities.

01 Introduction

1.1 Country profile

Sri Lanka is an island in the South Asian region, situated in the Indian ocean between Northern latitudes 5° 55' and 9° 50' and Eastern longitudes 79° 42' and 81° 52'. The country has a total area of 65,610 square kilometers including inland water bodies. The population of Sri Lanka was 20,359,439 according to census of population and housing in 2012, and the estimated population for the year 2016 was 21,203,000 (Department of Census and Statistics, 2012). The annual population growth rate was 0.94 percent during the year 2015.

The life expectancy at birth was 72.0 years for males and 78.6 years for females during the period between 2011 and 2013. The adult literacy rate is high (95.7%) compared with the other countries of the region, with female literacy rate being 94.9%. Age composition over the years in Sri Lanka indicates an aging population with an increase in the percentage of persons aged 60 years or above from 6.6% in 1981 to 12.4% in 2012. The per capita gross national income at current market prices was USD 3727 in 2016 (Department of Census and Statistics, 2017).

The country reports very low maternal and infant mortality indicators which are in par with those of high income countries in the world. The maternal mortality ratio was 33.7 per 100,000 live births (in 2015) and infant mortality rate was 8.2 per 1000 livebirths (in 2016), according to latest available statistics (Family Health Bureau, 2017).

The country is divided into 9 provinces, 24 districts and 331 divisional secretary divisions for administrative purposes. The state health services are also organized according to the same geographic divisions, except few areas.

1.2 Health services

The national health policy (2016-2025) is the overarching policy that governs the health services in the country, with its vision "a healthier nation that contributes to its economic, social, mental, and spiritual development". The Ministry of Health, Nutrition and Indigenous Medicine (MOHNIM) is entrusted with the mission of achieving the highest attainable health status through promotive, preventive, curative and rehabilitative services of high quality, made available and accessible to people of Sri Lanka (MOHNIM, 2017).

Health services of Sri Lanka are provided through both public and private sectors. The public sector is the predominant provider for inpatient care, with approximately 95% of inpatient care being provided by the state health institutions, while the share of outpatient care is divided almost equally between public and private sectors (MoHNIM, 2015). The public sector health services are provided free of charge at the point of consumption, and organized in 2 parallel streams – patient care services and community health services. The patient care services are delivered through a network of hospitals ranging from Divisional Hospitals to Teaching Hospitals, and Primary Medical Care Units at the lowest level. The community health services are focused on preventing illness and health promotion at population level, and organized centrally with public health units or directorates and various disease control and prevention programmes. The preventive and promotion services are implemented predominantly through the Medical Officers of Health (MOH) units covering the entire country. The number of Medical Officer of Health units was 341 in 2016 (MoHNIM, 2017).

As at present there are 19 Teaching Hospitals including the National Hospital Sri Lanka, 22 General Hospitals, 74 Base Hospitals and 479 Divisional Hospitals in the curative services of the public sector. The total bed strength of these institutions is 80,581. The National Hospital of Sri Lanka is the premier health institution in the country, which caters to a wide range of diagnostic, curative and rehabilitation services for the entire nation. There are 475 Primary Medical Care Units which provide only outdoor curative services to public at the first contact care level (MoHNIM, 2017).

National ratio of beds for inpatient care was 3.5 per 1,000 population. There were 87 Medical Officers and 202 nurses per 100,000 population in the country, according to health statistics in 2015 (MoHNIM, 2015).

1.3 Background to Service Availability and Readiness Assessment

Sound information on the supply and quality of health services is necessary for health systems management, monitoring and evaluation. Efforts to achieve the Sustainable Development Goals (SDGs) and universal health coverage with availability and accessibility of health services and quality care have drawn attention to the need for strong country monitoring of health services covering the public and private sectors, and their readiness to deliver key interventions. Information on service availability and readiness is also required to scale up interventions in the health system through global health partnerships.

Service Availability and Readiness Assessment (SARA) is designed as a systematic survey to assess health facility service delivery focusing on 2 dimensions – service availability and service readiness. Service availability refers to the physical presence or reach of the facilities. Service readiness is the capacity of health facilities to deliver the services offered. This capacity includes the presence of trained staff, guidelines, infrastructure, equipment, medicines and diagnostic tests. Service availability and readiness are prerequisites to quality services, but do not guarantee the delivery of quality services.

The overall objective of the SARA is to assess on a regular basis service delivery (availability and readiness). This evidence based information collected as an independent verification aims to provide regular and reliable information on progress and performance of the health system (WHO 2015).

The results from SARA can be used as baseline data for planning, monitoring and scaling-up of interventions for service delivery improvement in the health sector in Sri Lanka. Monitoring health facility level performance provides information on whether health services are available and delivered at the expected level. The results of SARA would provide evidence based data on health system progress to inform the annual health sector review, as well as annual planning. The results will assist health sector to identify gaps and weaknesses responsible for sub-optimal service provision and intervention coverage that need to be addressed.

The SARA survey was conducted between June and July 2017, by the Ministry of Health, Nutrition and Indigenous Medicine (MoHNIM) of Sri Lanka in collaboration with the Department of Census and Statistics, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the World Health Organization (WHO).

1.4 Objective of the survey

The 2017 SARA for Sri Lanka was conducted to assist the health sector in assessing and monitoring the service availability and readiness. The objectives of the survey were:

- to describe the availability of general health services in terms of basic amenities (infrastructure), basic equipment, diagnostic capacities, standard precautions, essential medicines, surgical management, and transfusion services in the state sector and private sector health facilities in Sri Lanka
- to describe the availability of trained staff, equipment, diagnostic capacities and medicines/ commodities to deliver services related to key health areas^a in the state sector and private sector health facilities in Sri Lanka
- to assess the readiness of the state sector and private sector health facilities in Sri Lanka to deliver general health services
- to assess the readiness of the state sector and private sector health facilities in Sri Lanka to deliver services related to key health areas^a

a Key health areas considered in 2017 SARA Sri Lanka were: maternal and child health; infectious diseases such as HIV/AIDS and other sexually transmitted infections, tuberculosis, malaria, rabies and dengue; chronic noncommunicable disease including diabetes, cardiovascular disease, chronic obstructive pulmonary disease, chronic kidney disease and cancer; mental health; care for elders and the disabled; and gender-based violence

02 Methodology and data collection

2.1 Survey areas and sectors

SARA relies on a rapid data collection and analysis methodology. The SARA methodology takes into account the best practices and lessons learned from many countries that have implemented health facility assessments of service availability and readiness.

SARA Sri Lanka 2017 was a cross-sectional and descriptive health facility survey that covered state-owned as well as privately-owned health facilities across the country. The SARA Sri Lanka 2017 was conducted during June and July 2017, by the MoHNIM of Sri Lanka in collaboration with the Department of Census and Statistics. The technical assistance was provided from the World Health Organization (WHO), and financial support, by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The state-owned health facilities referred to as public sector in the report were classified into four categories: (i) primary health care facilities; (ii) secondary health care institutions; (iii) tertiary health care institutions; and (iv) public clinics. The primary care facilities included Primary Medical Care Units (PMCU) and Divisional Hospitals (DH); the secondary care institutions included Base Hospitals (BH); and tertiary care facilities comprised Teaching Hospitals (TH) including the National Hospital of Sri Lanka (NHSL), Provincial General Hospitals (PGH) and District General Hospitals (DGH). The units considered under the public clinics encompassed a wide range of facilities, i.e., TB clinics, STD clinics, Regional Malaria Offices (RMO), clinics at the office of Medical Officer of Health (MOH), and Healthy Lifestyle Centres (HLCs).

TB clinics and STD clinics provide predominantly the screening, diagnosis, treatment and follow-up services for the respective diseases. The RMOs provide services for the prevention of re-introduction of malaria, and screening, diagnosis and referral of malaria patients through mobile malaria clinics. The RMOs facilitate treatment of patients who would be admitted to the public or Private Hospitals across the country. The MOH offices are responsible for preventive health care and health promotion services at community level, and these services are offered through various clinics and field based activities. The HLCs provide services for screening for chronic non-communicable diseases and their risk factors, reduction of NCD risk factors and promoting healthy lifestyles.

Privately-owned health facilities referred to as private sector in the report were classified into 2 groups based on the bed strength: (i) Private Hospitals with bed strength less than 50; and (ii) Private Hospitals with the bed strength 50 and higher. The privately-owned clinics and channeled consultation centers which provide only the out-patient services were not included in the sampling frame.

2.2 Sampling methodology

The sample for SARA was selected in order to estimate statistics for national and sub-national level with disaggregation by facility type and managing authority. Hence, it was decided to use a two stage stratified random sampling method with stratification by facility type/administrative authority and health district in the sampling process. Calculation of the number of units to be sampled was done using the standard formula for a proportion, to estimate percentage of health facilities offering a given service. An expected proportion of 50% of service availability was used, with 95% confidence intervals to be within an error margin of 10%, and assuming a response rate 95% for the participating facilities.

All facilities administered by public and private authorities in the health sector were listed in order to prepare separate master facility lists for public facilities, and Private Hospitals registered with MoHNIM, to draw the samples.

A nationally representative sample of 755 facilities was required from a population of 2543 health facilities in Sri Lanka. For tertiary care facilities, all available facilities within each district were selected into sample which was 41 tertiary care hospitals. Estimation of the number of facilities to be drawn from primary care facilities, secondary care hospitals, tertiary care hospitals, public clinics, and Private Hospitals from each health district, was done by two levels of stratification. The first stratification was done based on facility type/ managing authority, and was based on probability proportion to the size representing all facility types. The second stratification was done taking into consideration the geographic variation within the country covering all 26 health districts. The sample required 50 secondary care hospitals, 252 primary health care facilities and 344 public clinics of different kinds in the government health sector, and 68 privately owned hospitals. When selecting the facilities to be included in the sample, varying strategies were adopted for different facility types due to complexity of the distribution of sampling units in the population.

For primary and secondary care facilities, the allocation of sample units for each district was based on the proportional size of facilities in the respective district.

The selection of sample of clinics under the public sector health facilities (referred to as public clinics) was made randomly without district stratification as the number of sample units assigned for certain clinics was not sufficient to divide among districts. In case of TB, STD and Malaria all the clinics available at the time of survey were included, whereas for MOH clinics and HLCs a random sample was selected without considering the district stratification. The private health facilities were also sampled randomly for the entire country without proportional allocation for districts.

The final sample comprised 755 health facilities representing the entire country. Table 1 provides information on distribution of the facilities in the sampling frame and in the sample. Geographical distribution of health facilities included in the sample is shown in a series of maps from Figures 1 to 7.

Table 1 Number of health facilities in sampling frame and sample (unweighted and weighted), according to type of facility, Sri Lanka 2017

Facility type	Total number of facilities	Number of facilities in sample (unweighted)	Number of facilities in sample (weighted)
Public sector			
Tertiary care institutions			
National Hospital Sri Lanka	1	1	0.4
Teaching Hospitals	18	18	6.1
Provincial General Hospitals	3	3	0.8
District General Hospitals	19	19	5.8
Secondary care institutions			
Base Hospitals (Type A and B)	74	50	22.2
Primary care facilities			
Divisional Hospitals (Type A, B and C)	479	172	144.1
Primary Medical Care Units	475	80	138.2
Public clinics			
Tuberculosis clinics ^a	27	27	8.4
STD clinics	30	30	9.2
Regional Malaria Offices	22	22	6.8
Medical Officer of Health clinics ^b	337	76	101.3
Health Lifestyle Centers	908	189	263.7
Private sector			
Private Hospitals ≥50 beds	31	21	10.3
Private Hospitals <50 beds	119	47	37.7
Total	2543	755	755

^a Additional chest clinic was included in Colombo district

^b Since there are several clinics in a Medical Officer of Health area, the clinic center at the office of the MOH was considered as the study unit

Figure 1 Map of Sri Lanka showing distribution of tertiary care hospitals included in the sample of SARA, Sri Lanka 2017

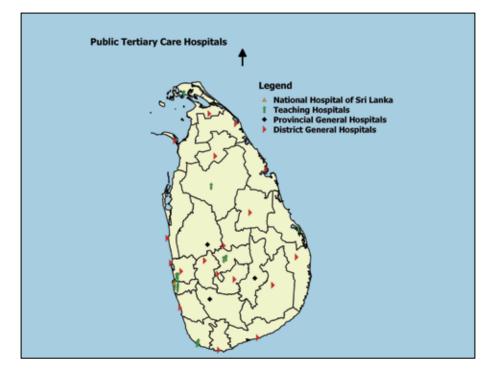


Figure 2 Map of Sri Lanka showing distribution of secondary care (Base) hospitals included in the sample of SARA, Sri Lanka 2017

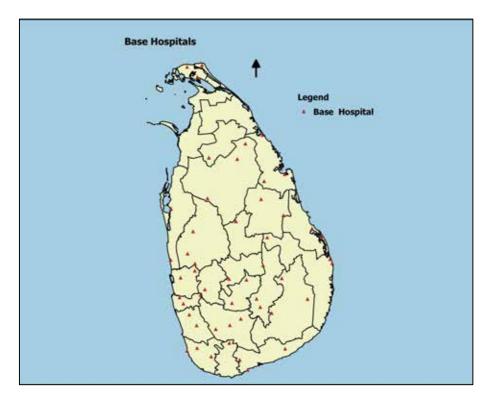


Figure 3 Map of Sri Lanka showing distribution of Divisional Hospitals included in the sample of SARA, Sri Lanka 2017

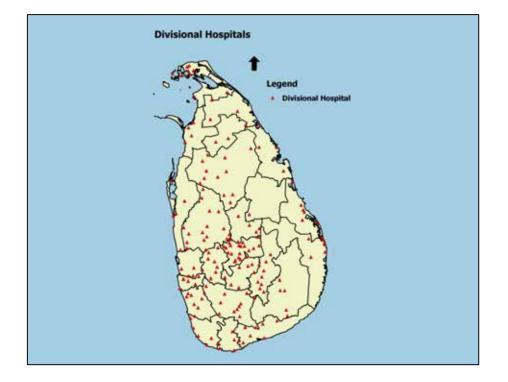


Figure 4 Map of Sri Lanka showing distribution of Primary Medical Care Units included in the sample of SARA, Sri Lanka 2017

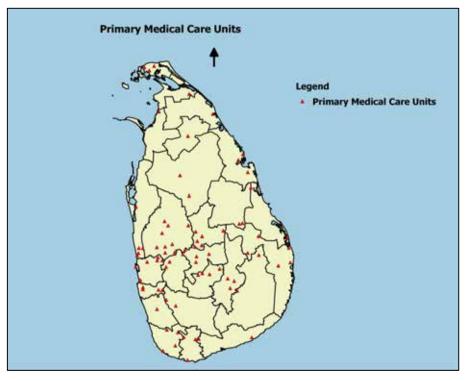


Figure 5 Maps of Sri Lanka showing distribution of Public Clinics – Medical Officer of Health, Sexually Transmitted Disease, Tuberculosis and Regional Malaria Offices, included in the sample of SARA, Sri Lanka 2017

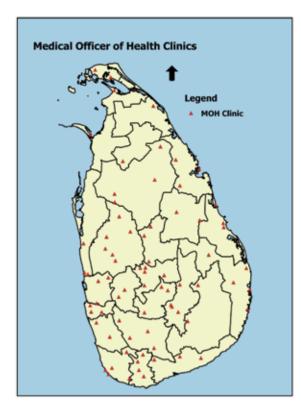








Figure 6 Map of Sri Lanka showing distribution of Healthy Lifestyle Centers included in the sample of SARA, Sri Lanka 2017

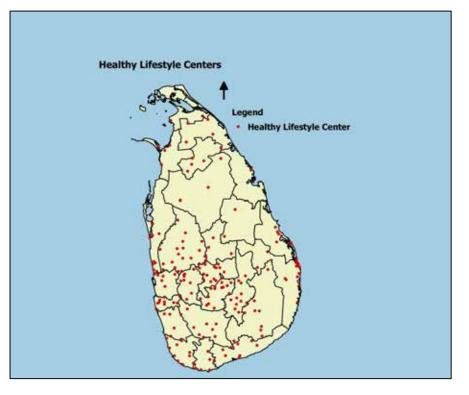
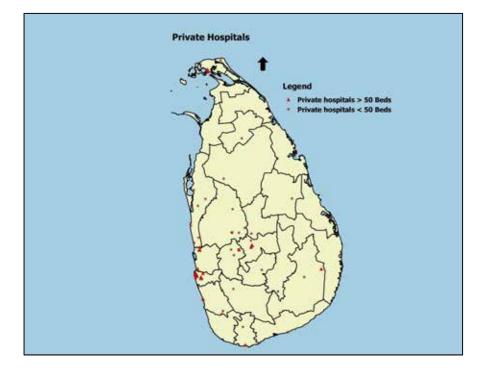


Figure 7 Map of Sri Lanka showing distribution of Private Hospitals included in the sample of SARA, Sri Lanka 2017



Service Availability and Readiness Assessment Sri Lanka 2017

2.3 Assessment tool

The Service Availability and Readiness Assessment tool, attached as Annexure D, has been developed for interviewers to collect information on core functional capacities and availability of services in health facilities. The assessment tool was designed to rapidly assess and monitor service availability and readiness with a focus on a number of core health interventions.

The SARA survey 2017 in Sri Lanka, assessed the availability of general health services in all the health facilities in terms of availability of basic amenities (infrastructure), basic equipment, diagnostic capacities standard precautions, essential medicines. In addition, availability of the surgical management services and transfusion services were assessed in the facilities that are expected to provide these services. The tracer items to be used in each of the above domain for different facility types were decided and agreed upon by an expert panel comprising officers of different units of the MOHNIM. When identifying the tracer items, certain items were recognized as tracer items that describe service readiness, and others as auxiliary items.

Furthermore, the survey assessed availability of services related to maternal and child health; infectious diseases such as HIV/AIDS and other sexually transmitted infections, tuberculosis, malaria, rabies and dengue; chronic non-communicable disease including diabetes, cardiovascular disease, chronic obstructive pulmonary disease, chronic kidney disease and cancer; mental health; care for elders and the disabled; and gender-based violence in facilities that are expected to provide these services. Availability of these specific services was assessed in four domains, namely guidelines and trained staff, equipment, diagnostics and medicines/ commodities using a set of tracer items. The facilities that are expected to provide each of the services and the tracer items to be used in each domain for different facility types were decided and agreed upon by the expert panel of the MoHNIM.

The standard paper based questionnaire, developed by the WHO was reviewed and adapted for country specific needs by the expert panel comprising officers of different units of the MoHNIM. Many modules of the original SARA tool were modified substantially to suit the health system in Sri Lanka which is unique, and different from the other countries. The following modules were newly added to the questionnaire: dengue, rabies, breast cancer, oral cancer, chronic kidney disease, mental health, elderly care, disability care and gender based violence care. These modules were added in the SARA Sri Lanka 2017 in order to provide a comprehensive coverage of Sri Lankan health services, while identifying gaps in such services. The modules on supervision and supply chain were excluded since they were beyond the scope of the survey. List of modules in the SARA Sri Lanka 2017 assessment tool and whether each module was newly added or modified are summarized in Annexure B.

The modified tool was pretested among 10 health facilities in the Western province (the NHSL, a Base Hospital, a Divisional Hospital, a PMCU, 5 different types of clinics and a Private Hospital) representing all types of health facilities considered in the survey. Appropriate revisions were done following the pretest.

2.4 Data collection

Data were collected by a team of enumerators led by a medical officer qualified with MBBS or equivalent, and 2 statistical officers from the Department of Census and Statistics with past experience in health surveys. Survey took place simultaneously in several districts, deploying 30 parallel teams. The enumerators were adequately trained, and provided with a manual for data collectors. Data collection was commenced following obtaining permission from the officer-in-charge of the concerned facility. The teams visited health facilities and interviewed appropriate respondents and verified the availability and functionality of the all specified tracer items by direct observation and/or physical inspection as specified in the manual and recorded the information

in the survey tool. For the drugs and commodities, the expiry date was checked to ensure its validity. The survey manual contained pictures of all basic and emergency equipment, medicines, and commodities for reference.

Data collection was facilitated by the district coordinators appointed in every health district to liaise with the health facilities and the data collection teams. In addition, institutional coordinators were appointed for the Base Hospitals and above. Supervision of data collection in each district was carried out jointly by these coordinators. The head office of Department of Census and Statistics and MOHNIM monitored the overall data collection of the entire country. The list of persons involved in the survey is given in Annexure A.

2.5 Data analysis

Data were entered by a team of experienced data entry operators into a database developed using CS Pro programme by the Department of Census and Statistics. Quality of data was assured through appropriate validity checks and data cleaning under supervision of the quality assurance team. Data were analyzed into two key outcome indicators i.e., the service availability and readiness, with respect to general health services and a wide spectrum of specific health services. The statistical analysis was performed using statistical software SPSS 23.0 and CS-Pro version 6.0, by a team of experts in biostatistics from the MoHNIM and the Department of Census and Statistics in Sri Lanka. An external consultant from the WHO provided guidance for statistical analysis.

Details of the indicators and their definitions can be found in the WHO SARA Reference manual Version 2.2 (WHO, 2015). For each service, the percentage of facilities offering the service were computed as a measure of the availability of the service. In addition, for facilities offering the service, readiness to provide the service was assessed based on the presence of a number of tracer items. The definitions used for calculation of SARA indicators for service availability and readiness are given below:

Service availability

- The percentage availability of each tracer item is equal to the total number of facilities that have the tracer item available (i.e. value = 1) divided by the total number of facilities that are expected to provide the service, multiplied by 100 to get a percentage value.
- The percentage of health facilities that have all the tracer items for a service is equal to the sum of facilities that have all the items (if all items, health facility score =1) divided by the total number of facilities that are expected to provide the service and then multiplied by 100.

Service readiness

- Each specific-service indicator consists of a set of identified tracer items grouped into domains. There are four domains for each specific service: guidelines and trained staff, equipment, diagnostics, and medicines and commodities.
- The readiness score for a domain is equal to the sum of the means that were obtained for each essential tracer item in a domain, divided by the total number of essential tracer items in the domain, multiplied by 100.
- Once the availability of each essential tracer item is obtained, they are aggregated to produce a service-specific overall readiness score. This is equal to the sum of the availabilities of all the tracer items identified for service readiness, divided by the total number of items, then multiplied by 100.

Data were weighted during analysis to account for oversampling/under sampling and to represent the actual distribution of facilities in the country. All percentages were weighted to adjust for differences in probabilities of selection of the facilities in the sample, and presented according to the five types of facilities defined in the sampling method. The percentage availability and readiness are presented for each facility type that is expected to provide the relevant service. The percentage availability and readiness scores were also summarized at three levels, as public sector, private sector and the national level by pooling the respective values from different facilities that provided the service, using the sampling weights appropriate for that facility type. Thus, interpretation of national level indicators should be made with due cautions, and the attention should be paid on the indicators at the appropriate facility type or level.

2.6 Ethical issues

The survey was conducted conforming to ethics standards in research. The officer-in-charge of the relevant health facility was provided written information explaining the survey and invited for the interview. The data collection was carried out after obtaining informed verbal consent from the respondents, and the officer-in-charge or other informants had the autonomy to refrain from giving information. The survey did not collect any personal identification data of the informants. All data were kept confidentially and accessible to the data analysis team only. Data are stored at the MOHNIM. The de-identified data will be disseminated to selected individuals or organizations for further analysis based on an appropriate evaluation.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) organized financial support to conduct the SARA Sri Lanka 2017. Technical support was provided from the WHO, and quality assurance from Khulisa Management Services. The survey team, consultants, and all organizations involved in this survey including those provided financial, technical and quality assurance support had no conflict of interest relating to the content of this survey report.

2.7 Survey planning and preparation

The SARA Sri Lanka 2017 was undertaken under the overall leadership of the MoHNIM, and coordinated by the Non-communicable Disease Bureau of the MoHNIM. A team of experts representing directorates / units of the MoHNIM, with the technical support from the WHO, and quality assurance from Khulisa Management Services carried out survey planning and preparation process. The GFATM organized financial support to plan and conduct the survey.

The survey planning and preparation followed the steps in the SARA implementation guide prepared by the WHO (WHO, 2015). Regular meetings were held to discuss and finalize the appropriate design and sampling process, the SARA assessment tools, data collection methods, data analysis and quality assurance of the survey. The data collection teams were carefully selected and trained adequately for the purpose. A manual for data collectors was prepared and it contained all details about the survey administration including fieldwork schedule, logistical arrangements, obtaining permission, and interviewer skills. Instructions with examples were given on various types of questions, validation methods and procedures for correctly recording information.

Monitoring for quality assurance, data entry and data analysis procedure were also agreed upon during planning stage. During the survey implementation process, the quality assurance team made visits to data collection sites, and observed data collection process and verified reliability of data that were collected by the enumerators. The quality assurance process was continued during the data entry process as well.

2.8 Limitations of the methods

SARA Sri Lanka 2017 has few limitations. One limitation of the survey methodology would be the potential information bias that could arise due to the informants' responses during a rapid survey. The informants' awareness about the service availability could affect the outcome. However, the survey team used a uniform criteria to identify the most suitable informant/s, and standard questions with probes whenever necessary to obtain the accurate information.

When estimating the indicators at national level, values from different types of facilities were pooled using sampling weights in order to provide the figure for country level, or figures by main sector – public or private. Thus, due caution should be observed in interpretation of the figures at national level and sector level.

03 Results

3.1 Description of sample

Table 2 summarizes the distribution of health facilities selected for the survey (n=755) according to their administrative authority, location (urban, rural or estate) and nature of service. The number of public clinics (n=344) and primary care health facilities (n=252) were higher than the secondary care (n=50), tertiary care (n=41) and privately-owned (n=68) health facilities in the sample. The majority of health facilities was under the purview of the provincial health ministries (n=643), and located in rural areas (n=537) of the country. This is due to the high representation of primary care facilities and public clinics in the sample. In contrast, the tertiary care hospitals were small in number, managed by the line ministry of health and located in urban areas. There were few facilities at primary care level (n=8) from the estate areas. Of the sample, 321 facilities provided both in-patient and out-patient care services, 169 provided out-patient care services only, and 265 provided preventive health services only.

The sample consisted of five types of facilities categorized as public clinics in the MoHNIM namely TB clinics (n=27), STD clinics (n=30), MOH clinics (n=76), RMOs (n=22) and HLCs (n=189).

Table 2 Distribution of health facilities in the sample (unweighted) according to administrative authority, location and nature of service (n=755), Sri Lanka 2017

	Admi	nistrative auth	nority		Location	ı	Estate		Nature	of service		Total
Facility Type	Line ministry	Provincial ministry	Private	Municipal council	Urban council	Pradesheeya sabhaª	Situated in an estate	Both inpatient and outpatient	Out- patient only	In- patient only	Preventive care only	
Sri Lanka	44	643	68	120	98	537	8	321	169	0	265	755
Public Tertiary Care Hospitals	32	9	0	21	13	7	0	41	0	0	0	41
National Hospital	1	0	0	1	0	0	0	1	0	0	0	1
Teaching Hospitals	18	0	0	11	4	3	0	18	0	0	0	18
Provincial General Hospitals	3	0	0	3	0	0	0	3	0	0	0	3
District General Hospitals	10	9	0	6	9	4	0	19	0	0	0	19
Public Secondary Care Hospitals	4	46	0	3	13	34	0	50	0	0	0	50
Base Hospitals (A & B)	4	46	0	3	13	34	0	50	0	0	0	50
Public primary care facilities	1	251	0	7	8	237	7	166	86	0	0	252
Divisional Hospitals (type A, B & C)	1	171	0	5	5	162	4	166	6	0	0	172
Primary Medical Care Units	0	80	0	2	3	75	3	0	80	0	0	80
Public Clinics	7	337	0	51	48	245	1	0	79	0	265	344
TB clinics	3	24	0	13	7	7	0	0	27	0	0	27
STD clinics	2	28	0	17	7	6	0	0	30	0	0	30
MOH clinics	0	76	0	2	12	62	0	0	0	0	76	76
Regional Malaria Offices	1	21	0	10	6	6	0	0	22	0	0	22
Healthy Lifestyle Centers	1	188	0	9	16	164	1	0	0	0	189	189
Private Sector	0	0	68	38	16	14	0	64	4	0	0	68
Private Hospitals ≥50 beds	0	0	21	16	2	3	0	21	0	0	0	21
Private Hospitals <50 beds ^b	0	0	47	22	14	11	0	43	4	0	0	47

^aPradesheeya sabha are local government authorities at divisional level; number includes facilities located within the estates

^b 4 private hospitals with <50 beds did not provide in-ward services at the time of survey

3.2 General service availability and readiness

General service readiness refers to the overall capacity of health facilities to provide general health services. This includes information on:

- Basic amenities
- Length of operational hours
- Basic equipment
- Standard precautions for infection control
- Diagnostic capacity
- Essential medicines
- Surgical services
- Blood transfusion services

In the assessment of general health services, the SARA core questionnaire was used without any major modification in order to maintain consistency with previous SARA reports. This will enable comparison of the results with other countries. The survey assessed the availability of following items at the health facilities:

Basic amenities: Communication equipment, computer with internet, emergency transport, power source, improved water source, sanitation facilities, and room with privacy.

Length of operational hours: Up to 4 hours, up to 8 hours, up to 12 hours, and 24 hours

Basic equipment: Ranging from basic equipment such as thermometer, weighing scale, sphygmomanometer, and stethoscope to equipment needed in emergency including intravenous infusion kits, nebulizing machine, infusion pump, cardiac monitor, defibrillator and oxygen supply.

Standard precautions for infection control: Guidelines for standard precautions, soap and water or alcoholbased hand rub, disinfectant, latex gloves, safe disposal of sharps, safe disposal of infectious waste, and disposable or auto disable syringes.

Diagnostic capacity: A wide range of diagnostics tests including biochemical tests and radiological and imaging technologies, and laboratory equipment and special test kits

Essential medicines: A list of 48 essential medicines was compiled, taken into consideration the list available in the SARA core questionnaire and the national list of essential medicines available at the medical supplies division of the MoHNIM.

3.2.1 Basic amenities

Service availability

Availability of basic amenities was assessed based on the presence of 9 items that were considered to be particularly important for offering the services in general. Table 3 shows the percentage availability of tracer items for basic amenities, by facility type and group (n=755). At the national level, almost all health facilities (99%) had a source of improved water on facility grounds or within 50 meters, and approximately 92% of facilities had sanitation facilities. Seventy percent of facilities were found to have a consultation room with auditory and visual privacy for patient consultations. Approximately 53% of the facilities had a computer with

internet access, with lower availability in public primary care facilities and public clinics. Emergency transport facility is an essential need in all health facilities, and this service was available in the vast majority of public sector hospitals (91% to 100%), and Private Hospitals with \geq 50 beds (90%). The availability of emergency transport services in Private Hospitals with <50 beds was found to be low (50%).

Service readiness

As shown in Table 3, only half (51%) of facilities had all tracer items for basic amenities. Readiness score for basic amenities was calculated considering the first 8 tracer items (excluding tracer item 'day care facilities for infants of staff members) and found to be 91 out of 100 for health institutions that provide in-ward facilities. There is no difference in readiness score between the public sector and private sector hospitals.

3.2.2 Length of operational hours

Table 4 shows the length of operation of health facilities. All Public Tertiary Care Hospitals and secondary care hospitals served 24 hours. Among the primary care facilities, almost all Divisional Hospitals served 24 hours. The PMCU which offered only outpatient care served 8 hours per day. The length of operation for public clinics varied, from 4 to 12 hours per day, with the majority being open for 8 hours. Among the privately owned hospitals, all Private Hospitals with \geq 50 beds and 93% of Private Hospitals with <50 beds were open 24 hours.

3.2.3 Basic and emergency equipment

Service availability

Health facilities were assessed on the availability of the following basic equipment: Adult weighing scale, child weighing scale, thermometer, stethoscope, blood pressure apparatus, and light source. Table 5 shows the percentage of facilities having the basic equipment and the equipment needed in emergency, and the readiness score for basic equipment.

Adult weighing scale and blood pressure apparatus were available in a great majority all health facilities. Availability of child weighing scale was low, particularly in primary care health facilities (30%) and public clinics (3% to 20%) except the MOH clinics. At the national level, 30% percent of facilities were equipped with all tracer items.

Facilities were also assessed on the availability of following equipment needed in emergency or specialized care: intravenous infusion kits, ophthalmoscope, peak flow meter, spirometer, nebulizing machine, spacers for inhalers, infusion pump, pulse oximeter, cardiac monitor, defibrillator, oxygen supply with flow meter, speculum, spatula and colposcope. Availability of these equipment varied according to the kind of equipment and facility type. For example, colposcope (19%) was the least available equipment at national level, and its availability was high only in Public Tertiary Care Hospitals.

Service readiness

As shown in Table 5, the readiness score for basic equipment was calculated considering the presence of 6 tracer items (adult weighing scale, child weighing scale, thermometer, stethoscope, blood pressure apparatus, and light source), and found to be 76 out of 100 for all health facilities in Sri Lanka. Of the hospitals, the readiness score was high at secondary care and tertiary care hospitals and Private Hospitals (96, 96 and 94 out of 100, respectively). Of the public clinics, readiness was higher in MOH clinics (93 out of 100) than others.

Availability of tracer items for basic and emergency equipment was low in RMOs, resulting in a lower readiness score for RMOs. This could be due to the fact that these equipment are not needed for RMOs since malaria treatment services are provided under hospital admission. The RMOs coordinate and conduct mobile malaria clinics, and these clinics do not offer any treatment in the phase of prevention of re-introduction of malaria in Sri Lanka.

Facility Type	Communic ation equipment	Computer with internet	Emergency transport	Power source	Improved water source	Sanitation facilities	Room with auditory and visual privacy for patient consultations	Processing of equipment for reuse	Day care facilities for infants of staff	Facilities with all tracer items (except for PMCU and Public clinics)	Facilities with all tracer items (for PMCU and Public clinics	Basic amenities readiness score (except for PMCU and Public clinics)	Basic amenities readiness score (for PMCU and Public clinics)
Sri Lanka*	91%	53%	86%	92%	99%	92%	70%	67%	2%	51%	26%	91	76
Public sector	90%	51%	93%	91%	99%	91%	68%	65%	2%	51%	26%	91	76
Public Tertiary Care Hospitals	100%	100%	98%	98%	100%	100%	80%	100%	22%	76%	-	97	-
National Hospital	100%	100%	100%	100%	100%	100%	100%	100%	0%	100%	-	100	-
Teaching Hospitals	100%	100%	100%	94%	100%	100%	67%	100%	33%	61%	-	95	-
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	-	100	-
District General Hospitals	100%	100%	95%	100%	100%	100%	89%	100%	5%	84%	-	98	-
Public Secondary Care Hospitals	99%	100%	99%	97%	100%	100%	74%	99%	8%	69%	-	96	-
Base Hospitals (A & B)	99%	100%	99%	97%	100%	100%	74%	99%	8%	69%	-	96	-
Public Primary Care Facilities	91%	41%	-	89%	99%	94%	65%	70%	1%	-	-	-	-
Divisional Hospitals (type A, B & C)	99%	75%	91%	93%	99%	99%	68%	94%	2%	46%	-	90	-
Primary Medical Care Units	83%	6%	-	85%	98%	89%	61%	46%	0%	-	3%	-	67
Public Clinics													
TB clinics	100%	100%	-	89%	100%	81%	63%	74%	4%	-	41%	-	87
STD (HIV) clinics	100%	90%	-	93%	100%	83%	90%	77%	7%	-	53%	-	90
MOH clinics	100%	98%	-	89%	99%	95%	81%	88%	1%	-	57%	-	93
Regional Malaria Offices**	100%	100%	-	95%	100%	77%	36%	5%	0%	-	5%	-	73
Healthy Lifestyle Centers	84%	34%	-	93%	100%	87%	67%	49%	3%	-	25%	-	73
Private sector	100%	91%	58%	100%	100%	100%	94%	96%	4%	51%	•	92	-
Private Hospitals ≥50 beds	100%	100%	90%	100%	100%	100%	100%	100%	13%	90%	-	99	-
Private Hospitals <50 beds	100%	88%	50%	100%	100%	100%	92%	95%	3%	41%	-	91	-

Table 3 Percentage availability of tracer items and readiness score for basic amenities among health facilities, by facility type and group (n= 755), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** The item 'processing of equipment for re-use' is not relevant to RMOs in the Sri Lankan context

Facility Type	Up to 4 hours	Up to 8 hours	Up to12 hours	24 hours
Sri Lanka*	18%	51%	2%	29%
Public sector	19%	54%	2%	24%
Public Tertiary Care Hospitals	0%	0%	0%	100%
National Hospital	0%	0%	0%	100%
Teaching Hospitals	0%	0%	0%	100%
Provincial General Hospitals	0%	0%	0%	100%
District General Hospitals	0%	0%	0%	100%
Public Secondary Care Hospitals	0%	0%	0%	100%
Base Hospitals (A & B)	0%	0%	0%	100%
Public Primary Care Facilities	0%	50%	1%	49%
Divisional Hospitals (type A, B & C)	0%	2%	0%	98%
Primary Medical Care Units	0%	99%	1%	0%
Public Clinics				
TB clinics	0%	100%	0%	0%
STD (HIV) clinics	0%	100%	0%	0%
MOH clinics	0%	88%	12%	0%
Regional Malaria Offices**	0%	100%	0%	0%
Healthy Lifestyle Centers	51%	49%	0%	0%
Private sector	0%	1%	4%	95%
Private Hospitals ≥50 beds	0%	0%	0%	100%
Private Hospitals <50 beds	0%	2%	5%	93%

Table 4 Length of operational hours of health facilities, by facility type and group (n=755), Sri Lanka 2017

Facility Type	Adult weighing scale	Child weighing scale	Thermo meter	Stethoscope	Blood pressure apparatus	Light source	Facilities with all basic equipment tracer items	Basic equipment readiness score	Intravenous infusion kits	Ophthalmo- -scope	Peak flow meter
Sri Lanka*	96%	38%	71%	75%	94%	79%	30%	76	67%	63%	32%
Public sector	96%	36%	69%	73%	94%	78%	28%	74	65%	60%	29%
Public Tertiary Care Hospitals	98%	80%	98%	98%	100%	100%	78%	96	98%	98%	76%
National Hospital	100%	0%	100%	100%	100%	100%	0%	83	100%	100%	0%
Teaching Hospitals	94%	78%	100%	100%	100%	100%	72%	95	100%	94%	61%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100	100%	100%	100%
District General Hospitals	100%	84%	95%	95%	100%	100%	84%	96	95%	100%	89%
Public Secondary Care Hospitals	100%	86%	100%	96%	98%	99%	80%	96	100%	99%	68%
Base Hospitals (A & B)	100%	86%	100%	96%	98%	99%	80%	96	100%	99%	68%
Public Primary Care Facilities	98%	30%	83%	72%	97%	82%	22%	77	68%	56%	23%
Divisional Hospitals (type A, B & C)	99%	47%	98%	83%	99%	94%	40%	87	92%	81%	27%
Primary Medical Care Units	96%	12%	68%	61%	96%	70%	4%	67	44%	31%	19%
Public Clinics											
TB clinics	100%	7%	44%	67%	96%	78%	7%	65	63%	-	44%
STD (HIV) clinics	80%	3%	50%	73%	83%	100%	3%	65	40%	30%	-
MOH clinics	100%	93%	84%	94%	98%	90%	64%	93	49%	-	-
Regional Malaria Offices**	18%	5%	41%	27%	14%	32%	5%	23	-	-	-
Healthy Lifestyle Centers	95%	20%	47%	65%	90%	67%	17%	64		-	-
Private sector	100%	66%	100%	100%	100%	100%	66%	94	90%	88%	57%
Private Hospitals ≥50 beds	100%	75%	100%	100%	100%	100%	75%	96	96%	100%	76%
Private Hospitals <50 beds	100%	63%	100%	100%	100%	100%	63%	94	88%	85%	52%

Table 5 Percentage availability of tracer items for basic and emergency equipment and readiness score for basic equipment among health facilities, by facility type and group (n=755), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** The items under basic equipment are not relevant to RMOs in the Sri Lankan context

Facility Type	Spirometer	Nebulizing machine	Spacers for inhalers	Infusion pump	Pulse oximeter	Speculum	Spatula	Colposcope	Cardiac Monitor	Defibrillator	Oxygen supply with flow meter
Sri Lanka*	40%	91%	40%	38%	51%	58%	42%	19%	40%	36%	43%
Public sector	40%	90%	35%	33%	46%	56%	40%	27%	36%	32%	40%
Public Tertiary Care Hospitals	71%	100%	88%	98%	98%	85%	83%	55%	95%	95%	98%
National Hospital	0%	100%	0%	100%	100%	-	-	-	100%	100%	100%
Teaching Hospitals	67%	100%	83%	100%	100%	72%	67%	56%	100%	94%	94%
Provincial General Hospitals	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	79%	100%	95%	95%	95%	95%	95%	47%	89%	95%	100%
Public Secondary Care Hospitals	23%	100%	88%	91%	95%	95%	89%	12%	99%	97%	98%
Base Hospitals (A & B)	23%	100%	88%	91%	95%	95%	89%	12%	99%	97%	98%
Public Primary Care Facilities	-	89%	28%	19%	41%	59%	31%	-	29%	24%	44%
Divisional Hospitals (type A, B & C)	-	100%	39%	19%	77%	93%	50%	-	57%	47%	77%
Primary Medical Care Units	-	78%	17%	-	4%	24%	13%	-	2%	0%	12%
Public Clinics											
TB clinics	37%	85%	74%	-	30%	-	-	-	-	-	41%
STD (HIV) clinics	-	-	-	-	-	87%	73%	-	-	-	43%
MOH clinics	-	-	-	-	-	95%	92%	-	-	-	40%
Regional Malaria Offices**	-	-	-	-	-	-	-	-	-	-	5%
Healthy Lifestyle Centers	-	-	-	-	-	34%	22%	-	-	-	28%
Private sector	41%	100%	74%	56%	86%	89%	77%	12%	69%	71%	88%
Private Hospitals ≥50 beds	63%	100%	82%	96%	100%	100%	97%	27%	93%	93%	100%
Private Hospitals <50 beds	35%	100%	72%	46%	83%	86%	72%	8%	63%	66%	85%

Table 5 (Contd.) Percentage availability of tracer items for basic and emergency equipment and readiness score for basic equipment among health facilities, by facility type
and group (n=755), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** The item 'Oxygen supply with flow meter' is not relevant to RMOs in the Sri Lankan context

3.2.4 Standard precautions for Infection control

Service availability

Service availability regarding standard precautions was assessed based on the availability of the following 9 tracer items: guidelines for standard precautions, soap and water or alcohol based hand rub, latex gloves, appropriate storage of infectious waste, appropriate storage of sharp waste, disinfectant, disposable or auto disable syringes, safe final disposal of sharps waste, and safe final disposal of medical waste other than sharps. Table 6 shows that only 15% of health facilities at national level had all tracer items for standard precautions. The individual tracer items for standard precautions were found in more than 80% of health facilities, except for two items - guidelines for standard precautions and appropriate storage of infectious waste.

The availability of guidelines for standard precautions was low in Divisional Hospitals (31%), public clinics (27% to 35%), PMCU (15%) and Private Hospitals (37%) in contrast to secondary (82%) and tertiary public hospitals (93%). Availability of amenities for appropriate storage of infectious waste was low in Divisional Hospitals (53%), PMCU (31%), and all public clinics (36% to 53%).

Service readiness

As shown in Table 6, the overall readiness score for standard precautions for infection control was 76 out of 100 at national level, with relatively lower scores being reported for PMCU and RMOs. Readiness score for standard precautions was higher in Private Hospitals (88 out of 100) than public sector health facilities (76 out of 100).

3.2.5 Diagnostic capacity

Service availability

Diagnostic capacity was assessed based on the capacity of the health facility to conduct a wide range of laboratory tests as shown in Table 7.

The primary laboratory tests include 06 items - blood glucose, heamoglobin, general microscopy, urine analysis for protein using dipstick, diagnostic test for malaria, and Ziehl-Neelsen test for tuberculosis (TB). According to Table 7, the percentage of facilities offering primary laboratory tests were low, except the blood glucose testing by glucometer which was available in 72% health facilities at national level. When considered all facilities, percentage availability was poor for heamoglobin testing (27%), urine dipstick test for protein (27%) and Ziehl-Neelsen test for TB (29%).

However, there was a wide variation in the availability when the percentages were disaggregated by facility type. Some of the disaggregated results for specific facilities are as follows: Almost 77% of HLCs and 75% of MOH clinics provided glucose test using glucometer; only 65% of MOH clinics offered haemoglobin test; 85% of TB clinics provided Ziehl-Neelsen test for TB; 95% of RMOs offered malaria diagnostic test; and 73% of MOH clinics and 13% HLCs offered urine dipstick test for proteins.

Availability of lipid profile testing was high in tertiary care facilities (88%), and Private Hospitals with beds \geq 50 (93%). Liver functions tests and renal function tests were available in about half of the tertiary care hospitals (51% and 54% respectively), and in two-thirds of Private Hospitals with beds \geq 50. Availability of these tests were low in secondary care hospitals, Divisional Hospitals and Private Hospitals with <50 beds. Availability of radiological investigations was high, for example, 79% of secondary care hospitals and 95% of tertiary care

hospitals had X-ray machine, and 90% of secondary care hospitals and 95% of tertiary care hospitals had ultrasound equipment. The X-ray and ultrasound equipment were available at most Private Hospitals too (65% and 75% respectively).

Service readiness

As shown in Table 7 the readiness score for diagnostic capacity of health facilities for primary laboratory tests was 45 out of 100, and that for advanced laboratory tests was 68 out of 100 at national level. For basic diagnostic capacity, Private Hospitals with \geq 50 beds reported the highest readiness score (82 out of 100), and Divisional Hospitals, the lowest (33 out of 100). For advanced diagnostic tests, the tertiary care hospitals reported the highest readiness score (85 out of 100) whereas the lowest score of 56 out of 100 was reported by the Private Hospitals with <50 beds. Readiness score for more sophisticated tests and high level diagnostic equipment was calculated only at tertiary care and Private Hospitals since the services were restricted to these facilities.

Facility Type	Guidelines for standard precautions	Soap and water or alcohol based hand rub	Latex gloves	Appropriate storage of infectious waste	Appropriate storage of sharp waste	Disinfectant	Disposable or auto disable syringes	Safe final disposal of sharps waste	Safe final disposal of medical waste (other than sharps)	Facilities with all tracer items	Standard precautions for infection prevention readiness score
Sri Lanka*	32%	89%	92%	48%	90%	83%	89%	85%	80%	15%	76
Public sector	32%	88%	92%	45%	89%	82%	88%	85%	79%	13%	76
Public Tertiary Care Hospitals	93%	98%	100%	90%	100%	100%	100%	93%	90%	71%	96
National Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
Teaching Hospitals	89%	100%	100%	94%	100%	100%	100%	100%	100%	83%	98
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
District General Hospitals	95%	95%	100%	84%	100%	100%	100%	84%	79%	53%	93
Public Secondary Care Hospitals	82%	100%	100%	77%	98%	96%	100%	83%	83%	53%	91
Base Hospitals (A & B)	82%	100%	100%	77%	98%	96%	100%	83%	83%	53%	91
Public Primary Care Facilities	23%	87%	90%	42%	86%	79%	91%	83%	75%	8%	73
Divisional Hospitals (type A, B & C)	31%	86%	97%	53%	96%	92%	99%	87%	81%	13%	80
Primary Medical Care Units	15%	88%	84%	31%	74%	66%	83%	80%	69%	4%	66
Public Clinics											
TB clinics	33%	96%	93%	52%	96%	96%	100%	89%	85%	22%	82
STD (HIV) clinics	53%	97%	93%	50%	100%	93%	100%	90%	90%	27%	85
MOH clinics	36%	89%	99%	53%	100%	94%	100%	88%	84%	16%	83
Regional Malaria Offices**	27%	95%	91%	36%	82%	73%	14%	82%	77%	5%	64
Healthy Lifestyle Centers	31%	87%	90%	41%	88%	79%	80%	84%	79%	12%	73
Private sector	37%	98%	100%	87%	93%	90%	100%	93%	90%	36%	88
Private Hospitals ≥50 beds	51%	100%	100%	90%	94%	97%	100%	97%	97%	51%	92
Private Hospitals <50 beds	34%	97%	100%	86%	92%	89%	100%	92%	88%	32%	87

Table 6 Percentage availability of tracer items and readiness score for standard precautions for infection prevention and control among health facilities, by facility type and group (n=755), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** The item 'disposable or auto disable syringes' is not required for the RMOs in the Sri Lankan context

Facility Type	Blood glucose test using a glucometer	Haemoglobin test	General microscopy/ wet mounts	Urine dipstick- protein	Malaria diagnostic capacity	Ziehl- Neelsen test for TB	Diagnostic capacity primary lab tests readiness score	ALT testing or other liver function test	Renal function tests	Venous blood glucose	Lipid profile
Sri Lanka*	72%	27%	45%	27%	44%	29%	45	18%	20%	40%	30%
Public sector	71%	24%	39%	25%	41%	29%	41	10%	12%	33%	19%
Public Tertiary Care Hospitals	78%	100%	90%	44%	83%	61%	76	51%	54%	98%	88%
National Hospital	0%	100%	100%	0%	100%	100%	67	100%	100%	100%	100%
Teaching Hospitals	89%	100%	94%	50%	89%	67%	81	44%	44%	94%	89%
Provincial General Hospitals	33%	100%	100%	33%	100%	100%	78	67%	67%	100%	100%
District General Hospitals	79%	100%	84%	42%	74%	47%	71	53%	58%	100%	84%
Public Secondary Care Hospitals	81%	95%	83%	31%	91%	77%	76	42%	42%	88%	60%
Base Hospitals (A & B)	81%	95%	83%	31%	91%	77%	76	42%	42%	88%	60%
Public Primary Care Facilities	68%	14%	-	19%	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	75%	24%	24%	29%	27%	16%	33	2%	4%	19%	7%
Primary Medical Care Units	61%	3%	-	8%	-	-			-	-	-
Public Clinics											
TB clinics	33%	4%	52%	-	-	85%	-	-	-	-	-
STD (HIV) clinics	10%	7%	63%	-	-	-	-	-	-	-	-
MOH clinics	75%	65%	-	73%	-	-	-	-	-	-	-
Regional Malaria Offices	5%	5%	59%	-	95%	-	-		-	-	-
Healthy Lifestyle Centers	77%	13%	-	13%	-	-	-	-	-	-	-
Private sector	79%	75%	73%	55%	58%	30%	62	51%	50%	69%	74%
Private Hospitals ≥50 beds	94%	97%	94%	75%	82%	50%	82	66%	66%	89%	93%
Private Hospitals <50 beds	75%	69%	68%	49%	52%	25%	56	47%	46%	64%	69%

Table 7 Percentage availability of tracer items and readiness score for diagnostic capacity among health facilities, by facility type and group (n=755), Sri Lanka 2017

Facility Type	Serum electrolyte testing	Urine Full Report	ESR	Serum Total Protein and Albumin	Gram stain testing	Full Blood Count and Differential testing using a haematology analyzer	ABO Blood Grouping	Diagnostic Capacity (except primary lab tests) readiness score	X-ray machine	Ultrasound equipment	CT scan	ECG	High level diagnostic equipment readiness score
Sri Lanka*	19%	50%	50%	28%	59%	36%	43%	68	68%	76%	34%	58%	22
Public sector	12%	43%	43%	18%	60%	28%	78%	76	71%	77%	59%	55%	29
Public Tertiary Care Hospitals	63%	100%	100%	98%	88%	98%	90%	85	95%	95%	59%	98%	29
National Hospital	100%	100%	100%	100%	100%	100%	100%	100	100%	100%	100%	100%	33
Teaching Hospitals	61%	100%	100%	94%	89%	100%	83%	83	89%	89%	72%	100%	29
Provincial General Hospitals	100%	100%	100%	100%	100%	67%	100%	89	100%	100%	67%	100%	31
District General Hospitals	58%	100%	100%	100%	84%	100%	95%	86	100%	100%	42%	95%	28
Public Secondary Care Hospitals	43%	99%	99%	83%	45%	93%	71%	71	79%	90%	-	98%	
Base Hospitals (A & B)	43%	99%	99%	83%	45%	93%	71%	71	79%	90%	-	98%	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	51%	-
Divisional Hospitals (type A, B & C) Primary Medical Care	3%	30%	29%	1%	-	11%	-	-	-	-	-	78%	-
Units	-	-	-	-	-	-	-	-	-	-	-	23%	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	15%	15%	-	26%	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	48%	77%	77%	69%	58%	72%	15%	61	65%	75%	27%	80%	21
Private Hospitals ≥50 beds	69%	93%	93%	80%	81%	93%	29%	79	89%	94%	70%	94%	29
Private Hospitals <50 beds	42%	73%	73%	66%	53%	66%	12%	56	59%	70%	16%	76%	18

Table 7 (Contd.) Percentage availability of tracer items and readiness score for diagnostic capacity among health facilities, by facility type and group (n=755), Sri Lanka 2017

Facility Type	Cross match by Direct Agglutination	Renal biopsy	Serum Calcium	Serum Phosphorous	Alkaline phosphatase	HbA _{1C}	Serum bicarbonate	CSF/Body fluid counts	Troponin I or T	HIV viral load	CD4 Count
Sri Lanka*	38%	35%	58%	52%	73%	42%	27%	52%	56%	6%	1%
Public sector	71%	42%	51%	41%	80%	9%	22%	76%	48%	1%	2%
Public Tertiary Care Hospitals	88%	78%	78%	73%	95%	24%	41%	93%	73%	0%	0%
National Hospital	100%	100%	100%	100%	100%	100%	0%	100%	100%	0%	0%
Teaching Hospitals	83%	78%	83%	78%	94%	39%	61%	94%	67%	0%	0%
Provincial General Hospitals	100%	100%	100%	100%	100%	67%	33%	100%	100%	0%	0%
District General Hospitals	89%	74%	68%	63%	95%	0%	26%	89%	74%	0%	0%
Public Secondary Care Hospitals	61%	22%	36%	23%	72%	0%	11%	67%	34%	0%	0%
Base Hospitals (A & B)	61%	22%	36%	23%	72%	0%	11%	67%	34%	0%	0%
Public Primary Care Facilities											
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics	-	-	-	-	-	-	-	-	-	-	-
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	3%	10%
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	14%	29%	64%	61%	68%	67%	31%	34%	62%	11%	1%
Private Hospitals ≥50 beds	29%	59%	80%	80%	80%	76%	48%	66%	71%	21%	0%
Private Hospitals <50 beds	10%	22%	59%	56%	65%	65%	27%	26%	60%	8%	1%

Table 7 (Contd.) Percentage availability of tracer items and readiness score for diagnostic capacity among health facilities, by facility type and group (n=755), Sri Lanka 2017

3.2.6 Essential medicines

Service availability

Health facilities were assessed whether they had essential medicines in stock on the day of the assessment as per the list of 48 essential medicines compiled for SARA Sri Lanka. Among the PMCU and public clinics the assessment was restricted to medicines that are expected to be dispensed from the respective facilities. The investigators visited the pharmacy or drug stores of the health facility, verified availability and checked the expiry date of the medicines to ensure its validity.

Table 8 shows percentage availability of essential medicines by facility type. The most commonly available drugs were paracetamol (99%) and prednisolone (99%), while the least commonly available drug was allopurinol (20%). The following drugs were also available in more than 95% of health facilities: metronidazole; amoxicillin; metformin; ACE inhibitors (e.g., any one of these - enalapril, lisinopril, ramipril, or perindopril), thiazides (e.g. hydrochlorothiazide (HCT)), aspirin, diclofenac sodium, omeprazole (or any alternative such as pantoprazole or rabeprazole), salbutamol and chlorpheniramine. These drugs were available universally across different types of health facilities.

The following drugs were available in less than 50% of health facilities at the national level: fluconazole, co-trimoxazole, ceftriaxone injection, isosorbide di-nitrate tablet (ISDN), budesonide/formoterol inhaler, allopurinol, oral bicarbonate supplements (sodium bicarbonate), parenteral iron-sucrose supplements, and erythropoietin injections. In general availability of the above mentioned essential medicines was lower in Divisional Hospitals, compared to the secondary and tertiary health care facilities. Availability of essential medicines prescribed for chronic non-communicable diseases such as hypertension, diabetes, ischaemic heart disease were higher than other types of medicines.

Service readiness

As shown in Table 8, the overall readiness score for essential medicines was 83 out of 100 for the hospitals in Sri Lanka. There is no major difference in the readiness score between public and private sector hospitals (83 and 81 out of 100 respectively). The readiness score for the tertiary care institutions was the highest, and the score was decreasing gradually down the hierarchy of the public sector health facilities (from 96 to 80 out of 100). The overall readiness score in Private Hospitals was higher in hospitals with \geq 50 beds than in hospitals with <50 beds (94 vs. 78 out of 100 respectively).

Facility Type	Fluconazole cap/tab	Albendazole or Mebendazole cap/tab	Co- trimoxazole cap/tab (Oral antibiotic)	Metronidazole cap/tab	Amoxicillin cap/tab	Ceftriaxone injection	Ciprofloxacin cap/tab	C. Penicillin	Doxycycline
Sri Lanka*	27%	91%	41%	95%	96%	36%	88%	65%	75%
Public sector	21%	91%	38%	96%	97%	26%	87%	67%	74%
Public Tertiary Care Hospitals	98%	95%	90%	100%	100%	95%	100%	100%	90%
National Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	94%	89%	83%	100%	100%	94%	100%	100%	78%
Provincial General Hospitals	100%	100%	67%	100%	100%	67%	100%	100%	100%
District General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%
Public Secondary Care Hospitals	77%	98%	63%	98%	100%	87%	100%	96%	96%
Base Hospitals (A & B)	77%	98%	63%	98%	100%	87%	100%	96%	96%
Public Primary Care Facilities	12%	94%	34%	98%	98%	11%	86%	60%	76%
Divisional Hospitals (type A, B & C)	18%	97%	43%	99%	98%	11%	93%	60%	87%
Primary Medical Care Units	6%	92%	24%	96%	98%	-	79%	-	64%
Public Clinics									
TB clinics	19%	-	44%	59%	93%	-	81%	-	-
STD (HIV) clinics	53%	-	53%	77%	57%	-	57%	-	-
MOH clinics	-	80%	-	-	-	-	-	-	61%
Regional Malaria Offices**	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers**	-	-	-	-	-	-	-	-	-
Private sector	72%	90%	60%	86%	92%	74%	95%	57%	85%
Private Hospitals ≥50 beds	87%	100%	65%	100%	97%	84%	96%	72%	100%
Private Hospitals <50 beds	68%	88%	59%	83%	90%	71%	95%	54%	81%

Table 8 Percentage availability of essential medicines and readiness score among health facilities, by facility type and group (n= 544), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service **RMOs and HLCs were not assessed for essential medicines

Facility Type	Metformin cap/tab	Insulin regular injection	Glucose 50% injection	Glibenclamide cap/tab	Gliclazide tablet or glipizide tablet	ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)	Beta blocker (e.g.bisoprolol , metoprolol, carvedilol, atenolol)	Calcium channel blocker (e.g. amlodipine)	Angiotensin receptor blockers (e.g. losartan, olmesartan, telmisartan, and valsartan)	Thiazide (e.g. hydrochlor othiazide (HCT))	Furosemide cap/tab	Frusemide injection	Spironol actone tablet
Sri Lanka*	96%	82%	78%	93%	61%	97%	93%	84%	90%	96%	90%	90%	73%
Public sector	96%	84%	76%	95%	58%	98%	93%	84%	91%	96%	91%	92%	73%
Public Tertiary Care Hospitals	100%	98%	100%	98%	93%	98%	100%	90%	100%	98%	100%	100%	95%
National Hospital	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	100%	94%	100%	94%	83%	100%	100%	83%	100%	94%	100%	100%	89%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%
Public Secondary Care Hospitals	100%	100%	100%	99%	93%	100%	100%	98%	97%	100%	100%	100%	94%
Base Hospitals (A & B)	100%	100%	100%	99%	93%	100%	100%	98%	97%	100%	100%	100%	94%
Public Primary Care Facilities	95%	81%	73%	94%	54%	98%	92%	82%	90%	96%	91%	91%	69%
Divisional Hospitals (type A, B & C)	99%	81%	96%	98%	62%	100%	97%	91%	96%	99%	98%	91%	90%
Primary Medical Care Units	91%	-	51%	91%	45%	96%	88%	73%	84%	93%	83%	-	47%
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	52%	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices**	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers**	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	93%	75%	89%	76%	82%	84%	89%	87%	83%	90%	83%	80%	83%
Private Hospitals ≥50 beds	100%	100%	100%	84%	96%	100%	100%	92%	100%	87%	96%	100%	96%
Private Hospitals <50 beds	91%	69%	86%	74%	79%	80%	86%	85%	79%	90%	79%	75%	80%

Table 8 (Contd.) Percentage availability of essential medicines and readiness score among health facilities, by facility type and group (n= 544), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service **RMOs and HLCs were not assessed for essential medicines

Facility Type	Simvastatin tablet or other statin (e.g. atorvastatin, pravastatin, fluvastatin)	lsosorbide dinitrate tablet (ISDN)	Glyceryl trinitrate sublingual tablet	Omeprazole tablet or alternative such as pantoprazole, rabeprazole	Beclomethasone inhaler	Prednisolone cap/tab	Hydrocortisone injection	Budesonide /formoterol inhaler	Adrenaline /Epinephrine injection
Sri Lanka*	94%	30%	92%	97%	80%	99%	78%	26%	80%
Public sector	94%	25%	92%	97%	81%	99%	77%	17%	80%
Public Tertiary Care Hospitals	95%	27%	95%	100%	88%	100%	100%	37%	100%
National Hospital	100%	0%	100%	100%	0%	100%	100%	0%	100%
Teaching Hospitals	94%	39%	89%	100%	83%	100%	100%	39%	100%
Provincial General Hospitals	100%	0%	100%	100%	67%	100%	100%	67%	100%
District General Hospitals	95%	21%	100%	100%	100%	100%	100%	32%	100%
Public Secondary Care Hospitals	97%	33%	100%	100%	95%	100%	100%	31%	99%
Base Hospitals (A & B)	97%	33%	100%	100%	95%	100%	100%	31%	99%
Public Primary Care Facilities	94%	25%	92%	97%	80%	99%	82%	6%	81%
Divisional Hospitals (type A, B & C)	94%	25%	97%	96%	91%	99%	96%	6%	91%
Primary Medical Care Units	93%	25%	86%	99%	68%	99%	67%	-	71%
Public Clinics									
TB clinics	-	-	-	-	81%	93%	52%	26%	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	57%	-	69%
Regional Malaria Offices**	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers**	-	-	-	-	-	-	-	-	-
Private sector	92%	64%	87%	96%	75%	96%	89%	63%	80%
Private Hospitals ≥50 beds	96%	59%	96%	100%	87%	100%	100%	83%	97%
Private Hospitals <50 beds	91%	65%	85%	95%	72%	95%	86%	57%	76%

Table 8 (Contd.) Percentage availability of essential medicines and readiness score among health facilities, by facility type and group (n= 544), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service **RMOs and HLCs were not assessed for essential medicines

Service Availability and Readiness Assessment Sri Lanka 2017

Facility Type	Salmeterol /fluticasone inhaler	Salbutamol inhaler	Salbutamol tab	Salbutamol nebulizing solution	Ipratropium bromide nebulizing solution	Aminophylline injection	Theophylline tab	Paracetamol cap/tab (adult oral formulation)	lbuprofen tablet	Diclofenac sodium	Aspirin cap/tab
Sri Lanka*	58%	83%	98%	90%	63%	53%	88%	99%	91%	95%	96%
Public sector	56%	82%	99%	89%	60%	51%	88%	99%	91%	97%	96%
Public Tertiary Care Hospitals	80%	90%	100%	100%	98%	98%	93%	100%	100%	98%	100%
National Hospital	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	78%	83%	100%	100%	94%	94%	94%	100%	100%	94%	100%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	84%	100%	100%	100%	100%	100%	89%	100%	100%	100%	100%
Public Secondary Care Hospitals	81%	100%	100%	100%	98%	97%	91%	100%	95%	100%	98%
Base Hospitals (A & B)	81%	100%	100%	100%	98%	97%	91%	100%	95%	100%	98%
Public Primary Care Facilities	35%	80%	99%	88%	55%	40%	88%	100%	93%	98%	96%
Divisional Hospitals (type A, B & C)	35%	88%	99%	99%	82%	40%	88%	100%	93%	100%	99%
Primary Medical Care Units	-	72%	99%	78%	28%	-	87%	100%	92%	96%	92%
Public Clinics											
TB clinics	74%	81%	93%	74%	48%	-	74%	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	70%	30%	53%	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices**	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers**	-	-	-	-	-	-	-	-	-	-	-
Private sector	64%	91%	91%	94%	84%	60%	87%	96%	86%	85%	96%
Private Hospitals ≥50 beds	87%	100%	96%	94%	100%	69%	87%	100%	100%	100%	100%
Private Hospitals <50 beds	58%	88%	90%	94%	80%	58%	86%	95%	83%	81%	95%

Table 8 (Contd.) Percentage availability of essential medicines and readiness score among health facilities, by facility type and group (n= 544), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service **RMOs and HLCs were not assessed for essential medicines

Facility Type	Allopurinol	Oral bicarbonate supplements (sodium bicarbonate)	Vitamin D analogues (ergocalciferol (calciferol, vitamin D2), colecalciferol (vitamin D3), dihydrotachysterol, alfacalcidol (1a-hydroxycholecalciferol), and calcitriol (1,25- dihydroxycholecalciferol))	Parenteral iron-sucrose supplements	Erythropoietin injections	Chlorpheniramine tablet/syrup	Facilities with all tracer items	Facilities with all tracer items for PMCU	Essential medicines readiness score	Essential medicines readiness score (only for PMCUs)
Sri Lanka*	20%	36%	51%	28%	26%	96%	6%	0%	83	78
Public sector	15%	36%	46%	24%	24%	98%	5%	0%	83	78
Public Tertiary Care Hospitals	83%	85%	90%	90%	90%	98%	46%	-	96	-
National Hospital	100%	100%	100%	100%	100%	100%	0%	-	93	-
Teaching Hospitals	72%	83%	78%	89%	83%	94%	28%	-	94	-
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	33%	-	98	-
District General Hospitals	89%	84%	100%	89%	95%	100%	68%	-	99	-
Public Secondary Care Hospitals	41%	70%	72%	63%	82%	100%	11%	-	94	-
Base Hospitals (A & B)	41%	70%	72%	63%	82%	100%	11%	-	94	-
Public Primary Care Facilities	5%	26%	39%	13%	9%	98%	0%	-	80	78
Divisional Hospitals (type A, B & C)	5%	26%	39%	13%	9%	98%	0%	-	80	-
Primary Medical Care Units	-	-	-	-	-	98%	-	0%	-	78
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices**	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers**	-	-	-	-	-	-	-	-	-	-
Private sector	41%	51%	65%	41%	43%	80%	13%	•	81	•
Private Hospitals ≥50 beds	80%	69%	100%	69%	80%	96%	34%	-	94	-
Private Hospitals <50 beds	32%	46%	56%	33%	33%	76%	8%	-	78	-

Table 8 (Contd.) Percentage availability of essential medicines and readiness score among health facilities, by facility type and group (n= 544), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

**RMOs and HLCs were not assessed for essential medicines

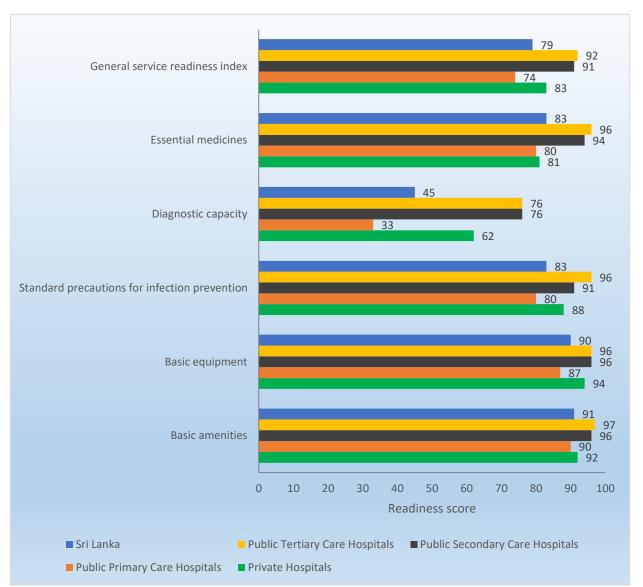
3.2.7 General service readiness index

The general service readiness index is a composite measure designed to combine information from the five general service readiness domains: basic amenities, basic equipment, standard precautions, laboratory diagnostics, and essential medicines. For each area the average availability was computed using a set of standard items.

Table 9 shows the general service readiness index and domain scores by type of facility. The general service readiness index score for hospitals in Sri Lanka was 79 out of 100, with a score of 77 out of 100 in public sector health facilities and 83 out of 100 in private sector health facilities. Across the five domains, the basic amenities readiness score was the highest (91 out of 100), followed by basic equipment (90 out of 100), standard precautions (84 out of 100), essential medicines (83 out of 100), and diagnostic capacity which was the lowest (45 out of 100), at the national level. The widest gap between primary and secondary care facilities was found for the diagnostic capacity (33 out of 100 vs. 76 out of 100 respectively). Among the private health facilities a wide difference between the hospitals with \geq 50 beds and hospitals with <50 beds was found in the domain of diagnostic capacity (82 out of 100 vs. 56 out of 100 respectively).

Figure 8 summarizes the general service readiness index and domain scores at national level and by facility group for the hospitals in Sri Lanka. The general service readiness index was satisfactory among most of the institutions, ranging between 74 out of 100 and 92 out of 100, from primary care hospitals to tertiary care hospitals.

Figure 8 General service readiness index and domain readiness scores (out of 100) among health facilities, by facility group (n=331), Sri Lanka, 2017



Facility Type	Basic amenities	Basic equipment	Standard precautions for infection prevention	Diagnostic capacity	Essential medicines	General Service Readiness Index
Sri Lanka*	91	90	84	45	83	79
Public sector	91	89	83	41	83	77
Public Tertiary Care Hospitals	97	96	96	76	96	92
National Hospital	100	83	100	67	93	89
Teaching Hospitals	95	95	98	81	94	93
Provincial General Hospitals	100	100	100	78	98	95
District General Hospitals	98	96	93	71	99	91
Public Secondary Care Hospitals	96	96	91	76	94	91
Base Hospitals (A & B)	96	96	91	76	94	91
Public Primary Care Facilities	90	87	80	33	80	74
Divisional Hospitals (type A, B & C)	90	87	80	33	80	74
Primary Medical Care Units	-	-	-	-	-	-
Public Clinics	-	-	-	-	-	-
TB clinics	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-
Private sector	92	94	88	62	81	83
Private Hospitals ≥50 beds	99	96	92	82	94	92
Private Hospitals <50 beds	91	94	87	56	78	81

Table 9 General Service Readiness Index and domain readiness scores (out of 100) among health facilities, by facility type and group (n=331), Sri Lanka 2017

3.2.8 Surgical management services

Service availability

Table 10 shows the percentage of health institutions (secondary and tertiary care hospitals and Private Hospitals) offering various surgical management services. Availability is presented for different surgical services ranging from minor surgical procedure to major surgeries. Minor surgical procedure such as incision and drainage of abscess, wound debridement, suturing and removal of foreign body were available in almost all secondary and tertiary care hospitals and Private Hospitals with \geq 50 beds. General surgeries such as hernia repair and appendectomy, were available in most tertiary and secondary care hospitals, and in Private Hospitals with \geq 50 beds. Availability of more specialized surgeries were limited to tertiary care hospitals and few Private Hospitals. With respect to most surgical management services, availability in public sector hospitals was higher than Private Hospitals.

Service readiness

As shown in Table 11, readiness to offer surgical services was assessed based on the availability of several tracer items grouped into: guidelines and trained staff, equipment, and medicines and commodities. Twelve percent of the health institutions at national level had all tracer items, with an overall readiness score of 76 out of 100. The overall readiness score was higher in public sector hospitals (85 out of 100) than Private Hospitals (69 out of 100). Readiness score for equipment received the highest score (86 out of 100), followed by medicines and commodities (75 out of 100). Readiness score for availability of trained staff and guidelines was low at 32 out of 100. The overall readiness scores of health institutions to offer surgical management services are shown in Figure 9.

3.2.9 Blood transfusion services

Service availability

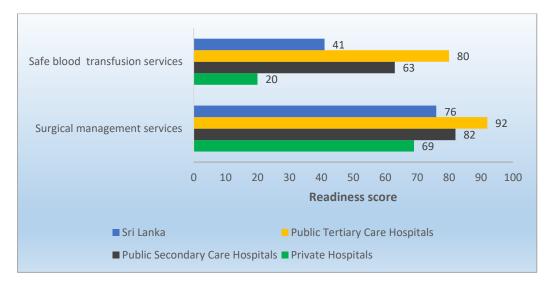
Table 12 shows that blood transfusion services were available in 95% of tertiary care hospitals, 80% of secondary care hospitals and 56% of Private Hospitals. Among the Private Hospitals, 93% of Private Hospitals with \geq 50 beds provided this service.

Service readiness

Table 13 shows the readiness of health institutions for safe blood transfusion services. The overall readiness score for blood transfusion services was higher in tertiary care hospitals (80 out of 100) than secondary care hospitals (63 out of 100) and Private Hospitals (20 out of 100). The overall readiness score at the national level was 41 out of 100 possibly due to lower scores reported from the Private Hospitals. The readiness scores for domains of staff and guidelines, equipment, diagnostics, and medicines and commodities were almost similar. The overall readiness scores of health institutions to offer safe blood transfusion services are shown in Figure 9.

Figure 9 The Overall readiness score (out of 100) for providing surgical management services and safe blood transfusion services among health facilities that are expected to provide service, by facility group (n=157), Sri Lanka 2017

Figure 9 The Overall readiness score (out of 100) for providing surgical management services and safe blood transfusion services among health facilities that are expected to provide service, by facility group (n=157), Sri Lanka 2017



*Value given for Sri Lanka is a weighted average of all public secondary and tertiary care hospitals and private hospitals that are expected to provide the relevant service

Table 10 Percentage availability of surgical management services among health facilities that are expected to provide service, by facility type and group (n=157), Sri Lanka 2017

Facility Type	Incision and drainage of abscesses	Wound debridement	Acute burn management	Suturing	Closed repair of fracture	Cricothyroidotomy	Male circumcision	Hydrocele reduction
Sri Lanka*	84%	84%	70%	85%	60%	58%	72%	71%
Public sector	93%	92%	89%	94%	68%	72%	77%	79%
Public Tertiary Care Hospitals	100%	100%	82%	97%	85%	79%	87%	85%
National Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	100%	100%	63%	100%	75%	63%	75%	69%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	100%	95%	95%	89%	89%	95%	95%
Public Secondary Care Hospitals	90%	88%	93%	93%	60%	67%	71%	75%
Base Hospitals (A & B)	90%	88%	93%	93%	60%	67%	71%	75%
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers		-	-	-	-	-	-	-
Private sector	77%	78%	57%	78%	54%	48%	69%	65%
Private Hospitals ≥50 beds	96%	100%	81%	100%	65%	71%	93%	88%
Private Hospitals <50 beds	72%	72%	50%	72%	51%	42%	62%	58%

Facility Type	Chest tube insertion	Closed repair of dislocated joint	Biopsy of lymph node or mass or other	Removal of foreign body (throat, eye, ear or nose)	Tracheostomy	Tubal ligation	Vasectomy	Dilatation & Curettage	Obstetric fistula repair	Episiotomy, cervical and vaginal laceration	Appendectomy	Hernia repair (strangulated)
Sri Lanka*	60%	61%	74%	81%	56%	64%	45%	66%	60%	67%	72%	67%
Public sector	78%	77%	83%	85%	74%	77%	44%	72%	68%	85%	77%	76%
Public Tertiary Care Hospitals	90%	82%	95%	85%	95%	87%	51%	79%	77%	79%	87%	87%
National Hospital	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	100%	100%
Teaching Hospitals	81%	69%	94%	69%	94%	81%	50%	69%	69%	63%	75%	75%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%
District General Hospitals	95%	89%	95%	95%	95%	95%	53%	89%	84%	95%	95%	95%
Public Secondary Care Hospitals	71%	75%	77%	85%	63%	71%	41%	67%	63%	87%	71%	70%
Base Hospitals (A & B)	71%	75%	77%	85%	63%	71%	41%	67%	63%	87%	71%	70%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	46%	48%	67%	78%	42%	54%	45%	62%	54%	53%	68%	59%
Private Hospitals ≥50 beds	69%	69%	93%	96%	85%	82%	74%	88%	88%	88%	93%	93%
Private Hospitals <50 beds	40%	43%	60%	73%	31%	47%	37%	55%	45%	44%	61%	51%

Table 10 (Contd.) Percentage availability of surgical management services among health facilities that are expected to provide service, by facility type and group (n=157), Sri Lanka 2017

Facility Type	Hernia repair (elective)	Cystostomy	Urethral stricture dilatation	Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, intestinal obstruction, perforation, injuries)	Congenital hernia repair	Neonatal surgery (abdominal wall defect, colostomy imperforate anus, intussusceptions)	Skin grafting	Open reduction and fixation for fracture	Amputation	Cataract surgery	Club foot repair (casting or open club foot release)	Drainage of osteomyel itis-septic arthritis
Sri Lanka*	72%	54%	57%	65%	56%	20%	69%	41%	66%	48%	29%	55%
Public sector	78%	64%	69%	- 78%	60%	20%	80%	38%	76%	43%	27%	60%
Public Tertiary Care Hospitals	87%	90%	92%	97%	79%	46%	92%	79%	90%	77%	64%	85%
National Hospital	100%	100%	100%	100%	0%	0%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	75%	81%	81%	94%	69%	50%	81%	69%	75%	56%	56%	69%
Provincial General Hospitals	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	100%
District General Hospitals	95%	95%	100%	100%	89%	42%	100%	84%	100%	89%	63%	95%
Public Secondary Care Hospitals	73%	51%	57%	67%	50%	7%	74%	16%	69%	25%	7%	47%
Base Hospitals (A & B)	73%	51%	57%	67%	50%	7%	74%	16%	69%	25%	7%	47%
Public Primary Care Facilities Divisional Hospitals (type	-	-	-	-	-	-	-	-	-	-	-	-
A, B & C) Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	68%	45%	47%	56%	53%	20%	61%	43%	58%	51%	31%	51%
Private Hospitals ≥50 beds	93%	71%	85%	97%	97%	45%	88%	69%	88%	72%	51%	79%
Private Hospitals <50 beds	61%	39%	37%	45%	41%	13%	54%	36%	50%	46%	26%	44%

Table 10 (Contd.) Percentage availability of surgical management services among health facilities that are expected to provide service, by facility type and group (n=157), Sri Lanka 2017

	Guide	lines and trained s	taff					Equ	ipment				
Facility Type	guidelines on best practices, protocols etc. of surgical management	any training on best practices, protocols of surgical management	Staff and guidelines readiness score	Needle holder	Scalpel handle with blades	Retractor	Surgical scissors	Nasogastric tubes	Tourniquet	Resuscitator bag and mask- adult	Suction pump (manual or electric) with catheter	Oxygen	Equipment readiness score
Sri Lanka*	21%	44%	32	87%	87%	83%	87%	87%	86%	80%	86%	92%	86
Public sector	31%	54%	42	95%	95%	88%	95%	95%	94%	92%	94%	98%	94
Public Tertiary Care Hospitals	41%	77%	59	100%	100%	100%	100%	100%	97%	95%	100%	97%	99
National Hospital	0%	0%	0	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
Teaching Hospitals	44%	81%	63	100%	100%	100%	100%	100%	94%	88%	100%	94%	97
Provincial General Hospitals	33%	100%	67	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
District General Hospitals	42%	74%	58	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
Public Secondary Care Hospitals	25%	41%	33	93%	93%	82%	93%	93%	93%	91%	91%	98%	92
Base Hospitals (A & B)	25%	41%	33	93%	93%	82%	93%	93%	93%	91%	91%	98%	92
Public Primary Care Facilities Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	13%	37%	25	81%	81%	80%	81%	81%	80%	70%	80%	88%	80
Private Hospitals ≥50 beds	33%	73%	53	100%	100%	100%	100%	100%	96%	100%	100%	100%	100
Private Hospitals <50 beds	8%	28%	18	76%	76%	74%	76%	76%	76%	63%	74%	85%	75

Table 11 Readiness score (overall and by domain) for surgical management services for health facilities that are expected to provide service, by facility type and group (n=157), Sri Lanka 2017

			N	ledicines and comr	nodities				
Facility Type	Suture material (any type)	Skin disinfectant	Ketamine (injection)	Lidocaine 1% or 2%	Splints for extremities	Material for cast	Medicines and commodities readiness score	Facilities with all trace item	Over all readiness score
Sri Lanka*	87%	87%	55%	87%	65%	71%	75	12%	76
Public sector	94%	95%	77%	95%	78%	79%	86	22%	85
Public Tertiary Care Hospitals	97%	100%	90%	100%	82%	87%	93	28%	92
National Hospital	100%	100%	100%	100%	100%	100%	100	0%	82
Teaching Hospitals	100%	100%	81%	100%	75%	75%	89	19%	90
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100	33%	96
District General Hospitals	95%	100%	95%	100%	84%	95%	95	37%	93
Public Secondary Care Hospitals	93%	93%	70%	93%	75%	75%	83	19%	82
Base Hospitals (A & B)	93%	93%	70%	93%	75%	75%	83	19%	82
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-
Private sector	82%	82%	39%	82%	55%	65%	67	5%	69
Private Hospitals ≥50 beds	100%	100%	69%	100%	73%	88%	88	25%	90
Private Hospitals <50 beds	77%	77%	31%	77%	50%	59%	62	0%	64

Table 11 (Contd.) Readiness score (Overall and by domain) for surgical management services for health facilities that are expected to provide service, by facility type and group (n=157), Sri Lanka 2017

Table 12 Percentage availability of blood transfusion services among facilities that are expected to provide service, by facility type and group (n=157), Sri Lanka 2017

Facility Type	Blood transfusion
Sri Lanka*	69%
Public sector	85%
Public Tertiary Care Hospitals	95%
National Hospital	100%
Teaching Hospitals	89%
Provincial General Hospitals	100%
District General Hospitals	100%
Public Secondary Care Hospitals	80%
Base Hospitals (A & B)	80%
Public Primary Care Facilities	-
Divisional Hospitals (type A, B & C)	<u>-</u>
Primary Medical Care Units	
Public Clinics	
TB clinics	- ·
STD (HIV) clinics	-
MOH clinics	-
Regional Malaria Offices	-
Healthy Lifestyle Centers	-
Private sector	56%
Private Hospitals ≥50 beds	93%
Private Hospitals <50 beds	46%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

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		Staff and guidelines		Equip	ment		Diagnostics		Medici	nes and cor	nmodities		
Facility Type	guidelines on the appropriate use of blood and safe transfusion practices	provider(s) of blood transfusion services received any training on appropriate use of safe blood transfusion practices	Staff and guidelines readiness score	Refrigerator	Equipment readiness score	Blood Grouping	Cross-match testing by direct agglutination	Diagnostics readiness score	Blood supply sufficiency	Blood supply safety	Medicines and commodities readiness score	Facilities with all trace item	Overall readiness score
Sri Lanka*	53%	45%	41	42%	42	43%	38%	41	17%	67%	42	6%	41
Public sector	67%	76%	73	79%	79	78%	71%	74	27%	85%	56	14%	69
Public Tertiary Care Hospitals	80%	90%	88	90%	90	90%	88%	89	24%	95%	60	17%	80
National Hospital	0%	100%	100	100%	100	100%	100%	100	0%	100%	50	0%	86
Teaching Hospitals	61%	89%	86	78%	78	83%	83%	83	22%	89%	56	17%	75
Provincial General Hospitals	100%	100%	100	100%	100	100%	100%	100	0%	100%	50	0%	86
District General Hospitals	100%	89%	87	100%	100	95%	89%	92	32%	100%	66	21%	84
Public Secondary Care Hospitals	60%	67%	64	72%	72	71%	61%	66	28%	80%	54	12%	63
Base Hospitals (A & B)	60%	67%	64	72%	72	71%	61%	66	28%	80%	54	12%	63
Public Primary Care Facilities Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector Private Hospitals ≥50 beds	41% 86%	22% 70%	16 57	14% 44%	14 44	15% 29%	14% 29%	15 29	9% 20%	53% 93%	31 56	1% 4%	20 47
Private Hospitals <50 beds	30%	9%	6	6%	6	12%	10%	11	6%	42%	24	0%	12

Table 13 Percentage availability of tracer items and readiness score for blood transfusion services for facilities that are expected to provide service, by facility type and group (n=157), Sri Lanka 2017

3.3 Service specific availability and readiness

The SARA measured the availability and readiness of health facilities to offer specific health intervention domains through consideration of tracer items under the following key health service areas:

- Maternal and child health services
 - Family planning
 - Antenatal care
 - Obstetric and newborn care
 - Basic emergency obstetric and newborn care
 - Comprehensive emergency obstetric and newborn care
 - Essential newborn care, and advanced care for the small and sick baby
 - Immunization services
 - Child prevention and curative care
 - Adolescent health
 - Gender based violence
- Human Immunodeficiency Virus (HIV) infection
- Sexually transmitted infections
- Preventing mother to child transmission of HIV
- Tuberculosis
- Malaria
- Rabies
- Dengue
- Non-communicable diseases
 - diabetes
 - cardiovascular disease
 - chronic obstructive pulmonary disease
 - chronic kidney disease
- Cancer
- Mental health
- Elderly care
- Disability care

3.3.1 Maternal and child health

Maternal and child health (MCH) services in Sri Lanka are delivered through the family health programme which is organized to ensure a continuum of care during pre-pregnancy period, pregnancy, neonatal period, infancy, young childhood, and preschool, school and adolescent years. Family Health Bureau of the MOHNIM is responsible for designing, planning and monitoring the Family Health Programme. The programme is a collection of several packages of interventions that are aimed at promoting the health of families with special emphasis on mothers and children.

The key target populations for the MCH services include eligible families which is estimated to be 16% of the total population, and children less than 5 years of age which is almost 8.6% of the population (Department of Census and Statistics, 2012; Family Health Bureau, 2014).

Availability and readiness for MCH services were assessed for the relevant health facilities through which a given health service is provided, and presented for each facility type. The findings are also summarized at three levels, as public sector, private sector and the national level. Since most MCH services are expected to be delivered through MOH areas, it is advisable to focus on the values for MOH clinics than the average value for Sri Lanka. However, in situations where the service is expected from other health facilities, attention should be paid on the values of the respective facility type or group.

Family planning

The goal of the national family planning programme is to enable all couples to have a desired number of children with optimal timing and spacing. Provision of services for sub fertile couples is also an important component of the family planning programme. According to Sri Lanka Demographic and Health Survey (DHS) 2016, 72% of current users of modern methods of family planning obtained service from the government health facilities, while 28% from the private health facilities. The predominant source from which service obtained varied according to the type of family planning method (Department of Census and Statistics, 2017). The modern temporary methods of family planning include combined oral contraceptive pills (OCP), DMPA injections, intra uterine devices (IUD), condoms and implants, and the modern permanent methods include male sterilization (vasectomy) and female sterilization (LRT).

Service availability

Table 14 shows the percentage availability of family planning services and different family planning methods by facility type and group. The family planning services were available in all MOH clinics (100%), all Public Tertiary Care Hospitals (100%) and in a great majority of Public Secondary Care Hospitals (95%). The service was also available in the majority of Divisional Hospitals (73%). In the private sector, 71% of Private Hospitals with beds \geq 50 offered family planning services. In contrast, the family planning service availability at Primary Medical Care Units was low (41%). Overall, 70% of health facilities offered family planning services in Sri Lanka, and the availability at public sector health facilities (70%) is higher than at Private Hospitals (65%). The low availability of family planning services in certain facility types has contributed to the relatively low of service availability at national level.

The commonly available contraceptive methods were combined oral contraceptive pills (OCP), progestin only injectable (DMPA), male condoms, and intra uterine contraceptive devices (IUD). Availability of contraceptive methods varied according to type of facility. Surgical methods of contraception were offered by secondary and tertiary care hospitals, and Private Hospitals. However, the availability of male sterilization was low (39% of tertiary care hospitals) in contrast to female sterilization (100% of tertiary care hospitals). The proportion of

facilities that offered emergency OCP was lower in public health facilities (19%) than private health facilities (50%).

The availability of emergency management of adverse reactions following contraceptives was somewhat lower in contrast to availability of family planning services.

Seminal fluid analysis and intra uterine insemination are services required for the management of infertility, and were available only in 48% and 61% of the tertiary care hospitals respectively. Seminal fluid analysis and intra uterine insemination were offered to a lesser extent by secondary care facilities (25% and 21% respectively) and Private Hospitals (48% and 36% respectively).

Service readiness

Table 15 shows the availability of tracer items, and readiness score for family planning services in facilities that are expected to provide the service. Readiness to offer family planning services was assessed based on the availability of several tracer items: guidelines on family planning and staff trained in family planning, equipment for examination and insertion of family planning devices, contraceptive commodities and facilities for emergency management.

The highest overall readiness score for family planning, 83 out of 100, was found in Teaching Hospitals, and the lowest in PMCU (10 out of 100). The MOH clinics reported a readiness score of 79 out of 100. The overall family planning readiness score was 39 out of 100 for Sri Lanka, and there is marginal difference between public and private sector health facilities with respect to overall readiness for family planning services. Guidelines and trained staff were available in a limited number of facilities giving a readiness score of 29 out of 100 at the national level. Readiness scores for equipment, and medicines and commodities were 51 and 40 out of 100 respectively.

Facility Type	Offer family planning services	Combined OCP	DMPA	Male condoms	IUD	Implants	Emergency OCP	Male sterilization	Female sterilization	Emergency management for adverse reactions	Seminal fluid analysis	Intra uterine insemination
Sri Lanka*	70%	62%	55%	57%	54%	39%	22%	28%	59%	60%	41%	35%
Public sector	70%	62%	55%	57%	54%	41%	19%	28%	78%	60%	32%	33%
Public Tertiary Care Hospitals	100%	100%	88%	91%	100%	91%	39%	39%	100%	97%	48%	61%
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	82%	100%	100%	100%	45%	45%	100%	100%	91%	91%
Provincial General Hospitals	100%	100%	100%	100%	100%	67%	67%	67%	100%	100%	0%	67%
District General Hospitals	100%	100%	89%	84%	100%	89%	32%	32%	100%	95%	32%	42%
Public Secondary Care Hospitals	95%	82%	78%	68%	87%	71%	14%	23%	69%	85%	25%	21%
Base Hospitals (A & B)	95%	82%	78%	68%	87%	71%	14%	23%	69%	85%	25%	21%
Public Primary Care Facilities	57%	46%	39%	40%	35%	18%	15%	-	-	44%	-	-
Divisional Hospitals (type A, B & C)	73%	62%	52%	52%	52%	27%	15%	-	-	59%	-	-
Primary Medical Care Units	41%	31%	25%	28%	18%	10%	15%	-	-	29%	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	100%	100%	92%	99%	97%	92%	30%	-	-	96%	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	65%	64%	59%	60%	53%	28%	50%	29%	46%	60%	48%	36%
Private Hospitals ≥50 beds	71%	68%	67%	68%	65%	55%	65%	38%	64%	71%	64%	56%
Private Hospitals <50 beds	64%	62%	57%	58%	49%	20%	46%	26%	41%	57%	43%	30%

Table 14 Percentage availability of family planning services among health facilities that are expected to provide the service, by facility type and group (n=479), Sri Lanka 2017

			Guidelines ar	nd trained staff				Equip	oment	
Facility Type	National guidelines on family planning methods	Flash cards on family planning	Medical eligibility criteria wheel	Staff trained in family planning (2- or 3-day course)	Medical officer trained in emergency management	Guidelines and trained staff readiness score	Blood pressure apparatus	Instrument pack for IUD insertion	Instrument pack for hormone Implant insertion	Equipment readiness score
Sri Lanka*	28%	28%	26%	33%	28%	29	65%	51%	37%	51
Public sector	31%	31%	28%	34%	29%	31	65%	51%	39%	52
Public Tertiary Care Hospitals	42%	36%	52%	67%	76%	55	97%	100%	91%	96
National Hospital	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	64%	64%	55%	73%	82%	67	100%	100%	100%	100
Provincial General Hospitals	0%	0%	33%	33%	33%	20	100%	100%	67%	89
District General Hospitals	37%	26%	53%	68%	79%	53	95%	100%	89%	95
Public Secondary Care Hospitals	31%	30%	26%	45%	34%	33	91%	86%	71%	83
Base Hospitals (A & B)	31%	30%	26%	45%	34%	33	91%	86%	71%	83
Public Primary Care Facilities	13%	13%	12%	17%	16%	14	52%	31%	16%	33
Divisional Hospitals (type A, B & C)	20%	19%	15%	26%	20%	20	68%	51%	27%	48
Primary Medical Care Units	6%	6%	8%	8%	13%	8	35%	12%	5%	17
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	80%	82%	73%	77%	58%	74	95%	93%	91%	93
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	5%	4%	9%	16%	21%	11	63%	54%	25%	47
Private Hospitals ≥50 beds	8%	4%	14%	25%	38%	18	71%	65%	48%	61
Private Hospitals <50 beds	5%	4%	7%	14%	17%	9	60%	51%	19%	44

Table 15 Readiness score (overall and by domain) for family planning services for facilities that are expected to provide the service (n=479), by facility type and group, Sri Lanka 2017

					Medicines and	commodities						
Facility Type	Combined OCP	Male condoms	Injectable contraceptives	Hormone implants	Emergency contraceptives	IUD	Adrenaline (injectable)	Ambu bag and face mask	Oxygen supply (past 3 months)	Medicines and commodities readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka*	51%	47%	46%	35%	8%	47%	51%	58%	18%	40	0%	39
Public sector	50%	46%	46%	37%	4%	47%	51%	58%	15%	39	1%	39
Public Tertiary Care Hospitals	94%	97%	91%	91%	21%	100%	97%	91%	58%	82	6%	76
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	100%	100%	45%	100%	100%	91%	45%	87	18%	83
Provincial General Hospitals	67%	100%	67%	67%	0%	100%	100%	100%	67%	74	0%	61
District General Hospitals	95%	95%	89%	89%	11%	100%	95%	89%	63%	81	0%	75
Public Secondary Care Hospitals	78%	71%	77%	68%	7%	83%	86%	90%	55%	68	0%	61
Base Hospitals (A & B)	78%	71%	77%	68%	7%	83%	86%	90%	55%	68	0%	61
Public Primary Care Facilities	30%	25%	25%	12%	2%	25%	31%	42%	11%	22	0%	22
Divisional Hospitals (type A, B & C)	47%	39%	39%	21%	2%	40%	50%	64%	20%	36	0%	33
Primary Medical Care Units	12%	11%	10%	4%	1%	9%	13%	20%	2%	9	0%	10
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	99%	95%	96%	93%	10%	97%	95%	92%	15%	77	1%	79
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	55%	54%	50%	22%	38%	47%	54%	60%	43%	47	0%	36
Private Hospitals ≥50 beds	57%	61%	60%	36%	42%	57%	63%	61%	46%	54	0%	44
Private Hospitals <50 beds	54%	52%	47%	18%	37%	45%	52%	59%	42%	45	0%	34

Table 15 (contd.) Readiness score (overall and by domain) for family planning services for facilities that are expected to provide the service (n=479), by facility type and group, Sri Lanka 2017

Antenatal care

Provision of antenatal care services commences with the registration of a pregnant woman, and comprises a standard package of interventions offered throughout pregnancy until delivery. The standard package recommends registration of pregnancy before 8 weeks of gestation, attending 9 antenatal clinic visits in total, and making 3 home visits by the Public Health Midwife (PHM) for a pregnancy without any high risk conditions (Family Health Bureau, 2014).

Service availability

Table 16 shows the percentage of facilities offering key antenatal care services: monitoring hypertensive disorder in pregnancy, supplementation of iron, folic acid and calcium, tetanus toxoid vaccination, monitoring blood sugar and monitoring weight gain in pregnancy. All MOH clinics (100%), all Public Tertiary Care Hospitals (100%), and the majority of Public Secondary Care Hospitals (89%) offered antenatal care services. In addition, antenatal care services were available in 90% of Divisional Hospitals and 76% of the Private Hospitals with beds \geq 50. All key antenatal care services specified above were available in all MOH clinics and in the vast majority of tertiary care hospitals.

Overall, 82% of health facilities offered antenatal care services in Sri Lanka, and the availability was higher in public sector health facilities (84%) than Private Hospitals (65%). All key antenatal care services except monitoring blood sugar in pregnancy were available in more than 75% of the health facilities at the national level.

Service readiness

Readiness to provide antenatal care was assessed based on the availability of 14 tracer items summarized into the following 4 broad readiness areas:

- Guidelines and trained staff readiness: National guidelines for maternal care, guidelines on maternal care package for field health staff, staff trained on the national guidelines for maternal care, and staff trained on the maternal care package
- Equipment readiness: Blood pressure apparatus, adult weighing scale and Pinnard stethoscope
- Diagnostic readiness: Haemoglobin, urine dipstick test for protein and glucometer with compatible strips
- Medicines and commodities readiness: Iron tablets, folic acid tablets, calcium tablets and tetanus toxoid vaccine

Table 17 shows the percentage availability of these tracer items and readiness scores at facilities that are expected to offer antenatal care services. The overall readiness score for antenatal care services was higher in MOH clinics (89 out of 100) and Public Tertiary Care Hospitals (83 out of 100) than primary care facilities (54 out of 100) and Private Hospitals with beds <50 (52 out of 100). In the MOH clinics, availability of tracer items relevant to guidelines and trained staff was 78 out of 100. Readiness scores for equipment, diagnostics, medicine and commodities at MOH clinics were 98, 76, and 98 out of 100 respectively.

At national level, overall readiness score for antenatal care services was 63 out of 100, and this score was relatively higher in public sector health facilities (64 out of 100) than Private Hospitals (54 out of 100). Availability of tracer items relevant to guidelines and trained staff was low at the national level, with a readiness score of 27 out of 100 for all health facilities that offer antenatal services in the country. Readiness scores for equipment, diagnostics, and medicines and commodities were 76, 58 and 74, out of 100 respectively.

Table 16 Percentage availability of antenatal care services among health facilities that are expected to provide the service, by facility type and group (n=404), Sri Lanka 2017

Facility Type	Offer antenatal care services	Monitoring for hypertensive disorder of pregnancy	Iron supplementation	Folic acid supplementation	Provision of Calcium supplementation	Tetanus toxoid vaccination	Monitoring for blood sugar in pregnancy	Monitoring of weight in pregnancy
Sri Lanka*	82%	80%	80%	80%	80%	78%	73%	81%
Public sector	84%	82%	82%	82%	82%	79%	74%	82%
Public Tertiary Care Hospitals	100%	100%	100%	100%	97%	94%	100%	100%
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	100%	100%	100%	100%	100%	100%
Provincial General Hospitals	100%	100%	100%	100%	100%	67%	100%	100%
District General Hospitals	100%	100%	100%	100%	95%	95%	100%	100%
Public Secondary Care Hospitals	89%	89%	82%	84%	80%	75%	88%	86%
Base Hospitals (A & B)	89%	89%	82%	84%	80%	75%	88%	86%
Public Primary Care Facilities	78%	74%	74%	74%	75%	71%	63%	75%
Divisional Hospitals (type A, B & C)	90%	88%	88%	88%	88%	86%	80%	89%
Primary Medical Care Units	65%	61%	61%	61%	62%	57%	47%	62%
Public Clinics				-				
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	100%	99%	100%	100%	100%	100%	99%	100%
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	65%	62%	60%	63%	60%	63%	65%	65%
Private Hospitals ≥50 beds	76%	76%	76%	76%	76%	69%	76%	76%
Private Hospitals <50 beds	62%	58%	56%	60%	56%	62%	62%	62%

			Guidelines and trained sta	ff			Equipr	nent	
Facility Type	National guidelines for maternal care	Guidelines on maternal care package for field health staff	Staff trained on the national guidelines for maternal care	Staff trained based on the maternal care package	Guidelines and trained staff readiness score	Blood pressure apparatus	Adult weighing scale	Pinnard	Equipment readiness score
Sri Lanka*	11%	39%	22%	35%	27	77%	73%	79%	76
Public sector	12%	39%	23%	35%	29	78%	75%	80%	78
Public Tertiary Care Hospitals	42%	-	48%	-	45	100%	100%	100%	100
National Hospital	-	-	-	-	-	-	-	-	-
Teaching Hospitals	55%	-	45%	-	50	100%	100%	100%	100
Provincial General Hospitals	0%	-	33%	-	17	100%	100%	100%	100
District General Hospitals	42%	-	53%	-	47	100%	100%	100%	100
Public Secondary Care Hospitals	22%	-	33%	-	27	89%	88%	88%	88
Base Hospitals (A & B)	22%	-	33%	-	27	89%	88%	88%	88
Public Primary Care Facilities	8%	10%	19%	7%	11	70%	66%	72%	69
Divisional Hospitals (type A, B & C)	8%	-	19%	-	14	83%	77%	85%	82
Primary Medical Care Units	-	10%	-	7%	9	56%	54%	59%	56
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	
MOH clinics	-	81%	-	74%	78	98%	98%	100%	98
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-
Private sector	6%	•	18%	-	12	65%	53%	65%	61
Private Hospitals ≥50 beds	15%	-	27%	-	21	76%	63%	76%	72
Private Hospitals <50 beds	4%	-	16%	-	10	62%	50%	62%	58

Table 17 Readiness score (overall and by domain) for antenatal care services for facilities that are expected to provide the service (n=404), by facility type and group, Sri Lanka 2017

			Diagnostics			Mee	dicines and comr	nodities			o "
Facility Type	Haemo- -globin	Urine dipstick- protein	Glucometer with compatible strips	Diagnosis readiness score	Iron tablets	Folic acid tablets	Calcium tablets	Tetanus toxoid vaccine	Medicines and commodities readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka*	66%	35%	72%	58	76%	75%	76%	71%	74	8%	63
Public sector	64%	33%	71%	56	78%	77%	78%	73%	76	9%	64
Public Tertiary Care Hospitals	91%	52%	79%	74	97%	94%	97%	94%	95	15%	83
National Hospital	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	91%	73%	82%	82	100%	100%	100%	100%	100	18%	87
Provincial General Hospitals	100%	33%	33%	56	100%	67%	100%	67%	83	0%	69
District General Hospitals	89%	42%	84%	72	95%	95%	95%	95%	95	16%	82
Public Secondary Care Hospitals	94%	31%	81%	69	85%	81%	83%	83%	83	1%	72
Base Hospitals (A & B)	94%	31%	81%	69	85%	81%	83%	83%	83	1%	72
Public Primary Care Facilities	56%	19%	69%	48	70%	69%	69%	62%	67	0%	54
Divisional Hospitals (type A, B & C)	64%	29%	76%	56	81%	79%	80%	78%	80	1%	63
Primary Medical Care Units	47%	8%	61%	39	58%	59%	58%	45%	55	0%	44
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	79%	73%	75%	76	96%	96%	100%	99%	98	34%	89
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	82%	55%	81%	72	57%	57%	57%	56%	57	2%	54
Private Hospitals ≥50 beds	97%	75%	97%	89	57%	61%	61%	61%	60	7%	64
Private Hospitals <50 beds	78%	49%	76%	68	56%	56%	56%	55%	56	1%	52

Table 17 (Contd.) Readiness score (overall and by domain) for antenatal care services for facilities that are expected to provide the service (n=404), by facility type and group, Sri Lanka 2017

Obstetric and newborn care

Institutional delivery with assistance at childbirth by a qualified healthcare provider is a critical factor for the reduction in maternal mortality ratio in Sri Lanka. According to health statistics, almost all pregnant mothers in the country deliver in a hospital (99.9%), and many of them deliver in hospitals with specialist facilities (92%). The number of deliveries taking place in Divisional Hospitals has reduced over the years (MoHNIM, 2015). The estimated number of births in Sri Lanka for the year 2014 was approximately 350,000 (Family Health Bureau, 2014).

Service availability

Table 18 shows the percentage of health facilities offering delivery services and emergency transport services. The NHSL was not included since obstetric and newborn care services are not available at this facility. The delivery services were available in all tertiary care hospitals (100%), all secondary care hospitals (100%), and the majority of the Divisional Hospitals (82%) at primary care level. In the private sector, availability of delivery services was higher in Private Hospitals with \geq 50 beds (93%) than Private Hospitals with <50 beds (47%). Overall, 85% of the public sector hospitals offered delivery services in contrast to 56% of privately owned hospitals in Sri Lanka.

Use of partograph during labour was low in Divisional Hospitals (55%) and Private Hospitals with <50 beds (24%). Emergency transport facilities were available in all hospitals at a higher percentage, except Private Hospitals with <50 beds.

Emergency obstetric and newborn care

Emergency obstetric and newborn care (EmONC) refers to the provision of a list of lifesaving services or 'signal functions' which defines a health facility's ability to treat obstetric and newborn emergencies. There are nine EmONC signal functions as listed below:

- 1. Parenteral administration of antibiotics
- 2. Parenteral administration of uterotonic drugs (i.e. parenteral oxytocin)
- 3. Parenteral administration of anticonvulsants for pre-eclampsia and eclampsia
- 4. Manual removal of placenta
- 5. Removal of retained products
- 6. Perform assisted vaginal delivery (eg. Vacuum extraction, forceps delivery)
- 7. Perform basic neonatal resuscitation (eg. with bag and mask)
- 8. Perform surgery (eg. Caesarean section)
- 9. Perform blood transfusion

A basic emergency obstetric and neonatal care (BEmONC) facility should perform the functions 1 through 7 listed above. A comprehensive emergency obstetric care facility (CEmONC) is expected to provide all functions from 1 through 9 listed above. However, it should be noted that in Sri Lanka, removal of retained products of conception (signal function 5) is not recommended in institutions where there are no specialist obstetric services, such as Divisional Hospitals (Family Health Bureau, 2012).

Facility Type	Delivery services	Monitoring and management of labour using partograph	Corticosteroids in preterm labour	Emergency transport
Sri Lanka*	79%	57%	38%	85%
Public sector	85%	63%	37%	92%
Public Tertiary Care Hospitals	100%	100%	100%	97%
National Hospital			-	-
Teaching Hospitals	100%	100%	100%	100%
Provincial General Hospitals	100%	100%	100%	100%
District General Hospitals	100%	100%	100%	95%
Public Secondary Care Hospitals	100%	95%	85%	99%
Base Hospitals (A & B)	100%	95%	85%	99%
Public Primary Care Facilities	82%	55%	26%	91%
Divisional Hospitals (type A, B & C)	82%	55%	26%	91%
Primary Medical Care Units			-	-
Public Clinics				
FB clinics			-	-
STD (HIV) clinics		-	-	-
NOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	56%	34%	38%	58%
Private Hospitals ≥50 beds	93%	73%	80%	90%
Private Hospitals <50 beds	47%	24%	27%	50%

Table 18 Percentage availability of delivery services among health facilities that are expected to provide the service by, facility type and group (n=323), Sri Lanka 2017

Basic emergency obstetric and newborn care (BEmONC)

Basic emergency obstetric and neonatal care (BEmONC) services include the capacity to provide essential and emergency functions related to childbirth and postpartum care of the mother and newborn. A BEmONC facility should perform the following seven signal functions: (i) parenteral administration of antibiotics for mothers, (ii) parenteral administration of uterotonic drugs (eg. oxytocin), (iii) parenteral administration of anticonvulsants, (iv) manual removal of placenta, (v) removal of retained products of conception (vi) assisted vaginal delivery and (vii) neonatal resuscitation with bag and mask (Family Health Bureau, 2012).

Service availability

The availability of signal functions for emergency obstetric and newborn care services are summarized by hospital group in Figure 10. Table 19 shows the percentage of health facilities offering each of the EmONC signal functions as well as the percentage offering all functions.

All Public Tertiary Care Hospitals (100%) offered services related to all seven signal functions for BEmONC. At the secondary care level, 67% of Base Hospitals provided all seven signal functions of BEmONC, with relatively lower percentages being found for parenteral administration of anticonvulsants (75%), and removal of retained products of conception (78%). At primary care level, service availability was assessed only for four signal functions since others (assisted vaginal delivery, manual removal of placenta, and removal of retained products of conception) are not expected at that level. The percentage availability of parenteral administration of antibiotics (47%), oxytocic drugs (47%) and anticonvulsants (6%), and neonatal resuscitation with bag and mask (57%) were low in Divisional Hospitals.

In Private Hospitals with \geq 50 beds, availability of BEmONC signal functions were higher than 80%, except for parenteral administration of anticonvulsants. Seventy three percent of Private Hospitals with beds \geq 50 and 24% of Private Hospitals with beds <50 had all seven signal functions related to BEmONC.

Overall, 77% of the public sector hospitals provided BEmONC services in contrast to 34% of privately owned hospitals, in Sri Lanka.

Service readiness

Readiness of the health facilities was assessed in relation to provision of BEmONC services. The readiness was calculated based on the availability of the following tracer items: 7 tracer items for guidelines and trained staff readiness, 13 tracer items for equipment readiness, and 18 tracer items for medicines and commodities readiness. Table 20 shows the percentage availability of these tracer items and readiness scores at facilities that offer BEmONC. The overall readiness score was calculated by excluding the Divisional Hospitals, and found to be 54 out of 100 at the national level. The overall readiness score was higher than 80 out of 100 in Public Tertiary Care Hospitals and Public Secondary Care Hospitals. There is a wide gap in overall readiness score between public sector and private sector hospitals (84 out 100 vs 37 out of 100).

The readiness score was low for guidelines and trained staff (21 out of 100) in comparison to equipment (64 out of 100) and medicines and commodities (58 out of 100), at national level.

Comprehensive emergency obstetric and newborn care (CEmONC)

A comprehensive emergency obstetric and newborn care (CEmONC) facility should perform all the 9 signal functions listed under emergency obstetric and newborn care. This includes seven signal functions described under BEmONC plus performing surgery (eg. Caesarean section), and providing blood transfusion services (Family Health Bureau, 2012).

Service availability

The availability of signal functions for emergency obstetric and newborn care services are summarized by hospital group in Figure 10. As shown in Table 19, all Public Tertiary Care Hospitals (100%) offered services related to all nine signal functions for CEmONC. At the secondary care level, availability of Caesarean section for delivery (65%) and blood transfusion services (69%) was low, with CEmONC services being available in 62% of Base Hospitals.

CEMONC was available in 73% of Private Hospitals with beds ≥50 Private Hospitals, and in lower percentage of Private Hospitals with beds <50 (23%). Overall, 74% of the public sector hospitals provided CEMONC services in contrast to 33% of privately owned hospitals, in Sri Lanka. The pattern of CEMONC was almost similar to BEMONC.

Service readiness

Readiness to provide CEmONC was assessed based on the presence of the following tracer items: 4 tracer items for guidelines and trained staff readiness score, 8 tracer items for equipment readiness score, 3 tracer items for diagnostics readiness score, and 17 tracer items for medicines and commodities readiness score. Table 21 shows the percentage availability of these tracer items and readiness scores at facilities that are expected to offer CEmONC services. The overall readiness score was 58 out of 100. The readiness score was high (90 out of 100) in Public Tertiary Care Hospitals in contrast to Public Secondary Care Hospitals (68 out of 100) and Private Hospitals (45 out of 100). At national level readiness score was low for guidelines and trained staff (40 out of 100) and diagnostics (45 out of 100), in contrast to equipment (57 out of 100), and medicines and commodities (64 out of 100). Similar to BEmONC, there is a wide gap in overall readiness score between public sector and private sector hospitals (75 out of 100 vs 45 out of 100).

Essential newborn care and advanced care for the small and sick baby

Service availability

Table 22 shows the service availability of health institutions for essential newborn care (ENC) and advanced care for the small and sick baby. Essential newborn care services, such as early and exclusive breastfeeding, hygienic cord care, thermal protection of the newborn, lactation management services were available in more than 90% of the public secondary and tertiary care hospitals. These facilities were also available in the majority of primary care hospitals (Divisional Hospitals) and Private Hospitals with beds \geq 50.

Availability of mother baby center was low across all health facilities – i.e., only 15% of all public sector health facilities had a mother-baby centre. Availability of advanced care for the sick and small baby such as ventilation, exchange transfusion, injectable antibiotics for neonatal sepsis, special care neonatal units and phototherapy were high in tertiary care hospitals only, and very low in other types of hospitals.

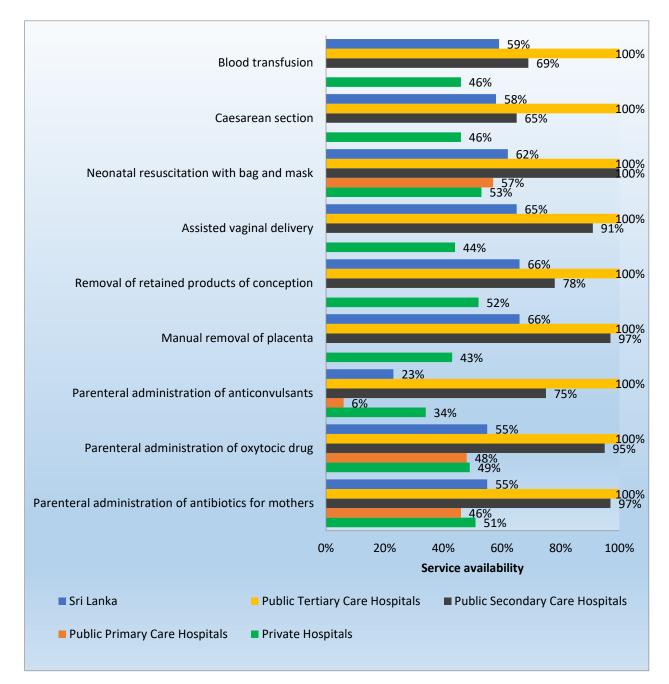


Figure 10 Percentage availability of signal functions for emergency obstetric and newborn care services (BEmONC and CEmONC), among health facilities* that are expected to provide the service by, facility group (n=323), Sri Lanka 2017

*At primary care hospitals, the following services are not expected: assisted vaginal delivery, caesarean delivery, manual removal of placenta, removal of retained products of conception and blood transfusion

				Emergency	obstetric and	newborn care s	ignal function	S			-	
Facility Type	Delivery services	Parenteral administration of antibiotics for mothers	Parenteral administration of oxytocic drug	Parenteral administration of anticonvulsants	Manual removal of placenta	Removal of retained products of conception	Assisted vaginal delivery	Neonatal resuscitation with bag and mask	Caesarean Section	Blood transfusion	BEmONC Availability of all items 1-7	CEmONC Availability of all items 1-9
Sri Lanka*	79%	55%	55%	23%	66%	66%	65%	62%	58%	59%	52%	50%
Public sector	85%	55%	57%	20%	98%	85%	93%	65%	76%	78%	77%	74%
Public Tertiary Care Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Public Secondary Care Hospitals	100%	97%	95%	75%	97%	78%	91%	100%	65%	69%	67%	62%
Base Hospitals (A & B)	100%	97%	95%	75%	97%	78%	91%	100%	65%	69%	67%	62%
Public Primary Care Facilities	82%	46%	48%	6%	-	-	-	57%	-	-	-	-
Divisional Hospitals (type A, B & C)	82%	46%	48%	6%	-	-	-	57%	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	56%	51%	49%	34%	43%	52%	44%	53%	46%	46%	34%	33%
Private Hospitals ≥50 beds	93%	93%	89%	73%	80%	93%	86%	86%	86%	86%	73%	73%
Private Hospitals <50 beds	47%	41%	39%	24%	33%	41%	33%	45%	36%	36%	24%	23%

Table 19 Percentage availability of emergency obstetric and newborn care services (BEmONC and CEmONC), among health facilities that are expected to provide the service by, facility type and group (n=323), Sri Lanka 2017

				Guidelines a	nd trained staff			
Facility Type	National Guidelines for Maternal Care (three volumes)	National Newborn care guidelines	Guidelines on lactation management	Formats for newborn	Staff trained in National Newborn care guidelines	Staff trained in newborn resuscitation	Staff trained in lactation management	Guidelines and trained staff readiness score
Sri Lanka*	10%	14%	16%	24%	22%	31%	30%	21
Public sector	12%	18%	19%	27%	24%	33%	32%	23
Public Tertiary Care Hospitals	42%	88%	76%	79%	85%	94%	85%	78
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	55%	91%	82%	64%	82%	91%	91%	79
Provincial General Hospitals	0%	67%	67%	67%	67%	100%	67%	62
District General Hospitals	42%	89%	74%	89%	89%	95%	84%	80
Public Secondary Care Hospitals	22%	62%	44%	66%	56%	76%	66%	56
Base Hospitals (A & B)	22%	62%	44%	66%	56%	76%	66%	56
Public Primary Care Facilities	8%	6%	11%	17%	15%	22%	23%	15
Divisional Hospitals (type A, B & C)	8%	6%	11%	17%	15%	22%	23%	15
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	5%	3%	5%	15%	16%	27%	24%	14
Private Hospitals ≥50 beds	15%	19%	27%	54%	41%	83%	52%	42
Private Hospitals <50 beds	4%	0%	1%	9%	15%	21%	25%	11

Table 20 Readiness score (overall and by domain) for basic emergency obstetric and newborn care services, for facilities that are expected to provide the service, by facility type and group (n=323), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant services

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	Equipment													
Facility Type	Exami nation light	Delivery pack	Gloves	Parto- graph	Delivery bed	Newborn bag and mask	Electric suction pump and suction catheter for new born	Infant weighting scale	Blood pressure apparatus	Running water with soap / alcohol based hand rub	Equipment for sterilization	Ophthalmoscope for newborn eye care	Oxygen	Equipment readiness score
Sri Lanka*	72%	74%	75%	52%	71%	38%	66%	73%	69%	74%	71%	28%	71%	64
Public sector	81%	84%	85%	61%	81%	38%	73%	82%	77%	83%	80%	29%	79%	72
Public Tertiary Care Hospitals	97%	100%	100%	97%	100%	97%	100%	100%	97%	100%	100%	79%	100%	97
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	100%	91%	100%	91%	100%	100%	100%	100%	100%	82%	100%	97
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
District General Hospitals	95%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	74%	100%	97
Public Secondary Care Hospitals	96%	100%	100%	97%	100%	91%	96%	100%	97%	100%	97%	69%	98%	96
Base Hospitals (A & B)	96%	100%	100%	97%	100%	91%	96%	100%	97%	100%	97%	69%	98%	96
Public Primary Care Facilities	78%	81%	81%	53%	77%	26%	67%	78%	72%	80%	76%	19%	75%	66
Divisional Hospitals (type A, B & C)	78%	81%	81%	53%	77%	26%	67%	78%	72%	80%	76%	19%	75%	66
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics														
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	45%	42%	45%	26%	41%	36%	45%	45%	44%	45%	44%	26%	44%	40
Private Hospitals ≥50 beds	93%	86%	93%	56%	86%	89%	93%	93%	86%	93%	86%	58%	89%	85
Private Hospitals <50 beds	47%	45%	47%	27%	43%	35%	47%	47%	47%	47%	47%	27%	47%	43

Table 20 (Contd.) Readiness score (overall and by domain) for basic emergency obstetric and newborn care services, for facilities that are expected to provide the service, by facility type and group (n=323), Sri Lanka 2017

	Medicines and Commodities Normal saline, Benzathine Skin Ringers lactate Cefuroxime Calcium Ampicillin Azithromycin Benzathine													
Facility Type	Skin disinfectant		Cefuroxime Injection	Injectable antibiotic	Calcium gluconate injectable	Ampicillin powder for injection	Gentamicin injectable	Metronidazole injectable	Azithromycin cap/tab or oral liquid	Cefixime cap/tab	Benzathine benzylpenicillin powder for injection	Betamethasone or Dexamethasone injectable		
Sri Lanka*	66%	53%	62%	33%	34%	60%	67%	72%	53%	21%	40%	9%		
Public sector	74%	58%	100%	25%	30%	69%	68%	74%	46%	11%	42%	4%		
Public Tertiary Care Hospitals	97%	100%	100%	97%	100%	100%	100%	100%	88%	64%	94%	12%		
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-		
Teaching Hospitals	91%	100%	100%	100%	100%	100%	100%	100%	82%	64%	82%	18%		
Provincial General Hospitals	100%	100%	100%	67%	100%	100%	100%	100%	100%	100%	100%	33%		
District General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	89%	58%	100%	5%		
Public Secondary Care Hospitals	95%	95%	100%	87%	91%	93%	97%	95%	95%	32%	84%	11%		
Base Hospitals (A & B)	95%	95%	100%	87%	91%	93%	97%	95%	95%	32%	84%	11%		
Public Primary Care Facilities	69%	50%	-	11%	15%	64%	61%	69%	35%	3%	31%	3%		
Divisional Hospitals (type A, B & C)	69%	50%	-	11%	15%	64%	61%	69%	35%	3%	31%	3%		
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-		
Public Clinics														
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-		
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-		
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-		
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-		
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-		
Private sector	43%	39%	41%	58%	48%	31%	66%	63%	74%	52%	36%	22%		
Private Hospitals ≥50 beds	85%	80%	85%	84%	76%	82%	94%	100%	100%	84%	75%	12%		
Private Hospitals <50 beds	46%	42%	43%	71%	56%	28%	80%	75%	93%	62%	38%	32%		

Table 20 (Contd.) Readiness score (overall and by domain) for basic emergency obstetric and newborn care services, for facilities that are expected to provide the service, by facility type and group (n=323), Sri Lanka 2017

				Medicine	s and Commodit	ties					Overall	
Facility Type	Nifedipine cap/tab	Hydralazine injection	Methyldopa tablet	Oxytocin Injectabl e	Magnesium sulphate	Misoprostol	Medicines and Commodities readiness score (except for Divisional Hospitals)	Medicines and Commodities readiness score for Divisional Hospitals	Facilities with all tracer items (except for Divisional Hospitals)	Facilities with all tracer items for Divisional Hospitals	readiness score (except for Divisional Hospitals)	Overall readiness score for Divisional Hospitals
Sri Lanka*	70%	22%	56%	63%	56%	11%	58	36	0%	0%	54	43
Public sector	72%	20%	60%	100%	95%	9%	83	36	0%	0%	84	43
Public Tertiary Care Hospitals	70%	97%	100%	100%	100%	76%	89	-	0%	-	90	-
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	73%	91%	100%	100%	100%	91%	88	-	0%	-	90	-
Provincial General Hospitals	67%	100%	100%	100%	100%	67%	91	-	0%	-	89	-
District General Hospitals	68%	100%	100%	100%	100%	68%	88	-	0%	-	90	-
Public Secondary Care Hospitals	64%	88%	92%	100%	93%	31%	80	-	0%	-	81	-
Base Hospitals (A & B)	64%	88%	92%	100%	93%	31%	80	-	0%	-	81	-
Public Primary Care Facilities	74%	5%	52%	-	-	1%	-	36	-	0%	-	43
Divisional Hospitals (type A, B & C)	74%	5%	52%	-	-	1%	-	36	-	0%	-	43
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	64%	26%	45%	42%	34%	16%	45	-	0%	-	37	-
Private Hospitals ≥50 beds	100%	57%	86%	93%	79%	35%	78	-	0%	-	74	-
Private Hospitals <50 beds	76%	26%	50%	44%	34%	17%	51	-	0%	-	41	-

Table 20 (Contd.) Readiness score (overall and by domain) for basic emergency obstetric and newborn care services, for facilities that are expected to provide the service, by facility type and group (n=323), Sri Lanka 2017

		Guid	elines and tr	rained staff					Equip	ment				
Facility Type	Guide lines for CEmOC	Staff trained in CEmOC	Staff trained in surgery	Staff trained in anaesthesia	Guidelines and trained staff readiness score	Anaesthesia equipment	Resuscitation table	Resuscitation equipment	Incubator	Newborn bag and mask	Oxygen	Multi Para Monitor	Spinal needle	Equipment readiness score
Sri Lanka*	18%	34%	54%	55%	40	50%	56%	52%	49%	52%	58%	57%	81%	57
Public sector	37%	54%	72%	73%	59	52%	74%	74%	74%	74%	75%	76%	86%	73
Public Tertiary Care Hospitals	48%	82%	100%	100%	83	79%	100%	100%	97%	100%	97%	100%	100%	97
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	64%	82%	100%	100%	86	91%	100%	100%	100%	100%	100%	100%	100%	99
Provincial General Hospitals	67%	100%	100%	100%	92	33%	100%	100%	100%	100%	100%	100%	100%	92
District General Hospitals	37%	79%	100%	100%	79	79%	100%	100%	95%	100%	95%	100%	100%	96
Public Secondary Care Hospitals	32%	41%	60%	61%	49	41%	62%	62%	64%	62%	65%	65%	80%	63
Base Hospitals (A & B)	32%	41%	60%	61%	49	41%	62%	62%	64%	62%	65%	65%	80%	63
Public Primary Care Facilities Divisional Hospitals (type A, B & C) Primary Medical Care Units	- -	-	-	-	-	-	-	-	-	-	-	-	-	-
Phillic Clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	4%	20%	41%	42%	27	47%	42%	37%	31%	37%	46%	43%	77%	45
Private Hospitals ≥50 beds	21%	41%	86%	86%	59	86%	83%	83%	86%	83%	86%	83%	97%	86
Private Hospitals <50 beds	0%	15%	30%	30%	19	37%	32%	25%	16%	25%	36%	33%	72%	34

Table 21 Readiness score (overall and by domain) for comprehensive emergency obstetric and newborn care services, for facilities that are expected to provide the service, by facility type and group (n=323), Sri Lanka 2017

		Diagr	ostics					Medicines and	d commodities			
Facility Type	Blood typing	Cross match testing	Glucometer WITH strips	Diagnosis readiness score	Blood supply sufficiency	Blood supply safety	Lidocaine 5%	Epinephrine (injectable)	Halothane (inhalation)	Atropine (injectable)	Thiopental (powder)	Suxamethonium bromide (powder)
Sri Lanka*	42%	38%	56%	45	17%	67%	68%	82%	67%	85%	60%	74%
Public sector	79%	71%	73%	74	28%	86%	71%	89%	77%	93%	80%	85%
Public Tertiary Care Hospitals	97%	94%	100%	97%	27%	100%	85%	94%	91%	97%	97%	97%
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	100%	100%	27%	100%	82%	91%	82%	91%	91%	91%
Provincial General Hospitals	100%	100%	100%	100%	0%	100%	67%	100%	100%	100%	100%	100%
District General Hospitals	95%	89%	100%	95%	32%	100%	89%	95%	95%	100%	100%	100%
Public Secondary Care Hospitals	71%	61%	61%	64%	28%	80%	65%	87%	71%	91%	73%	79%
Base Hospitals (A & B)	71%	61%	61%	64%	28%	80%	65%	87%	71%	91%	73%	79%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C) Drimon: Medical Core	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-		-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	15%	14%	43%	24%	9%	53%	65%	77%	59%	78%	45%	67%
Private Hospitals ≥50 beds	29%	29%	83%	47%	20%	93%	93%	100%	67%	100%	66%	97%
Private Hospitals <50 beds	12%	10%	33%	18%	6%	42%	58%	71%	57%	73%	40%	59%

Table 21 (Contd.) Readiness score (overall and by domain) for comprehensive emergency obstetric and newborn care services, for facilities that are expected to provide the service, by facility type and group (n=323), Sri Lanka 2017

	-				Medicines an	d commodities						
Facility Type	Ketamine (injectable)	Intravenous feeding (total or partial)	Antenatal cortico steroids	Chlorhexidine 4% gel or solution	Injectable antibiotics	Diazepam injection	Hydralazine injection	Magnesium sulfate injectable	Intra venous parenteral nutrition	Medicines and commodities readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka*	55%	31%	88%	63%	89%	73%	57%	75%	41%	64	0%	58
Public sector	77%	52%	96%	71%	98%	97%	91%	96%	56%	79	0%	75
Public Tertiary Care Hospitals	94%	79%	94%	82%	100%	97%	97%	100%	67%	88	0%	90
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	91%	91%	100%	91%	100%	91%	91%	100%	73%	87	0%	91
Provincial General Hospitals	100%	67%	100%	100%	100%	100%	100%	100%	67%	88	0%	91
District General Hospitals	95%	74%	89%	74%	100%	100%	100%	100%	63%	89	0%	90
Public Secondary Care Hospitals	70%	39%	97%	66%	97%	97%	88%	95%	51%	75	0%	68
Base Hospitals (A & B)	70%	39%	97%	66%	97%	97%	88%	95%	51%	75	0%	68
Public Primary Care Facilities Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-		-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-		-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	39%	17%	82%	57%	83%	55%	32%	60%	31%	54	0%	45
Private Hospitals ≥50 beds	69%	49%	96%	71%	94%	70%	57%	72%	50%	74	0%	73
Private Hospitals <50 beds	31%	9%	78%	53%	80%	51%	26%	57%	26%	48	0%	38

Table 21 (Contd.) Readiness score (overall and by domain) for comprehensive emergency obstetric and newborn care services, for facilities that are expected to provide the service, by facility type and group (n=323), Sri Lanka 2017

Facility Type	Immediate and exclusive breastfeeding	Hygienic cord care	Thermal protection	Lactation Management services	Mother- Baby Centre	KMC for premature/ very small babies	Injectable antibiotics for neonatal sepsis	Phototherapy	Special Care Neonatal Unit	Neonatal ventilation	Exchange transfusions
Sri Lanka*	79%	78%	77%	72%	16%	27%	28%	60%	34%	41%	25%
Public sector	85%	84%	82%	77%	15%	28%	25%	92%	62%	69%	47%
Public Tertiary Care Hospitals	100%	97%	100%	100%	64%	94%	100%	100%	100%	100%	97%
National Hospital	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	91%	100%	100%	64%	100%	100%	100%	100%	100%	100%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	100%	100%	100%	58%	89%	100%	100%	100%	100%	95%
Public Secondary Care Hospitals	100%	100%	100%	97%	30%	72%	83%	89%	45%	56%	25%
Base Hospitals (A & B)	100%	100%	100%	97%	30%	72%	83%	89%	45%	56%	25%
Public Primary Care Facilities	82%	81%	78%	73%	10%	17%	11%	-	-	-	-
Divisional Hospitals (type A, B & C)	82%	81%	78%	73%	10%	17%	11%	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	55%	55%	55%	53%	17%	22%	40%	38%	15%	21%	9%
Private Hospitals ≥50 beds	93%	93%	93%	89%	33%	54%	80%	73%	54%	64%	45%
Private Hospitals <50 beds	45%	45%	45%	43%	12%	13%	30%	29%	4%	10%	0%

Table 22 Percentage availability of essential newborn care and advanced care for the small and sick baby among health facilities that are expected to provide the service by, facility type and group (n=323), Sri Lanka 2017

Immunization services

The national immunization pogramme of Sri Lanka has been implemented to prevent priority vaccine preventable diseases in the country. Sri Lanka has achieved 99% coverage for all childhood vaccines in 2015. Epidemiology Unit of the MoHNIM is the focal point for implementation of the national immunization programme. The programme provides its services through a wide network of service delivery points to ensure easy accessibility to public. Vast majority of children less than 5 years in the population receive immunization services through the MOH clinics across the country. Over the years, a gradual expansion of the availability of private sector immunization services has taken place, especially in the urban areas. According to the national immunization policy, the government of Sri Lanka has recognized the importance of public-private partnership in delivering efficient immunization services (Ministry of Health, 2014).

Service availability

Table 23 shows the percentage of MOH clinics offering immunization services. All MOH clinics (100%) offered routine immunization services, birth dose of BCG, infant vaccines, and adolescent/adult vaccines.

Service readiness

Readiness to provide immunization services was assessed based on the availability of the following tracer items: 3 tracer items for guidelines and trained staff readiness score; 10 tracer items for equipment readiness score; and 5 tracer items for vaccines readiness score. Table 24 shows that the MOH clinics, having available most tracer items in high percentages, reported a readiness score of 92 out of 100.

Facility Type	Routine immunization services	Birth doses	Infant vaccines	Adolescent/adult vaccines
Sri Lanka	100%	99%	100%	100%
Public sector	100%	99%	100%	100%
Public Tertiary Care Hospitals	-	-	-	-
National Hospital	-	-	-	-
Teaching Hospitals	-	-		-
Provincial General Hospitals	-	-		-
District General Hospitals	-	-		-
Public Secondary Care Hospitals	-	-	-	-
Base Hospitals (A & B)	-	-		
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-		-
Primary Medical Care Units	-	-	-	-
Public Clinics				
TB clinics	-	-		-
STD (HIV) clinics	-	-	-	-
MOH clinics	100%	99%	100%	100%
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-
Private Hospitals <50 beds	-	-	-	-

Table 23 Percentage availability of immunization services among MOH clinics (n=76), Sri Lanka 2017

		Guidelines	and trained staff					Equipment			
Facility Type	National immunization guidelines	Immunization schedule displayed	At least one staff member trained on some aspect of Immunization service delivery	Guidelines and trained staff readiness score	Cold box/vaccine carrier with ice packs	Sharps container/ safety box	Auto- disable syringes	Adequate temperature in refrigerator	Clinic Immunization Register	Emergency tray	Adrenaline
Sri Lanka	95%	80%	84%	86	100%	100%	96%	80%	100%	87%	93%
Public sector	95%	80%	84%	86	100%	100%	96%	80%	100%	87%	93%
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	95%	80%	84%	86	100%	100%	96%	80%	100%	87%	93%
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-	-	-	-

Table 24 Readiness score (overall and by domain) for immunization services for MOH Clinics (n=76), Sri Lanka 2017

		Equip	oment				Vac	ccines				
Facility Type	Duly updated vaccine movement register	Cold chain maintenance	Available functioning Refrigerator	Equipment readiness score	DPT- Hib+HepB vaccine (Pentavalent)	Oral polio vaccine	BCG vaccine	IPV	MMR vaccine	Vaccines readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka	99%	64%	100%	92	100%	100%	51%	100%	99%	90	18%	92
Public sector	99%	64%	100%	92	100%	100%	51%	100%	99%	90	18%	92
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	99%	64%	100%	92	100%	100%	51%	100%	99%	90	18%	92
Regional Malaria Offices	-	-	-		-	-	-	-	-		-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-	-	-	-	-

Table 24 (Contd.) Readiness score (overall and by domain) for immunization services for MOH Clinics (n=76), Sri Lanka 2017

Preventive and curative care for children

According to the national family health programme, all births should be registered by PHM for infant and child care, which is provided through child welfare clinics at MOH and home visits by the PHM. The infants are expected to be brought to the field clinic for postnatal examination by the MOH at 4 weeks and subsequently for health screening, growth monitoring, immunization and development assessment according to the schedule. During these health contacts, immunization, assessment of their growth and developmental status, micronutrient supplementation and IYCF counseling and promotion of child care practices are being provided. Oral rehydration salts are not usually provided through MOH clinics at present.

Infants and children with any illness or those who need further investigations are referred to curative health facilities. Curative services of government health facilities or private health facilities can be directly accessed by the infants or children who need such care.

Service availability

Table 25 shows the percentage of facilities offering child prevention and curative care services. The services were available in all public secondary and tertiary care hospitals, all MOH clinics, the majority of primary care facilities (86%) and Private Hospitals (73%). At national level, the majority of health facilities (89%) offered preventive and curative care services for children under 5 years of age.

At national level, 82% of the health facilities offered services for diagnosis and treatment of malnutrition in children, and 74% for child growth monitoring. The overall availability of micronutrient supplementation in Sri Lanka varied from 30% for Zinc through 61% for Vitamin A, to 76% for Iron. All Public Tertiary Care Hospitals (100%) and 97% of Public Secondary Care Hospitals offered treatment for pneumonia.

Service readiness

Readiness to provide child prevention and curative care services was assessed based on the presence of the following tracer items: Guidelines and trained staff score (5 tracer items); equipment score (4 tracer items), diagnostics (3 tracer items); and medicine and commodities (13 tracer items). Table 26 shows that the overall readiness score for Sri Lanka was 44 out of 100. The overall readiness score was calculated separately for the MOH clinics (70 out of 100), PMCU (35 out of 100), and Private Hospitals (55 out of 100) due to differences in expected tracer items. The readiness scores at national level varied from 13 out of 100 for guidelines and trained staff to 72 out of 100 for equipment. Readiness for diagnosis was 54 out of 100 and medicines and commodities readiness was 44 out of

Facility Type	Preventive and curative care for children under 5	Malnutrition diagnosis and treatment	Vitamin A supplementation	Iron supplementation	ORS supplementation	Child growth monitoring	Zinc supplementation	Treatment of pneumonia	Treatment of malaria in children
Sri Lanka*	89%	82%	61%	76%	73%	74%	30%	80%	28%
Public sector	91%	84%	63%	77%	73%	76%	26%	98%	29%
Public Tertiary Care Hospitals	100%	100%	81%	100%	100%	100%	92%	100%	83%
National Hospital	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	86%	100%	100%	100%	100%	100%	71%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	67%	100%	100%
District General Hospitals	100%	100%	74%	100%	100%	100%	89%	100%	89%
Public Secondary Care Hospitals	100%	97%	75%	95%	100%	94%	76%	97%	83%
Base Hospitals (A & B)	100%	97%	75%	95%	100%	94%	76%	97%	83%
Public Primary Care Facilities	86%	77%	49%	69%	83%	65%	19%	-	16%
Divisional Hospitals (type A, B & C)	89%	79%	60%	74%	86%	72%	28%	-	16%
Primary Medical Care Units	83%	76%	38%	65%	80%	58%	11%	-	-
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	100%	100%	100%	93%	37%	100%	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-
Private sector	73%	59%	39%	62%	73%	56%	61%	66%	24%
Private Hospitals ≥50 beds	80%	69%	55%	70%	80%	60%	76%	80%	47%
Private Hospitals <50 beds	71%	57%	35%	59%	71%	55%	57%	62%	18%

Table 25 Percentage availability of child prevention and curative care services among health facilities that are expected to provide the service, by facility type and group (n=482), Sri Lanka 2017

			G	uidelines and trai	ned staff					Equipme	ent	
Facility Type	Guidelines for growth monitoring	Guideline on paediatric management	Guidelines on treatment of Childhood TB	Staff trained in growth monitoring	Staff trained in paediatric management	Guidelines and trained staff readiness score	Guidelines and trained staff readiness score for MOH	Length/ height measuring equipment	Child and infant scale	Thermo meter	Stethoscope	Equipment readiness score
Sri Lanka*	25%	9%	7%	34%	21%	13	49	75%	72%	75%	67%	72
Public sector	27%	10%	8%	36%	21%	13	49	76%	70%	75%	67%	72
Public Tertiary Care Hospitals	39%	72%	33%	58%	78%	56	-	97%	92%	100%	97%	97
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	21%	64%	29%	64%	79%	51	-	93%	93%	100%	93%	95
Provincial General Hospitals	33%	100%	33%	33%	33%	47	-	100%	100%	100%	100%	100
District General Hospitals	53%	74%	37%	58%	84%	61	-	100%	89%	100%	100%	97
Public Secondary Care Hospitals	47%	58%	29%	38%	56%	46	-	95%	100%	99%	90%	96
Base Hospitals (A & B)	47%	58%	29%	38%	56%	46	-	95%	100%	99%	90%	96
Public Primary Care Facilities	9%	2%	3%	15%	16%	9	-	66%	56%	69%	56%	62
Divisional Hospitals (type A, B & C)	12%	3%	3%	10%	11%	8	-	76%	89%	81%	64%	77
Primary Medical Care Units	5%	0%	3%	20%	21%	10	-	56%	24%	57%	48%	46
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	72%	15%	14%	94%	-	-	49	100%	99%	85%	91%	94
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	9%	4%	1%	13%	25%	11	•	62%	89%	73%	68%	73
Private Hospitals ≥50 beds	19%	21%	4%	20%	47%	22	-	73%	96%	80%	73%	80
Private Hospitals <50 beds	6%	0%	0%	12%	20%	7	-	59%	88%	71%	67%	71

Table 26 Readiness score (overall and by domain) for child prevention and curative care services for facilities that are expected to provide the service (n=482), by facility type and group, Sri Lanka 2017

		Diagno	ostics				Med	licines and commo	lities		
Facility Type	Haemoglobin	Test parasite in stool (general microscopy)	Malaria diagnostic capacity	Diagnosis readiness score	Vitamin A capsules	Mebendazole/ Albendazole cap/tab	Oral rehydration solution packet	Co-trimoxazole syrup/suspensi on	Paracetamol syrup/suspensi on	Zinc sulfate tablets or syrup	Ampicillin powder for injection
Sri Lanka*	75%	43%	43%	54	37%	91%	78%	14%	93%	11%	63%
Public sector	75%	36%	39%	50	37%	91%	77%	8%	93%	5%	69%
Public Tertiary Care Hospitals	100%	89%	83%	91	78%	94%	100%	11%	100%	31%	100%
National Hospital	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	93%	93%	95	86%	86%	100%	21%	100%	29%	100%
Provincial General Hospitals	100%	100%	100%	100	33%	100%	100%	0%	100%	67%	100%
District General Hospitals	100%	84%	74%	86	79%	100%	100%	5%	100%	26%	100%
Public Secondary Care Hospitals	95%	83%	91%	90	65%	98%	100%	16%	96%	24%	93%
Base Hospitals (A & B)	95%	83%	91%	90	65%	98%	100%	16%	96%	24%	93%
Public Primary Care Facilities	24%	24%	27%	25	14%	94%	92%	7%	93%	3%	64%
Divisional Hospitals (type A, B & C)	24%	24%	27%	25	22%	97%	96%	5%	97%	4%	64%
Primary Medical Care Units	-	-	-	-	6%	92%	88%	9%	89%	1%	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	91%	80%	26%	-	-	-	-
Regional Malaria Offices	-	-	-		-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	75%	73%	58%	69	34%	90%	92%	59%	92%	56%	39%
Private Hospitals ≥50 beds	97%	94%	82%	91	45%	100%	97%	53%	100%	51%	82%
Private Hospitals <50 beds	69%	68%	52%	63	31%	88%	90%	60%	90%	57%	28%

Table 26 (Contd.) Readiness score (overall and by domain) for child prevention and curative care services for facilities that are expected to provide the service (n=482), by facility type and group, Sri Lanka 2017

					Medicine	s and commodities				
Facility Type	Ceftriaxone powder for injection	Gentamicin injectable	Procaine benzylpenicillin powder for injection	Artemisinin combination therapy (ACT)	Artesunate rectal or injectable forms	Morphine granule, injectable or cap/tab	Medicines and commodities readiness score	Medicines and commodities readiness score for MOH	Medicines and commodities readiness score for Private Hospitals	Medicines and commodities readiness score for PMCU
Sri Lanka*	35%	71%	23%	8%	4%	48%	44	66	64	48
Public sector	26%	68%	23%	8%	4%	44%	44	66	-	48
Public Tertiary Care Hospitals	97%	100%	42%	47%	31%	100%	68	-	-	-
National Hospital	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	100%	100%	50%	21%	14%	100%	68	-	-	-
Provincial General Hospitals	67%	100%	67%	100%	33%	100%	67	-	-	-
District General Hospitals	100%	100%	32%	58%	42%	100%	68	-	-	-
Public Secondary Care Hospitals	87%	97%	51%	41%	19%	97%	65	-	-	-
Base Hospitals (A & B)	87%	97%	51%	41%	19%	97%	65	-	-	-
Public Primary Care Facilities	11%	61%	17%	0%	0%	32%	39	-	-	-
Divisional Hospitals (type A, B & C)	11%	61%	17%	0%	0%	32%	39	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	48
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	66	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	74%	83%	23%	•	•	62%	-	-	64	•
Private Hospitals ≥50 beds	84%	94%	27%	-	-	77%	-	-	74	-
Private Hospitals <50 beds	71%	80%	21%	-	-	58%		-	61	-

Table 26 (Contd.) Readiness score (overall and by domain) for child prevention and curative care services for facilities that are expected to provide the service (n=482), by facility type and group, Sri Lanka 2017

Table 26 (Contd.) Readiness score (overall and by domain) for child prevention and curative care services for facilities that are expected to provide the service (n=482), by facility type and group, Sri Lanka 2017

Facility Type	Facilities with all tracer items	Facilities with all tracer items for MOH	Facilities with all tracer items for Private Hospitals	Facilities with all tracer items for PMCU	Overall readiness score	Overall readiness score for MOH	Overall readiness score for Private Hospitals	Overall readiness score for PMCU
Sri Lanka*	0%	1%	1%	0%	44	70	55	35
Public sector	0%	-	-	0%	44	70	-	35
Public Tertiary Care Hospitals	3%	-	-	-	73	-	-	-
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	7%	-	-	-	72	-	-	-
Provincial General Hospitals	0%	-	-	-	72	-	-	-
District General Hospitals	0%	-	-	-	73	-	-	-
Public Secondary Care Hospitals	-	-	-	-	69	-	-	-
Base Hospitals (A & B)		-	-	-	69	-	-	-
Public Primary Care Facilities	-	-	-	-	37	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	37	-	-	-
Primary Medical Care Units	-	-	-	0%	-	-	-	35
Public Clinics				-	-	-	-	-
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	-	1%	-	-	-	70	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	-	-	1%	-	-	-	55	-
Private Hospitals ≥50 beds	-	-	4%	-	-	-	66	-
Private Hospitals <50 beds		-	0%	-	-	-	52	-

Adolescent health

Adolescent population covers persons aged 10-19 years, and comprises 16% of total population in Sri Lanka. The majority of these adolescents (70%) attends schools (Family Health Bureau, 2014). The family health programme of the MoHNIM has provisions to cater to preventive health care needs and health promotion of the adolescents as a service available through the MOH network and hospitals in the country. SARA Sri Lanka 2017 is focused only on adolescent sexual and reproductive health aspects of the service available for the target age group in Sri Lanka. This does not cover the care for school children component which is a major service input for the adolescent population, implemented by the public sector.

Service availability

Table 27 shows the percentage of facilities offering adolescent health services including availability of separate youth drop-in centre, provision of family planning services, and provision of emergency contraceptive pills for adolescents. At the national level, adolescent health services (excluding the school health services) were offered by 48% of health facilities. All Provincial General Hospitals offered this service. The MOH clinics were more likely (82%) to provide adolescent health services than PMCU (35%). Availability of this service in the privately owned hospitals was very low (29%) in contrast to secondary and tertiary care public hospitals. Among the services, separate youth drop-in centre was available only in few facilities (4%), whereas family planning services and emergency contraceptive pills for adolescents were provided by some facilities (27% and 18% respectively) at the national level.

Service readiness

As shown in Table 28, readiness to provide adolescent health services was assessed based on the presence of the following 6 tracer items: National guidelines for service provision to adolescents, staff trained in provision of adolescent health services, staff trained in adolescent sexual and reproductive health, staff trained in HIV/ AIDS prevention, care and management, availability of male condoms and offering emergency contraceptive pills. Readiness for adolescent health services at national level was 14 out of 100. The Provincial General Hospitals and MOH clinics reported higher readiness score than other facilities (44 out of 100 and 41 out of 100 respectively).

Gender based violence

In Sri Lanka, 17% of ever married women aged 15-49 years suffered from domestic violence from their intimate partner (Department of Census and Statistics, 2017). Establishment of "mithuru piyasa" at public hospitals, which provides essential services for gender based violence (GBV) survivors was a major step taken towards addressing gender based violence. Training of health care providers on their roles and responsibilities on prevention and management of GBV is also part of the service on GBV prevention.

Service availability

Table 29 shows the percentage of health facilities offering services for women affected by GBV. Befriending of GBV survivors was offered by 71% of Teaching Hospitals, 41% of secondary care hospitals, and 6% percent Private Hospitals. A similar pattern was seen in the services for referring of GBV survivors to health and non-health service providers across the health facilities.

Table 27 Percentage availability of adolescent health services, excluding school health services, among facilities that are expected to provide service, by facility type and group (n=482), Sri Lanka 2017

Facility Type	Offers adolescent health services	Availability of separate youth drop-in centre	Provision of family planning services to adolescents	Provision of combined oral contraceptive pills to adolescents	Provision of male condoms to adolescents	Provision of emergency contraceptive pills to adolescents
Sri Lanka*	48%	4%	27%	30%	28%	18%
Public sector		5%	28%	31%	29%	18%
Public Tertiary Care Hospitals	58%	19%	36%	36%	36%	28%
National Hospital	-	-	-	-	-	-
Teaching Hospitals	50%	29%	36%	29%	36%	36%
Provincial General Hospitals	100%	33%	67%	67%	67%	67%
District General Hospitals	58%	11%	32%	37%	32%	16%
Public Secondary Care Hospitals	62%	19%	41%	42%	42%	22%
Base Hospitals (A & B)	62%	19%	41%	42%	42%	22%
Public Primary Care Facilities	37%	1%	17%	20%	18%	14%
Divisional Hospitals (type A, B & C)	38%	2%	20%	24%	20%	15%
Primary Medical Care Units	35%	0%	14%	17%	15%	13%
Public Clinics						
TB clinics	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-
MOH clinics	82%	11%	56%	57%	57%	26%
Regional Malaria Offices	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-
Private sector	29%	1%	19%	20%	19%	20%
Private Hospitals ≥50 beds	27%	3%	20%	24%	20%	24%
Private Hospitals <50 beds	30%	0%	19%	19%	19%	19%

		Gu	uidelines and trained	l staff		Мес	dicines and comm	odities		
Facility Type	National guidelines for service provision to adolescents	Staff trained in adolescent health services in the last 2 years	Staff trained in adolescent sexual and reproductive health	Staff trained in HIV/AIDS prevention, care, and management for adolescents	Guidelines and trained staff readiness score	Male condoms	Emergency contraceptive pills	Medicines and commodities readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka*	10%	15%	15%	15%	14	25%	5%	15	1%	14
Public sector	11%	16%	16%	17%	15	27%	4%	15	1%	15
Public Tertiary Care Hospitals	20%	37%	37%	29%	31	37%	11%	24	3%	29
National Hospital	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	23%	38%	38%	23%	31	38%	23%	31	8%	31
Provincial General Hospitals	33%	67%	67%	67%	58	33%	0%	17	0%	44
District General Hospitals	16%	32%	32%	26%	26	37%	5%	21	0%	25
Public Secondary Care Hospitals	15%	28%	23%	20%	21	44%	10%	27	2%	23
Base Hospitals (A & B)	15%	28%	23%	20%	21	44%	10%	27	2%	23
Public Primary Care Facilities	2%	3%	4%	6%	4	10%	2%	6	0%	5
Divisional Hospitals (type A, B & C)	4%	5%	5%	6%	5	17%	3%	10	0%	7
Primary Medical Care Units	0%	2%	3%	6%	3	3%	1%	2	0%	3
Public Clinics TB clinics	-	_	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	35%	47%	48%	44%	44	68%	6%	37	3%	41
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	- 0%	5%	- 4%	- 5%	3	- 14%	- 14%	- 14	0%	7
Private Hospitals ≥50 beds	0%	6%	6%	6%	5	20%	20%	20	0%	10
Private Hospitals <50 beds	0%	6%	5%	6%	4	18%	18%	18	0%	9

Table 28 Readiness score (overall and by domain) for adolescent health services excluding school health services, for facilities that are expected to provide the service (n=482), by facility type and group, Sri Lanka 2017

Table 29 Percentage availability of services for gender based violence survivors among health facilities that are expected to provide service, by facility type and group (n=152), Sri Lanka 2017

Facility Type	Befriending GBV survivors	Reference to Health & Non- Health Service Providers
Sri Lanka*	25%	25%
Public sector	50%	50%
Public Tertiary Care Hospitals	71%	71%
National Hospital	-	
Teaching Hospitals	83%	83%
Provincial General Hospitals	100%	100%
District General Hospitals	58%	58%
Public Secondary Care Hospitals	41%	41%
Base Hospitals (A & B)	41%	41%
Public Primary Care Facilities	-	-
Divisional Hospitals (type A, B & C)	-	
Primary Medical Care Units	-	-
Public Clinics		
TB clinics	-	-
STD (HIV) clinics	-	-
MOH clinics	-	-
Regional Malaria Offices	-	-
Healthy Lifestyle Centers	-	-
Private sector	6%	6%
Private Hospitals ≥50 beds	3%	3%
Private Hospitals <50 beds	7%	7%

Table 30 Readiness score (overall and by domain) for gender based violence services for facilities that are expected to provide the service (n=152), by facility type and group, Sri Lanka 2017

	Staff and training Equipment		ıt				
- Facility Type	GBV Protocols	Staff Training in GBV	Readiness score for trained staff and guidelines	Emergency contraceptives	Readiness score for medicines and commodities	Facilities with all tracer items	Overall readiness score
Sri Lanka*	12%	17%	15	15%	15	7%	15
Public sector	28%	39%	34	29%	29	18%	32
Public Tertiary Care Hospitals	41%	53%	47	38%	38	29%	44
National Hospital	-	-	-	-	-	-	-
Teaching Hospitals	58%	67%	63	58%	58	50%	61
Provincial General Hospitals	67%	100%	83	33%	33	33%	67
District General Hospitals	26%	37%	32	26%	26	16%	30
Public Secondary Care Hospitals	22%	33%	27	25%	25	13%	27
Base Hospitals (A & B)	22%	33%	27	25%	25	13%	27
Divisional Hospitals (type A, B & C)		-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-
Public Clinics							
TB clinics STD (HIV) clinics	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-
Regional Malaria Offices	-			_		_	
Healthy Lifestyle Centers	-	-		_	_	_	_
Private sector	0%	2%	- 1	5%	5	0%	2
Private Hospitals ≥50 beds	0%	3%	2	3%	3	0%	2
Private Hospitals <50 beds	0%	1%	1	5%	5	0%	2

Service readiness

Table 30 shows the readiness of health facilities to provide GBV services. The overall readiness score for GBV services at national level was 15 out of 100, and this score is somewhat higher in public sector health facilities (32 out of 100) than private sector (2 out of 100). Teaching Hospitals and Provincial General Hospitals reported higher readiness score than other facilities (61 out of 100 and 67 out of 100 respectively).

Preventing mother-to-child transmission of HIV infection

Mother-to-child transmission of human immunodeficiency virus (HIV) can occur during pregnancy, during delivery through infected birth canal, or after birth from breastfeeding. According to the National STD/ AIDS Control Programme (NSACP), mother-to-child transmission was the probable mode of transmission for 3% of the HIV infected persons reported during 2015 (National STD/AIDS control programme, 2016). However it is reported that all pregnant women diagnosed with HIV infection, who received services for preventing mother-to-child transmission (PMTCT) of HIV infection, delivered HIV uninfected babies in Sri Lanka since 2011.

Service availability

Table 31 shows the percentage of facilities offering PMTCT services including counselling and testing of HIV positive pregnant women and infants born to HIV positive women, anti-retroviral (ARV) prophylaxis for pregnant women and the newborn, infant and young child feeding counselling, nutritional counselling and family planning counselling. Overall, 62% of facilities at national level offered PMTCT services. Almost all (97%) STD clinics offered PMTCT services, and the availability was high in all aspects of the services. PMTCT services were offered by the majority of Public Tertiary Care Hospitals and MOH clinics as well. In these settings, the availability was restricted to counselling and testing of pregnant women and counseling on infant and young child feeding, nutrition and family planning. In contrast, only 23% of the Private Hospitals offered PMTCT services.

Service readiness

Readiness to provide PMTCT services was assessed based on the presence of the following tracer items: national guidelines for PMTCT, national guidelines for infant and young child feeding counseling, staff trained in PMTCT, staff trained in infant and young child feeding counselling, HIV diagnostic capacity for adults, and visual and auditory privacy.

Table 32 shows the readiness scores for PMTCT services. Overall readiness score for PMTCT services was 70 out of 100 in STD clinics in contrast to 30 out of 100 in facilities other than STD clinics. The results indicate a gap in readiness especially in the facilities other than STD clinics. Availability of tracer items was relatively lower for the guidelines and trained staff, for example 67 out of 100 in STD clinics in contrast to 28 out of 100 at national level.

Table 31 Percentage availability of services for preventing mother-to-child transmission of HIV infection among health facilities that are expected to provide the service, by facility type and group (n=257), Sri Lanka 2017

Facility Type	Offer PMTCT services	Counseling and testing for HIV positive pregnant women	Counseling and testing for infants born to HIV positive women	ARV prophylaxis to HIV positive pregnant women	ARV prophylaxis to newborn born to HIV positive women	Infant and young child feeding counseling	Nutritional counseling for HIV positive women and their infants	Family planning counseling to HIV positive women
Sri Lanka*	62%	38%	97%	83%	80%	40%	38%	40%
Public sector	74%	45%	97%	83%	80%	48%	45%	48%
Public Tertiary Care Hospitals	82%	73%	-	-	-	73%	70%	73%
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	82%	64%	-	-	-	82%	73%	73%
Provincial General Hospitals	67%	67%	-	-	-	67%	67%	67%
District General Hospitals	84%	79%	-	-	-	68%	68%	74%
Public Secondary Care Hospitals	52%	25%	-	-	-	39%	33%	40%
Base Hospitals (A & B)	52%	25%	-	-	-	39%	33%	40%
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	97%	97%	97%	83%	80%	87%	90%	90%
MOH clinics	76%	43%	-	-	-	44%	41%	43%
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	23%	17%	-	-	-	15%	15%	17%
Private Hospitals ≥50 beds	21%	21%	-	-	-	14%	14%	21%
Private Hospitals <50 beds	24%	16%	-	-	-	16%	16%	16%

Table 32 Readiness score (overall and by domain) for PMTCT of HIV services for facilities that are expected to provide the service (n=257), by facility type and group, Sri Lanka 2017

_		Guid	delines and trained	staff		Equ	lipment	Diagn	ostics
Facility Type	National guidelines PMTCT	National guidelines for infant and young child feeding counseling	Staff trained in PMTCT	Staff trained in infant and young child feeding	Guidelines and trained staff Readiness score	Visual and auditory privacy	Equipment readiness score	HIV diagnostic capacity for adults	Diagnostics readiness score
Sri Lanka*	21%	24%	33%	36%	28	47%	47	67%	67
Public sector	28%	31%	42%	44%	36	55%	55	67%	67
Public Tertiary Care Hospitals	30%	21%	55%	61%	42	67%	67	-	-
National Hospital	-	-	-	-	-	-	-	-	-
Teaching Hospitals	45%	36%	64%	64%	52	64%	64	-	-
Provincial General Hospitals	67%	0%	67%	67%	50	67%	67	-	-
District General Hospitals	16%	16%	47%	58%	34	68%	68	-	-
Public Secondary Care Hospitals	4%	13%	11%	22%	12	27%	27	-	-
Base Hospitals (A & B)	4%	13%	11%	22%	12	27%	27	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-
Public Clinics									
TB clinics STD (HIV) clinics	- 77%	- 40%	- 83%	- 67%	- 67	- 87%	-	- 67%	- 67
MOH clinics							87	07%	07
	29%	35%	43%	45%	38	57%	57	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-		-	-	-	-	-	-
Private sector Private Hospitals ≥50 beds	0% 0%	1% 3%	7% 10%	9% 14%	4 7	23% 18%	23 18	-	-
Private Hospitals <50 beds	0%	3% 0%	6%	14 <i>%</i> 7%	3	24%	24	-	-
Filvate nospitals Sou beus	U%	U%	070	170	3	Z470	24	-	-

Table 32 (Contd.) Readiness score (overall and by domain) for PMTCT of HIV services for facilities that are expected to provide the service (n=257), by facility type and group, Sri Lanka 2017

Facility Type	Facilities with all tracer items (except for STD clinics)	Facilities with all tracer items for STD clinics	HIV/AIDS Preventing mother-to-child transmission overall readiness score for STD clinics	HIV/AIDS preventing mother-to-child transmission overall readiness score for facilities except STD Clinics
Sri Lanka*	8%	30%	70	30
Public sector	11%	30%	70	38
Public Tertiary Care Hospitals	18%	-	-	47
National Hospital	-	-	-	-
Teaching Hospitals	27%	-	-	55
Provincial General Hospitals	0%	-	-	53
District General Hospitals	16%	-	-	41
Public Secondary Care Hospitals	0%	-	-	15
Base Hospitals (A & B)	0%	-	-	15
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-
Primary Medical Care Units	-	-	-	-
Public Clinics				
TB clinics	-	-	-	-
STD (HIV) clinics	-	30%	70	-
MOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	0%	-	-	8
Private Hospitals ≥50 beds	0%	-	-	9
Private Hospitals <50 beds	0%	-	•	7

Availability and readiness of key maternal and child health care services

The availability of key maternal and child health services are summarized in Figures 11 and 12. These 2 figures illustrate percentage availability of family planning, antenatal care, delivery services, PMTCT services, preventive and curative care for children less than 5 years of age, adolescent health services and GBV services among health facilities that are expected to provide the services. Figure 13 summarizes the readiness score for offering key maternal child health services by type of facility and group.

Figure 11 Percentage availability of family planning, antenatal care, delivery services and PMTCT services among health facilities that are expected to provide the service, by facility group (n=482), Sri Lanka 2017

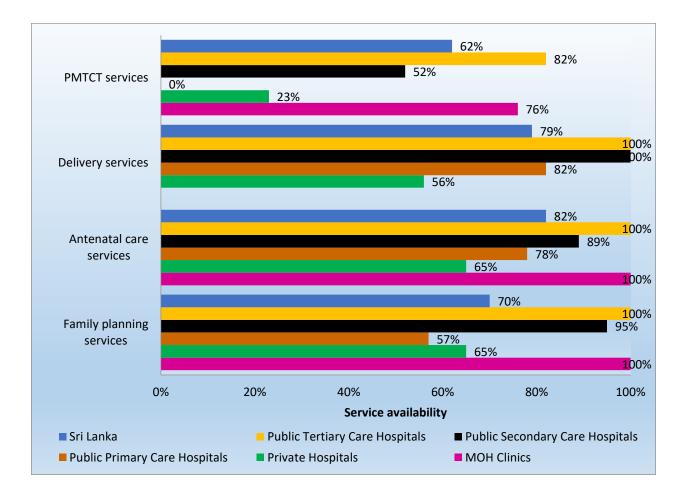


Figure 12 Percentage availability of preventive and curative care for children less than 5 years of age, adolescent health services (excluding school health services) and GBV services among health facilities that are expected to provide the service, by facility group (n=482), Sri Lanka 2017

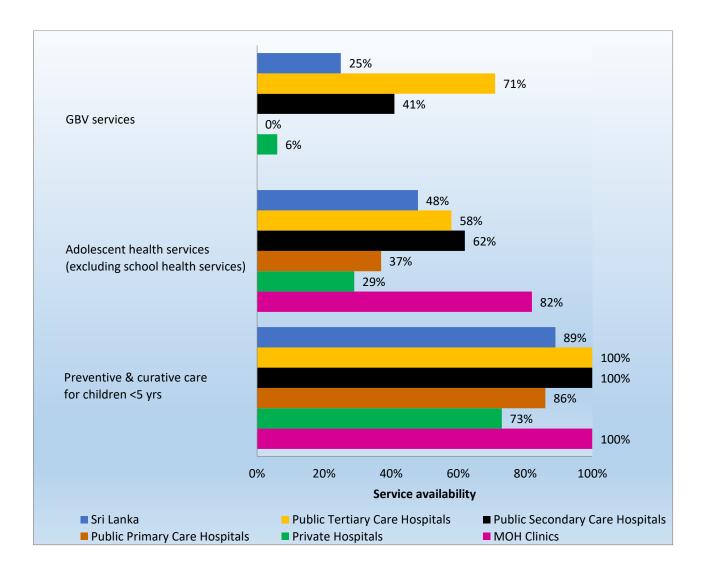
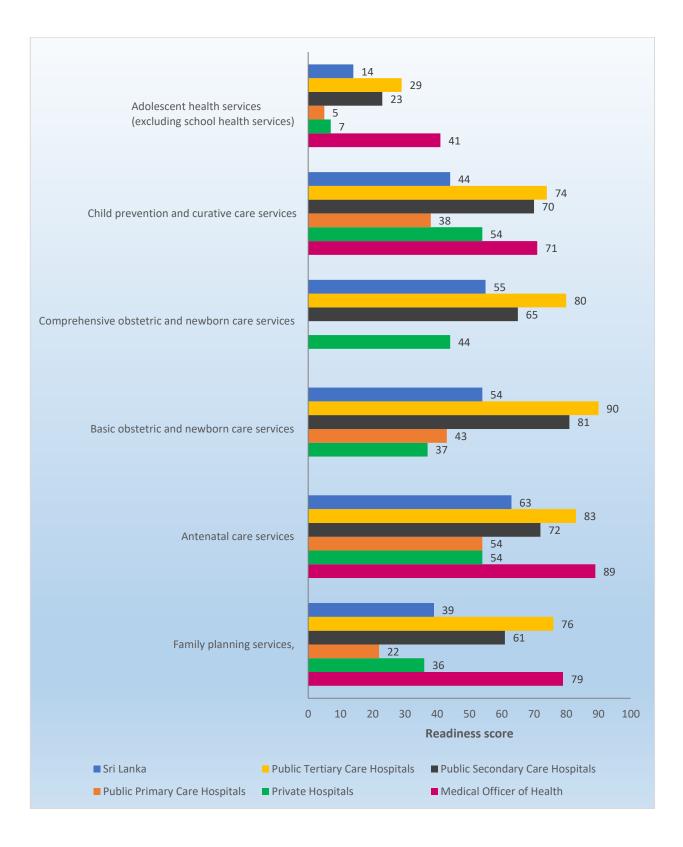


Figure 13 Readiness score (out of 100) to provide maternal and child health services in health facilities, by facility type and group, Sri Lanka 2017



3.3.2 HIV/AIDS

Prevalence of HIV infection in Sri Lanka was estimated to be less than 0.1% according to UNAIDS estimates. The estimated number of people living with HIV was 4000 in 2016. The number of newly reported HIV positive persons has been increasing over the years in the country, and was 249 in 2016 (National STD/AIDS control programme, 2016).

The National STD /AIDS Control Programme (NSACP) of the MoHNIM, is the focal point for the prevention and control of sexually transmitted infections (STI) including HIV in Sri Lanka. The NSACP has been providing both preventive and curative services through 33 full-time STD clinics and 23 branch clinics distributed island wide. Antiretroviral therapy (ART) is prescribed for HIV patients only in STD clinics with ART facilities, and there were 22 such clinics out of 33 STD clinics as of end 2017.

HIV/AIDS counselling and testing

Service availability

As shown in Table 33, all 30 STD clinics included in the survey offered HIV/AIDS counseling and testing services.

Service readiness

Readiness to provide HIV/AIDS counselling and testing services was assessed based on the presence of the following 7 tracer items: National HIV testing guidelines, staff trained in HIV counseling and testing, HIV diagnostic capacity, HIV rapid test kits, HIV antibody testing by ELISA, visual and auditory privacy room or area, and male condoms. Table 34 shows that 43% of the STD clinics had all tracer items. The overall readiness score for HIV/AIDS counselling and testing services was high, at 82 out of 100. Most facilities had staff trained in HIV counseling and testing (90%), and visual and auditory privacy room area (80%) which are essential for successful counseling. However, only 67% facilities were ready with HIV antibody testing by ELISA.

Table 33 Percentage availability HIV counselling and testing services among STD clinics (n=30), Sri Lanka 2017

Facility Type	HIV counselling or testing	HIV pre-test counselling	HIV testing	HIV post-test counselling
Sri Lanka	100%	100%	100%	97%
Public sector	100%	100%	100%	97%
Public Tertiary Care Hospitals	-	-	-	-
National Hospital	-		-	-
Teaching Hospitals	-		-	-
Provincial General Hospitals	-		-	-
District General Hospitals	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-
Base Hospitals (A & B)			-	-
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-		-	-
Primary Medical Care Units	-		-	-
Public Clinics				
TB clinics	-		-	-
STD (HIV) clinics	100%	100%	100%	97%
MOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	-	-	-	-
Private Hospitals ≥50 beds		-	-	-
Private Hospitals <50 beds	-	-	-	-

Service Availability and Readiness Assessment Sri Lanka 2017

	Guid	delines and train	ed staff	Equipm	ent		Dia	gnostics		Medicines	and commodities		HIV
Facility Type	National HIV testing guidelines	Staff trained in HIV counseling and testing	Guidelines and trained staff readiness score	Visual and auditory privacy room or area	Equipment readiness score	HIV diagnostic capacity	HIV rapid test kits	HIV antibody testing by ELISA	Diagnostics readiness score	Male condoms	Medicines and commodities readiness score	Facilities with all tracer items	counselling or testing services overall readiness score
Sri Lanka	80%	90%	85	80%	80	67%	93%	67%	76	100%	100	43%	82
Public sector	80%	90%	85	80%	80	67%	93%	67%	76	100%	100	43%	82
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	80%	90%	85	80%	80	67%	93%	67%	76	100%	100	43%	82
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-	-	- -	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 34 Readiness score (overall and by domain) for HIV counselling and testing services among STD clinics (n=30), Sri Lanka 2017

HIV/AIDS care and support services

Service availability

Table 35 shows the percentage of STD clinics offering HIV/AIDS care and support services, which was available in almost 97% of STD/HIV clinics. Most clinics provided family planning counseling (97%), and referred patients to TB clinics for prophylaxis for TB (93%).

Service readiness

As shown in Table 36, readiness to provide HIV/AIDS care and support services was assessed based on the presence of the following tracer items: guidelines (national guidelines for ART or government circular on post exposure prophylaxis), staff trained on ART or post-exposure prophylaxis to HIV, system for diagnosis of TB among HIV positive clients, and selected medicines and commodities (co-trimoxazole, ibuprofen, paracetamol, diclofenac sodium, and condoms).

Overall readiness to provide HIV/AIDS care and support services at STD clinics was 71 out of 100. The readiness scores for guidelines and trained staff (85 out of 100) and diagnostics (90 out of 100) were high in contrast to medicines and commodities (61 out of 100).

HIV/AIDS antiretroviral prescription and client management services

Antiretroviral therapy (ART) is prescribed for HIV patients only in STD clinics with ART facilities, and there were 22 such clinics out of 33 STD clinics as of end 2017. According to the NSACP, CD4 and viral load testing facilities are available at the central clinic and few other selected hospitals. All patients should have access to CD4 and viral load assessment at the baseline and at regular intervals according to the guidelines.

Service availability

Table 37 shows the percentage of facilities offering antiretroviral prescription and client management services. The majority of STD clinics (80% of all full-time STD clinics) offered antiretroviral therapy (ART).

Service readiness

As shown in Table 38, readiness to provide HIV/AIDS antiretroviral prescription and client management services was assessed based on the availability of guidelines and trained staff for ART, and diagnostics that needed to monitor response to treatment and first-line anti-retroviral medicines. All the STD clinics (n=30) in the sample were included in this analysis irrespective of whether they were ART facilities or not. Guidelines and trained staff readiness score was 75 out of 100, and readiness score for medicines was 73 out of 100. Survey also assessed laboratory diagnostics (full blood count, CD4 count, viral load, and renal and liver functions) at the STD clinics though they are expected only at the central clinic and in selected hospital laboratories. A very low readiness score was reported for diagnostics (3 out of 100), and this contributed to the overall readiness score to be 30 out of 100 in STD clinics.

HIV post exposure prophylaxis services

Service availability

Table 39 shows that only 23% of health facilities in Sri Lanka offer HIV post-exposure prophylaxis services. HIV post-exposure prophylaxis services were available at the NHSL (100%) and most of the STD clinics (90%). This service was also available in more than half of the teaching, provincial and District General Hospitals. However, the availability HIV post-exposure prophylaxis was very limited in Base Hospitals (16%) and Private Hospitals (7%).

Service readiness

Readiness to provide HIV post-exposure prophylaxis services was assessed based on the presence of the national guidelines and staff trained on the service, and medicines recommended for post-exposure prophylaxis. As shown in Table 40, the combined prophylaxis regimen (Tenofovir + Emtricitabine + Efavirenz) was available in 80% of STD clinics, and also in 38% of Public Tertiary Care Hospitals. The other regimen (Tenofovir + Emtricitabine + Lopinavir + Ritonavir) was available only in few health facilities. The overall readiness scores of the STD clinics and Public Tertiary Care Hospitals were 82 out of 100 and 42 out of 100 respectively.

Figure 14 shows the percentage availability HIV/AIDS and STI services at STD clinics. The readiness scores for HIV/AIDS and STI services are summarized in Figure 15.

Table 35 Percentage availability of HIV/AIDS care and support services among STD clinics (n=30), Sri Lanka 201	Table 35 Percentage availabilit	y of HIV/AIDS care and su	pport services among STD cli	nics (n=30), Sri Lanka 2017
----------------------------------------------------------------------------------------------------------------	---------------------------------	---------------------------	------------------------------	-----------------------------

Facility Type	HIV/AIDS care and support services	Nutritional rehabilitation services	Care for pediatric HIV/AIDS patients	Refer for preventative treatment for TB	Primary preventative treatment for opportunistic infections	Provide/prescribe micronutrient supplementation	Family planning counseling	Provide condoms
Sri Lanka	97%	67%	73%	93%	77%	87%	97%	97%
Public sector	97%	67%	73%	93%	77%	87%	97%	97%
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	97%	67%	73%	93%	77%	87%	97%	97%
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	-		-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-

		Diagnostics				
Facility Type	National guidelines for ART or government circular on post exposure prophylaxis against HIV	Staff trained on post exposure prophylaxis against HIV	Guidelines and trained staff readiness score	System for diagnosis of TB among HIV clients	Diagnostics readiness score	
Sri Lanka	83%	87%	85	90%	90	
Public sector	83%	87%	85	90%	90	
Public Tertiary Care Hospitals	-	-	-	-	-	
National Hospital	-	-		-	-	
Teaching Hospitals	-	-	-	-	-	
Provincial General Hospitals	-	-	-	-	-	
District General Hospitals	-	-	-	-	-	
Public Secondary Care Hospitals	-	-	-	-	-	
Base Hospitals (A & B)	-	-	-	-	-	
Public Primary Care Facilities	-	-	-	-	-	
Divisional Hospitals (type A, B & C)	-	-	-	-	-	
Primary Medical Care Units	-	-	-	-	-	
Public Clinics						
TB clinics	-	-	-	-	-	
STD (HIV) clinics	83%	87%	85	90%	90	
MOH clinics	-	-	-	-	-	
Regional Malaria Offices	-	-		-	-	
Healthy Lifestyle Centers	-	-	-	-	-	
Private sector	-	-	-	-	-	
Private Hospitals ≥50 beds	-	-		-	-	
Private Hospitals <50 beds	-	-	-	-	-	

Table 36 Readiness score (overall and by domain) for HIV/AIDS care and support services among STD clinics (n=30), Sri Lanka 2017

	Medicines and commodities								
Facility Type	Co-trimoxazole cap/tab	Ibuprofen	Paracetamol	Diclofenac sodium	Condoms	Medicines and commodities readiness score	Facilities with all tracer items	HIV/AIDS care and support services overall readiness score	
Sri Lanka	53%	30%	70%	53%	100%	61	17%	71	
Public sector	53%	30%	70%	53%	100%	61	17%	71	
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	
National Hospital	-	-	-	-	-		-	-	
Teaching Hospitals	-	-	-	-	-		-	-	
Provincial General Hospitals	-	-	-	-	-	-	-	-	
District General Hospitals	-	-	-	-	-		-	-	
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-	
Base Hospitals (A & B)	-	-	-	-	-	-	-	-	
Public Primary Care Facilities	-	-	-	-	-	-	-	-	
Divisional Hospitals (type A, B & C)	-	-	-	-	-		-	-	
Primary Medical Care Units	-	-	-	-	-	-	-	-	
Public Clinics									
TB clinics	-	-	-	-	-		-	-	
STD (HIV) clinics	53%	30%	70%	53%	100%	61	17%	71	
MOH clinics	-	-	-	-	-	-	-	-	
Regional Malaria Offices	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-		-	-	
Private sector	-	-	-	-	-	-	-	-	
Private Hospitals ≥50 beds	-	-	-	-	-		-	-	
Private Hospitals <50 beds	-	-	-	-	-	-	-	-	

Table 36 (Contd.) Readiness score (overall and by domain) for HIV/AIDS care and support services at STD clinics (n=30), Sri Lanka 2017

Facility Type	ART prescription or ART treatment follow-up services	ART prescription	ART prescription or ART treatment follow-up services for adolescents	Treatment follow-up services for persons on ART
Sri Lanka	80%	70%	67%	77%
Public sector	80%	70%	67%	77%
Public Tertiary Care Hospitals	-	-	-	-
National Hospital	-	-	-	-
Teaching Hospitals	-	-	-	-
Provincial General Hospitals	-	-	-	-
District General Hospitals	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-
Base Hospitals (A & B)	-	-	-	-
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-
Primary Medical Care Units				
Public Clinics	-	-	-	-
TB clinics	80%	70%	67%	77%
STD (HIV) clinics	-	-	-	-
MOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-

Table 37 Percentage availability of HIV/AIDS antiretroviral prescription and client management services among STD clinics (n=30), Sri Lanka 2017

	Guid	lelines and trained	staff			Diagn	ostics			Medicines and	l commodities		Antiretroviral
Facility Type	National guidelines for ART	Staff trained on national guidelines for ART	Guidelines and trained staff readiness score	Full blood count	CD4 Count	Viral load	Renal function test	Liver function test	Diagnostics readiness score	Three first-line antiretroviral drugs (TDF,EFV,FTC)	Medicines and commodities readiness score	Facilities with all tracer items	prescription and client management services overall readiness score
Sri Lanka	73%	77%	75	3%	10%	3%	0%	0%	3	73%	73	0%	30
Public sector	73%	77%	75	3%	10%	3%	0%	0%	3	73%	73	0%	30
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	
District General Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-	-	-		-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Primary Care Facilities Divisional Hospitals (type A, B	-	-	-	-	-	-	-	-		-	-	-	-
& C)	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units Public Clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	73%	77%	75	3%	10%	3%	0%	0%	3	73%	73	0%	30
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 38 Readiness score (overall and by domain) for HIV/AIDS antiretroviral prescription and client management services at STD clinics (n=30), Sri Lanka 2017

Table 39 Percentage availability of HIV post exposure prophylaxis services among health facilities that are expected to provide the service, by facility type and group (n=180), Sri Lanka 2017

Facility Type	HIV post exposure prophylaxis
Sri Lanka*	23%
Public sector	42%
Public Tertiary Care Hospitals	56%
National Hospital	100%
Teaching Hospitals	56%
Provincial General Hospitals	67%
District General Hospitals	53%
Public Secondary Care Hospitals	16%
Base Hospitals (A & B)	16%
Public Primary Care Facilities	_
Divisional Hospitals (type A, B & C)	-
Primary Medical Care Units	-
Public Clinics	
TB clinics	
STD (HIV) clinics	90%
MOH clinics	
Regional Malaria Offices	-
Healthy Lifestyle Centers	-
Private sector	7%
Private Hospitals ≥50 beds	28%
Private Hospitals <50 beds	1%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

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Table 40 Readiness score (overall and by domain) for HIV post exposure prophylaxis services for facilities that are expected to provide the service (n=180), by facility type and group, Sri Lanka 2017

	Guideline	s and trained staff			Medicines and	commodities			-	HIV post	HIV post
Facility Type	National ART guidelines for antiretroviral therapy or the government circular on HIV post prophylaxis exposure	Staff trained on HIV post exposure prophylaxis	Guidelines and trained staff readiness score	Tenofovir + Emtricitabine + Efavirenz	Tenofovir + Emtricitabine + Lopinavir + Ritonavir	Medicines and commodities readiness score (except for STD clinics)	Medicines and commodities readiness score for STD clinics	Facilities with all tracer items (except for STD clinics)	Facilities with all tracer items for STD clinics	exposure prophylaxis services over- all readiness score (except for STD clinics)	exposure prophylaxis services overall readiness score for STD clinics
Sri Lanka*	14%	18%	16	14%	37%	6	80	5%	30%	8	82
Public sector	29%	35%	32	29%	37%	14	80	12%	30%	17	82
Public Tertiary Care Hospitals	41%	47%	44	38%	-	38	-	34%	-	42	-
National Hospital	0%	0%	0	0%	-	0	-	0%	-	0	-
Teaching Hospitals	56%	56%	56	44%	-	44	-	44%	-	52	-
Provincial General Hospitals	67%	67%	67	33%	-	33	-	33%	-	56	-
District General Hospitals	32%	42%	37	37%	-	37	-	32%	-	37	-
Public Secondary Care Hospitals	3%	10%	6	5%	-	5	-	3%	-	6	-
Base Hospitals (A & B)	3%	10%	6	5%	-	5	-	3%	-	6	
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	83%	83%	83	80%	37%	-	80	-	30%	-	82
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-		-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	1%	2%	2	1%	-	1	-	0%	-	1	-
Private Hospitals ≥50 beds	4%	7%	6	3%	-	3	-	0%	-	5	
Private Hospitals <50 beds	0%	1%	1	0%	-	0	-	0%	-	0	-



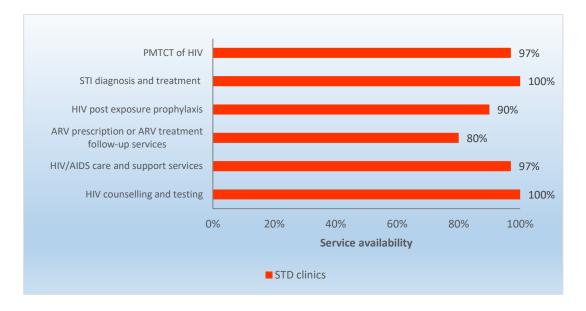
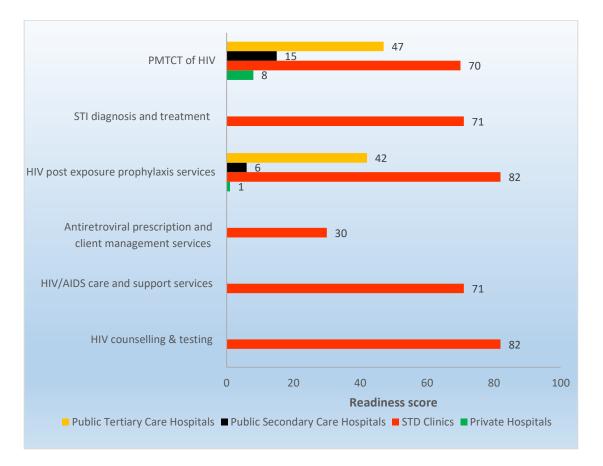


Figure 15 Readiness score (out of 100) to provide services relating to HIV/AIDS care at and STD clinics and selected hospitals, Sri Lanka 2017



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3.3.3 Sexually Transmitted Infections

According to statistics of the National STD/AIDS Control Programme (NSACP), the common sexually transmitted infections (STI) are genital herpes, genital warts, non-gonococcal infections, syphilis, gonorrhoea, chlamydial infection and trichomoniasis. The NSACP has been providing both preventive and curative services for STI through 33 full-time STD clinics and 23 branch clinics distributed island wide.

STI diagnosis and treatment services

Service availability

As shown in Table 41, all 30 STD clinics included in the study provided diagnostic and treatment services for STI.

Service readiness

Table 42 shows the availability of tracer items and readiness score to provide STI services. The readiness was assessed based on the presence of the following 10 tracer items: National guidelines for STI care, staff trained in STI diagnosis and treatment within the last 2 years, nitrogen guns, diagnostics for VDRL and Treponema pallidum haemagglutination (TPHA) test, medicine and commodities - metronidazole, ciprofloxacin, ceftriaxone injection and C. penicillin, and condoms.

Thirteen percent of the STD clinics had all tracer items, and the overall readiness score for STI diagnosis and treatment services was 71 out of 100. Readiness is highest for national guidelines and trained staff (93 out of 100), and lowest for equipment (40 out of 100). Readiness for diagnostic tests was high (82 out of 100) while medicines and commodities was low (63 out of 100) due to unavailability of certain medicines.

Table 41 Percentage availability STI diagnosis and treatment services among STD clinics (n=30), Sri Lanka 2017

Facility Type	STI services	STI diagnosis	STI treatment
Sri Lanka	100%	100%	100%
Public sector	100%	100%	100%
Public Tertiary Care Hospitals	-	-	-
National Hospital	-	-	
Teaching Hospitals	-	-	-
Provincial General Hospitals	-	-	-
District General Hospitals	-	-	-
Public Secondary Care Hospitals	-	-	-
Base Hospitals (A & B)	-	-	-
Public Primary Care Facilities	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-
Primary Medical Care Units	-	-	-
Public Clinics			
TB clinics	-	-	-
STD (HIV) clinics	100%	100%	100%
MOH clinics	-	-	
Regional Malaria Offices	-	-	
Healthy Lifestyle Centers	-	-	-
Private sector	-	-	
Private Hospitals ≥50 beds	-	-	-
Private Hospitals <50 beds	-	-	-

		Staff and training		Equi	pment		Diagnostics	
Facility Type	National guidelines for STI care	Staff trained on STI diagnosis and treatment within the last 2 years	Guidelines and trained staff readiness score	Nitrogen guns	Equipment readiness score	VDRL	TPHA	Diagnostics readiness score
Sri Lanka	90%	97%	93	40%	40	83%	80%	82
Public sector	90%	97%	93	40%	40	83%	80%	82
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-		-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C) Primary Medical Care		-	-	-		-	-	-
Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	90%	97%	93	40%	40	83%	80%	82
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	
Private sector	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-

Table 42 Readiness score (overall and by domain) for STI diagnosis and treatment services at STD clinics (n=30), Sri Lanka 2017

			Medicines and	d commodities				Overall readiness
– Facility Type	Condoms	Metronidazole cap/tab	Ciprofloxacin cap/tab	Ceftriaxone injection	C. Penicillin	Medicines and commodities readiness score	Facilities with all tracer items	score: STI diagnosis and treatment services
Sri Lanka	100%	77%	57%	30%	53%	63	13%	71
Public sector	100%	77%	57%	30%	53%	63	13%	71
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	100%	77%	57%	30%	53%	63	13%	71
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-

Table 42 (Contd.) Readiness score (overall and by domain) for STI diagnosis and treatment services at STD clinics (n=30), Sri Lanka 2017

3.3.4 Tuberculosis

A total of 9,575 cases of all forms of TB was reported in the country during 2016. Estimated rate of new and relapse TB cases (all forms of TB, including cases in people living with HIV) was 44.5 per 100 000 population in 2015 (National programme for tuberculosis control and chest diseases, 2016). The National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) of the MoHNIM is responsible for the formulation of policies, planning, coordinating and monitoring of all TB and other respiratory disease control activities in the country. TB and respiratory disease control activities at the district level are carried out by the 26 district chest clinics. The Colombo district has additional sub-chest clinic based in Colombo South Teaching Hospitals.

TB diagnostic services

Service availability

Table 43 shows the percentage of facilities offering TB diagnostic services. Seventy one percent of health facilities offered at least one of the following services at the national level: TB diagnosis, treatment prescription, or follow-up of patients on treatment. TB diagnostic services were available in 45% of health facilities that are expected to provide the service in the country, which included all TB clinics, all tertiary care hospitals, and a majority of secondary care facilities (93%). Chest X-ray and sputum smear microscopy examination were available in 96% of TB clinics, while sputum culture was available in 89%, and GeneXpert MTB/RIF rapid test in 67% of the TB clinics. Same diagnostic methods were available in secondary and tertiary care hospitals, but the availability at secondary care hospitals was low. TB diagnostic services were available in some Primary Medical Care Units, STD clinics and MOH clinics too, and this was entirely based on clinical symptoms.

Availability of TB diagnostic services in Private Hospitals with ≥50 beds was 82%. The types of diagnostic methods in these facilities were similar to the TB clinics, but the percentage availability was low.

Figure 16 shows the Percentage availability of TB diagnostic services at the national level and by health facility group.

Service readiness

As shown in Table 44 readiness to provide TB diagnostic services was assessed based on the presence of the following 6 tracer items: Guidelines for management of TB, guidelines related to MDR-TB treatment, paediatric guidelines, standard operating procedures on sputum microscopic techniques, medical officers trained in TB diagnosis, and TB microscopy. The overall readiness score for TB diagnostic services was relatively high in TB clinics (72 out of 100) compared to Base Hospitals (34 out of 100) at secondary care level, and tertiary care hospitals (40 out of 100). Presence of guidelines and trained staff was low across all public and private health facilities except the TB clinics. Microscopy facilities for diagnosis of TB was available in the majority of TB clinics (85%), and secondary and tertiary care hospitals (77% and 66% respectively).

46% 60% **TB** culture 30% 89% 42% 31% 40% Rapid test (GeneXpert MTB/RIF) 22% 67% 27% 76% 97% Chest X-ray 87% 96% 62% 26% 91% 92% Sputum smear microscopy examination 96% 48% 44% 97% 93% 93% **Clinical symptoms** 61% 45% 100% 93% 100% TB diagnosis 65% 71% 100% 97% 100% TB diagnosis, treatment prescription or treatment follow-up 70% 0% 20% 40% 60% 80% 100% Service availability Sri Lanka Public Tertiary Care Hospitals Public Secondary Care Hospitals TB Clinics Private Hospitals

Figure 16 Percentage availability of TB diagnostic services, among health facilities that are expected to provide the service by facility group (n=544), Sri Lanka 2017

Table 43 Percentage availability of TB diagnostic services, among health facilities that are expected to provide the service by facility type and group (n=544), Sri Lanka 2017

	TB diagnosis,		TB diagnosis by									
Facility Type	treatment, – prescription, or treatment follow-up	TB diagnosis	Clinical symptoms	Sputum smear microscopy examination	Chest X-ray	Rapid test (GeneXpert MTB/RIF)	Sputum culture					
Sri Lanka*	71%	45%	44%	26%	76%	31%	46%					
Public sector	72%	43%	43%	23%	92%	35%	49%					
Public Tertiary Care Hospitals	100%	100%	97%	91%	97%	40%	60%					
National Hospital	100%	100%	100%	100%	100%	100%	100%					
Teaching Hospitals	100%	100%	100%	92%	100%	50%	67%					
Provincial General Hospitals	100%	100%	100%	100%	100%	67%	100%					
District General Hospitals	100%	100%	95%	89%	95%	26%	47%					
Public Secondary Care Hospitals	97%	93%	93%	92%	87%	22%	30%					
Base Hospitals (A & B)	97%	93%	93%	92%	87%	22%	30%					
Public Primary Care Facilities	73%	45%	45%	13%	-	-	-					
Divisional Hospitals (type A, B & C)	80%	56%	56%	25%	-	-	-					
Primary Medical Care Units	67%	34%	34%	1%	-	-	-					
Public Clinics												
TB clinics	100%	100%	93%	96%	96%	67%	89%					
STD (HIV) clinics	50%	27%	23%	-	-	-	-					
MOH clinics	57%	18%	18%	-	-	-	-					
Regional Malaria Offices	-	-	-	-	-	-	-					
Healthy Lifestyle Centers	-	-	-	-	-	-	-					
Private sector	70%	65%	61%	48%	62%	27%	42%					
Private Hospitals ≥50 beds	82%	82%	82%	75%	82%	55%	72%					
Private Hospitals <50 beds	66%	61%	56%	40%	56%	20%	34%					

				Guidelines and	d trained staff			Diagnostics		
Facility Type	Guidelines for management of TB	Guidelines related to MDR- TB treatment	Peadiatric guidelines	SOP on sputum microscopic procedures	Medical officers trained in TB diagnosis	Guidelines and trained staff readiness score (excluding PMCU, STD and MOH)	Guidelines and trained staff readiness score for PMCU, STD and MOH)	TB microscopy	Diagnostics readiness score	
Sri Lanka*	5%	4%	4%	20%	11%	11	4	29%	29	
Public sector	5%	4%	4%	21%	11%	12	4	29%	29	
Public Tertiary Care Hospitals	29%	23%	23%	60%	40%	35	-	66%	66	
National Hospital	0%	0%	0%	100%	0%	20	-	100%	100	
Teaching Hospitals	33%	33%	25%	50%	25%	33	-	83%	83	
Provincial General Hospitals	67%	33%	33%	67%	33%	47	-	100%	100	
District General Hospitals	21%	16%	21%	63%	53%	35	-	47%	47	
Public Secondary Care Hospitals	14%	7%	19%	55%	32%	25	-	77%	77	
Base Hospitals (A & B)	14%	7%	19%	55%	32%	25	-	77%	77	
Public Primary Care Facilities	2%	0%	1%	5%	7%	3	-	8%	8	
Divisional Hospitals (type A, B & C)	4%	1%	2%	9%	8%	5	-	16%	16	
Primary Medical Care Units	0%	0%	0%	-	5%	-	1	-	-	
Public Clinics										
TB clinics	44%	67%	59%	81%	96%	70	-	85%	85	
STD (HIV) clinics	3%	3%	7%	-	7%	-	5	-	-	
MOH clinics	6%	6%	4%	-	10%	-	7	-	-	
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	
Private sector	2%	2%	2%	15%	13%	7	-	30%	30	
Private Hospitals ≥50 beds	12%	7%	7%	39%	23%	18	-	50%	50	
Private Hospitals <50 beds	0%	0%	0%	9%	10%	4	-	25%	25	

Table 44 Readiness score (overall and by domain) for TB diagnostic services for health facilities that are expected to provide the service, by facility type and group (n=544), Sri Lanka 2017

Table 44 (Contd.) Readiness score (overall and by domain) for TB diagnostic services for health facilities that are expected to provide the service, by facility type and group (n=544), Sri Lanka 2017

Facility Type	Facilities with all tracer items (excluding PMCU, STD and MOH)	Facilities with all tracer items for PMCU, STD and MOH	Overall readiness score (excluding PMCU, STD and MOH)	Overall readiness score for PMCU, STD and MOH
Sri Lanka*	2%	0%	14	4
Public sector	3%	0%	15	4
Public Tertiary Care Hospitals	11%	-	40	-
National Hospital	0%	-	33	-
Teaching Hospitals	8%	-	42	-
Provincial General Hospitals	33%	-	56	-
District General Hospitals	11%	-	37	-
Public Secondary Care Hospitals	4%	-	34	-
Base Hospitals (A & B)	4%	-	34	-
Public Primary Care Facilities	0%	-	4	-
Divisional Hospitals (type A, B & C)	0%	-	7	-
Primary Medical Care Units	-	0%	-	1
Public Clinics				-
TB clinics	33%	-	72	-
STD (HIV) clinics	-	0%	-	5
MOH clinics	-	0%	-	7
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	2%	•	11	-
Private Hospitals ≥50 beds	7%	-	23	-
Private Hospitals <50 beds	0%	-	7	-

Treatment and follow-up services at TB clinics

Service availability

Table 45 shows the percentage of TB clinics offering TB treatment and follow-up services. All TB clinics prescribed drugs, provided drugs, and carried out management and treatment follow-up for TB patients.

Service readiness

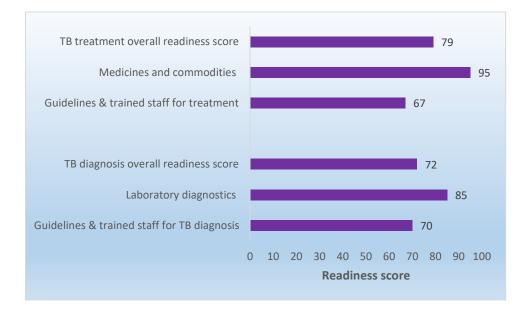
As shown in Table 46, readiness to offer TB treatment and follow-up services at TB clinics was based on the presence of following 7 tracer items: Guidelines for management of TB, guidelines related to MDR-TB treatment, paediatric guidelines, staff trained in TB management, fixed dose combination of four anti TB oral drugs (Ethambutol, Isoniazid, Pyrazinamide, Rifampicin), Streptomycin Injectable and paediatric two drug fixed dose combination of Rifampicin and Isoniazid (PEAD2FDC-RH). Thirty percent of TB clinics had all these tracer items. The overall readiness score for TB treatment services was 79 out of 100, with readiness being higher for medicines and commodities (95 out of 100), than guidelines and trained staff (67 out of 100). A very high percentage (96%) of TB clinics had staff trained in TB management, however the expected 3 guidelines were available in 44% to 59% of TB clinics. A great majority of TB clinics had fixed dose combination of four anti TB oral drugs for adults (96%), streptomycin injectable (96%) and PEAD2FDC-RH (93%).

Figure 17 shows the readiness to offer TB diagnosis, treatment and follow-up services in the TB clinics.

Diagnosis and management of HIV TB co-infection

Table 47 shows service availability of screening, diagnosis and management for HIV TB co-infection among patients attending TB clinics. A very high percentage of TB clinics (93%) offered screening for HIV infection in TB patients. Confirmation of HIV infection is carried out only by the central STD clinic of the NSACP, and 70% of the TB clinics reported that this service is arranged for patients by sending blood samples to the central STD clinic for confirmation of HIV infection. Eighty-one percent of TB clinics had trained staff on management of HIV TB co-infection, but the guidelines on management of HIV TB co-infection were available in less than half (44%) of the clinics.

Figure 17 Readiness score (out of 100) for Tuberculosis diagnosis, and treatment and follow-up services at Tuberculosis clinics (n=27), Sri Lanka 2017



Facility Type	Prescription of drugs to TB patients	Provision of drugs to TB patients	Management and treatment follow-up for TB patients
Sri Lanka	100%	100%	100%
Public sector	100%	100%	100%
Public Tertiary Care Hospitals	-	-	-
National Hospital	-	-	-
Teaching Hospitals	-	-	-
Provincial General Hospitals	-	-	-
District General Hospitals	-	-	-
Public Secondary Care Hospitals	-	-	-
Base Hospitals (A & B)	-	-	
Public Primary Care Facilities	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-
Primary Medical Care Units	-	-	-
Public Clinics			
TB clinics	100%	100%	100%
STD (HIV) clinics	-	-	-
MOH clinics	-	-	-
Regional Malaria Offices	-	-	-
Healthy Lifestyle Centers	-	-	-
Private sector	-	-	-
Private Hospitals ≥50 beds	-	-	-
Private Hospitals <50 beds	-	-	-

Table 45 Percentage availability of TB treatment and follow-up services among TB clinics (n=27), Sri Lanka 2017

		Gui	delines and traine	d staff			Medicines and com	modities			ТВ
Facility Type	Guidelines for management of TB	Guidelines related to MDR-TB treatment	Peadiatric guidelines	Staff trained in TB management	Guidelines and trained staff readiness score	Anti TB oral drugs (Ethambutol, Isoniazid, Pyrazinamide, Rifampicin)	Streptomycin injectable	PEAD 2FDC - RH	Medicines and commodities readiness score	Facilities with all tracer items	treatment overall readiness score
Sri Lanka	44%	67%	59%	96%	67	96%	96%	93%	95	30%	79
Public sector	44%	67%	59%	96%	67	96%	96%	93%	95	30%	79
Public Tertiary Care Hospitals National Hospital	-	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-	-	-	-
Public Primary Care Facilities Divisional Hospitals (type	-	-	-	-	-	-	-	-	-	-	-
A, B & C) Primary Medical Care	-	-	-	-	-	-	-	-	-	-	-
Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	44%	67%	59%	96%	67	96%	96%	93%	95	30%	79
STD (HIV) clinics MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-		-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-	-	-	-

Table 46 Readiness score (overall and by domain) for TB treatment and follow-up services for TB clinics (n=27), Sri Lanka 2017

Facility Type	Screening of TB patients for HIV	Guideline on management of HIV and TB co-infection	Trained staff on management of HIV and TB co-infection	HIV diagnostic capacity
Sri Lanka	93%	44%	81%	70%
Public sector	93%	44%	81%	70%
Public Tertiary Care Hospitals	-	-	-	-
National Hospital				
Teaching Hospitals	-			
Provincial General Hospitals	-	-		
District General Hospitals	-	-	-	-
Public Secondary Care Hospitals	-		-	-
Base Hospitals (A & B)		-	-	-
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-			-
Primary Medical Care Units	-	-	-	-
Public Clinics				
TB clinics	93%	44%	81%	70%
STD (HIV) clinics	-			
MOH clinics	-			
Regional Malaria Offices		-	-	-
Healthy Lifestyle Centers		-	-	-
Private sector	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-
Private Hospitals <50 beds	-		-	-

Table 47 Percentage availability of screening, diagnosis and management services for of HIV TB co-infection among TB clinics (n=27), Sri Lanka 2017

3.3.5 Malaria

Sri Lanka has reached elimination status of malaria, and there has not been any indigenous cases of malaria since October 2012 (Anti Malaria Campaign, 2015). In 2016, 41 imported cases of malaria from other countries were reported. Sri Lanka is considered to have high receptivity and vulnerability for re-introduction of malaria. The Anti Malaria Campaign of the Ministry of Health, Nutrition and Indigenous Medicine is responsible for planning and implementing a comprehensive programme to sustain malaria free status by preventing re-introduction of malaria in Sri Lanka. There are Regional Malaria Offices (RMO) at district level, and these RMOs coordinate and conduct mobile malaria clinics in the districts, and the Anti Malaria Campaign headquarters is responsible for malaria clinic services in the Western province. If a patient is diagnosed to have malaria, the patient is admitted to the nearby hospital for treatment. The treatment is prescribed by the doctors attached to the hospital and the AMC ensures supply of anti-malarial drugs and guidance for treatment for both public and private sector hospitals.

Malaria diagnosis and treatment

Service availability

Table 48 shows the percentage of facilities offering malaria diagnostic and treatment services. Malaria diagnostic or treatment services were available in all RMOs (100%), almost all secondary care hospitals (97%), and the majority of tertiary care hospitals (80%). At national level, malaria diagnostic or treatment services were available in 57% of health facilities. All RMOs provided malaria diagnosis by laboratory testing, rapid diagnostic testing or microscopy. However, among the public and Private Hospitals, the availability of rapid diagnostic testing was lower than other forms of diagnostic services.

Percentage of public sector hospitals prescribing treatment for malaria was 78% in contrast to 31% in private sector hospitals. Within the public sector, malaria treatment was available in a higher percentage of secondary (88%) and tertiary care facilities (73%).

Service readiness

Table 49 shows availability of tracer items and readiness score for offering malaria diagnosis and treatment services. Readiness to provide malaria diagnosis and treatment services was assessed based on the presence of the following 8 tracer items: Guidelines for diagnosis and treatment of malaria, staff trained on malaria diagnosis or treatment, capacity to conduct malaria microscopy, malaria rapid diagnostic test kits, artimisinin combination therapy (ACT), chloroquine, primaquine, and IV quinine. Overall readiness score at national level, except for primary care health facilities and Private Hospitals, was 67 out of 100. The highest readiness score was reported from RMOs (97 out of 100), followed by secondary and tertiary care hospitals (57 out of 100 and 50 out of 100 respectively). Readiness with guidelines and trained staff, malaria diagnostics, and necessary medicines and commodities was high in RMOs, but low in other health facilities.

Trained staff and stock-outs of antimalarial drugs

Table 50 shows the availability of trained staff, and stock-outs of antimalarial drugs in the previous 14 days. Percentages of health facilities with trained medical officers, nurses and public health laboratory technicians were low, except in RMOs. At national level, 46% of facilities had an accredited or certified microscopist, and this figure was lower in Private Hospitals (20%) than public sector health facilities (73%).

Proportion of facilities which had stock-out for more than 14 days was low for all concerned medicines and commodities. RMOs did not have any stock-outs of RDT, ACT, chloroquine and primaquine for more than 14 days. Only nine percent (9%) of the RMOs reported stock-outs of intravenous quinine.

Figure 18 shows availability of malaria diagnosis and treatment services among facilities that are expected to provide service. Figure 19 shows readiness to provide malaria diagnosis and treatment services at RMOs.

Figure 18 Percentage availability of malaria diagnosis and treatment services among facilities that are expected to provide service, by facility type and group (n=429), Sri Lanka 2017

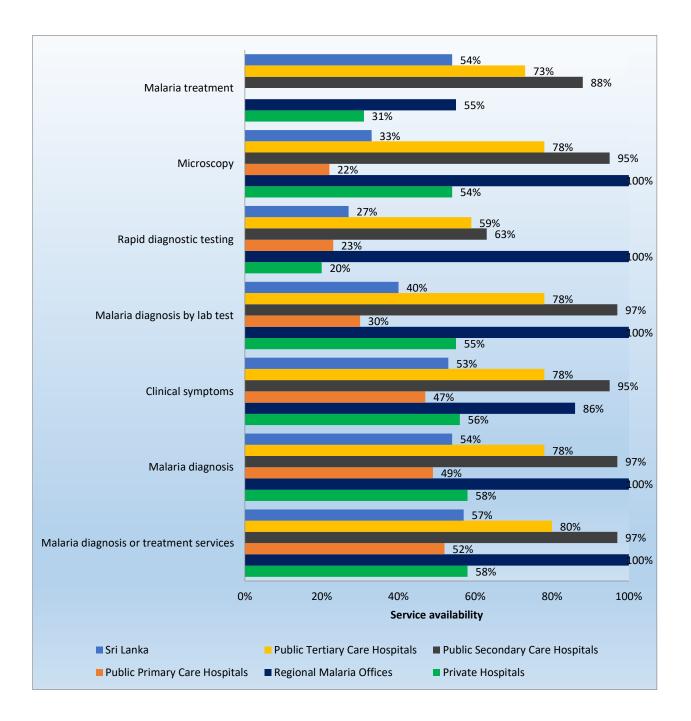


Figure 19 Readiness score (out of 100) for malaria diagnosis and treatment services at Regional Malaria Offices (n=22), Sri Lanka 2017

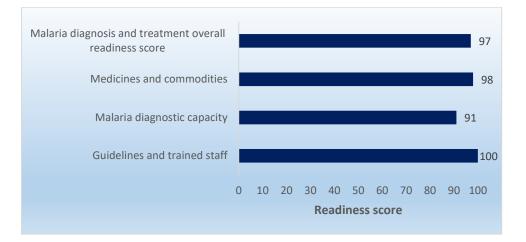


Table 48 Percentage availability of malaria diagnosis and treatment services among facilities that are expected to provide service, by facility type and group (n=429), Sri Lanka 2017

	Malaria diagnosis			 Prescription of 			
Facility Type	or treatment services	Malaria diagnosis	Clinical symptoms Malaria diagnosis by lab test		Rapid diagnostic testing	Microscopy	malaria treatmen
Sri Lanka*	57%	54%	53%	40%	27%	33%	54%
Public sector	57%	54%	53%	38%	28%	30%	78%
Public Tertiary Care Hospitals	80%	78%	78%	78%	59%	78%	73%
National Hospital	100%	100%	100%	100%	0%	100%	100%
Teaching Hospitals	56%	56%	56%	56%	22%	56%	50%
Provincial General Hospitals	100%	100%	100%	100%	67%	100%	100%
District General Hospitals	100%	95%	95%	95%	95%	95%	89%
Public Secondary Care Hospitals	97%	97%	95%	97%	63%	95%	88%
Base Hospitals (A & B)	97%	97%	95%	97%	63%	95%	88%
Public Primary Care Facilities	52%	49%	47%	30%	23%	22%	-
Divisional Hospitals (type A, B & C)	69%	65%	64%	48%	36%	37%	-
Primary Medical Care Units	35%	32%	31%	11%	9%	6%	-
Public Clinics							
TB clinics	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-
Regional Malaria Offices**	100%	100%	86%	100%	100%	100%	55%
Healthy Lifestyle Centers	-	-	-	-	-	-	-
Private sector	58%	58%	56%	55%	20%	54%	31%
Private Hospitals ≥50 beds	80%	80%	76%	80%	48%	80%	48%
Private Hospitals <50 beds	53%	53%	51%	49%	12%	47%	27%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** When a malaria patient is admitted to a private hospital RMO provides anti-malaria drugs on case-by-case basis, and facilitate patient management

Service Availability and Readiness Assessment Sri Lanka 2017

	Gu	idelines and trained staff			Equipment		Medicines and commodities				
Facility Type	Guidelines for diagnosis and treatment of malaria	At-least one staff member trained on malaria diagnosis and treatment	Guidelines and trained staff readiness score	Capacity to conduct malaria microscopy	Malaria rapid diagnostic test kits	Equipment readiness score	ACT	Chloroquine	Primaquine	I/V Quinine	Medicines and commodities readiness score (except for Public Primary Care Facilities and private hospitals)
Sri Lanka*	15%	12%	19	8%	21%	15	51%	73%	70%	55%	62
Public sector	17%	12%	21	7%	22%	15	51%	73%	70%	55%	62
Public Tertiary Care Hospitals	44%	44%	52	39%	56%	48	41%	59%	54%	49%	51
National Hospital	0%	0%	0	0%	0%	0	0%	100%	100%	100%	75
Teaching Hospitals	17%	28%	31	28%	17%	22	17%	28%	22%	17%	21
Provincial General Hospitals	100%	33%	83	33%	67%	50	100%	100%	67%	100%	92
District General Hospitals	63%	63%	71	53%	95%	74	58%	79%	79%	68%	71
Public Secondary Care Hospitals	45%	37%	55	64%	52%	58	41%	74%	70%	48%	58
Base Hospitals (A & B)	45%	37%	55	64%	52%	58	41%	74%	70%	48%	58
Public Primary Care Facilities	11%	8%	15	0%	17%	8	-	-	-	-	-
Divisional Hospitals (type A, B & C)	18%	12%	22	0%	30%	15	-	-	-	-	-
Primary Medical Care Units	5%	4%	8	0%	3%	2	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices**	100%	73%	100	82%	100%	91	100%	100%	100%	91%	98
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	1%	10%	8	11%	16%	13	-	-	-	-	•
Private Hospitals ≥50 beds	3%	20%	15	32%	41%	36	-	-	-	-	-
Private Hospitals <50 beds	1%	7%	6	5%	10%	8	-	-	-	-	

Table 49 Readiness score (overall and by domain) for malaria diagnosis and treatment services for facilities that are expected to provide service, by facility type and group (n=429), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

** RMOs provide services through mobile malaria clinics, and facilitate treatment of patients admitted to the public or private hospitals

Table 49 (Contd.) Readiness score (overall and by domain) for malaria diagnosis and treatment services for facilities that are expected to provide service, by facility type and group (n=429), Sri Lanka 2017

Facility Type	Facilities with all tracer items (except for Public Primary Care Facilities and Private Hospitals)	Facilities with all tracer items for Public Primary Care Facilities and Private Hospitals	Overall readiness score (except for Public Primary Care Facilities and Private Hospitals)	Overall readiness score for Public Primary Care Facilities and Private Hospitals
Sri Lanka*	24%	0%	67	11
Public sector	24%	0%	62	12
Public Tertiary Care Hospitals	15%	-	50	-
National Hospital	0%	-	38	-
Teaching Hospitals	6%	-	24	-
Provincial General Hospitals	0%	-	79	-
District General Hospitals	26%	-	72	-
Public Secondary Care Hospitals	14%	-	57	-
Base Hospitals (A & B)	14%	-	57	-
Public Primary Care Facilities	-	0%	-	12
Divisional Hospitals (type A, B & C)		0%	-	19
Primary Medical Care Units		0%	-	5
Public Clinics				
TB clinics		-	-	-
STD (HIV) clinics		-	-	-
MOH clinics		-	-	-
Regional Malaria Offices**	77%	-	97	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	•	0%	•	11
Private Hospitals ≥50 beds	-	0%	-	26
Private Hospitals <50 beds	-	0%	-	7

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** RMOs provide services through mobile malaria clinics, and facilitate treatment of patients admitted to the public or private hospitals

			Trained staff		Stock outs			
Facility Type	Medical officer trained in malaria diagnosis	Nursing officer trained in malaria diagnosis	Public health laboratory technician trained in malaria diagnosis	Medical officers trained in malaria treatment	Accredited/certified microscopist	RDT stock out	RDT stock out for more than 14 days	ACT stock out
Sri Lanka*	12%	7%	15%	12%	46%	5%	0%	46%
Public sector	12%	7%	16%	12%	73%	6%	0%	46%
Public Tertiary Care Hospitals	44%	34%	46%	44%	63%	2%	0%	41%
National Hospital	0%	0%	0%	0%	100%	0%	0%	100%
Teaching Hospitals	28%	22%	22%	22%	39%	0%	0%	39%
Provincial General Hospitals	33%	67%	67%	67%	100%	0%	0%	0%
District General Hospitals	63%	42%	68%	63%	79%	5%	0%	47%
Public Secondary Care Hospitals	37%	23%	53%	26%	75%	10%	2%	60%
Base Hospitals (A & B)	37%	23%	53%	26%	75%	10%	2%	60%
Public Primary Care Facilities	8%	4%	10%	8%	-	6%	0%	-
Divisional Hospitals (type A, B & C)	12%	9%	14%	14%	-	7%	1%	-
Primary Medical Care Units	4%	0%	6%	2%	-	5%	0%	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices**	73%	18%	95%	73%	86%	0%	0%	9%
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	10%	5%	4%	8%	20%	3%	0%	•
Private Hospitals ≥50 beds	20%	11%	11%	3%	61%	7%	0%	-
Private Hospitals <50 beds	7%	3%	2%	9%	10%	1%	0%	-

Table 50 Percentage availability of trained staff, insecticide treated bed nets, and stock-out of antimalarial drugs, among facilities that are expected to provide service, by facility type and group (n=429), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

** RMOs provide services through mobile malaria clinics, and facilitate treatment of patients admitted to the public or private hospitals

	Stock outs										
Facility Type	ACT stock out for more than 14 days	Chloroquine stock out	Chloroquine stock out for more than 14 days	Primaquine stock out	Primaquine stock out for more than 14 days	I/V Quinine stock out	I/V Quinine stock out for more than 14 days				
Sri Lanka*	39%	26%	22%	29%	25%	35%	32%				
Public sector	39%	26%	22%	29%	25%	35%	32%				
Public Tertiary Care Hospitals	29%	24%	22%	29%	24%	29%	27%				
National Hospital	0%	0%	0%	0%	0%	0%	0%				
Teaching Hospitals	28%	28%	28%	33%	33%	28%	28%				
Provincial General Hospitals	0%	0%	0%	33%	0%	33%	33%				
District General Hospitals	37%	26%	21%	26%	21%	32%	26%				
Public Secondary Care Hospitals	56%	34%	28%	37%	33%	47%	43%				
Base Hospitals (A & B)	56%	34%	28%	37%	33%	47%	43%				
Public Primary Care Facilities	-	-	-	-	-	-	-				
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-				
Primary Medical Care Units	-	-	-	-	-	-	-				
Public Clinics											
TB clinics	-	-	-	-	-	-	-				
STD (HIV) clinics	-	-	-	-	-	-	-				
MOH clinics	-	-	-	-	-	-	-				
Regional Malaria Offices**	0%	0%	0%	0%	0%	9%	9%				
Healthy Lifestyle Centers	-	-	-	-	-	-	-				
Private sector	-	-	-	-	-	-	-				
Private Hospitals ≥50 beds	-	-	-	-	-	-	-				
Private Hospitals <50 beds	-	-	-	-	-	-	-				

Table 50 (Contd.) Percentage availability of trained staff, insecticide treated bed nets, and stock-out of antimalarial drugs, among facilities that are expected to provide service, by facility type and group (n=429), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** RMOs provide services through mobile malaria clinics, and facilitate treatment of patients admitted to the public or private hospitals

3.3.6 Rabies

The number of cases and deaths due to human rabies has declined steadily over the past few decades in Sri Lanka. According to the sources of MoHNIM, 24 deaths of human rabies were reported in 2015 (MoHNIM, 2015). The Public Health Veterinary Services is the central level organization within the MoHNIM responsible for the national programme on preventing human and animal rabies in Sri Lanka. The provincial health services are responsible for implementation of awareness programmes, mass dog anti rabies vaccination programmes and dog population control programmes with regard to rabies elimination. Post exposure treatment (PET) is provided through existing health facilities as the mainstay of prevention rabies following dog or other animal bites. A great majority of persons who need PET access public health facilities for PET possibly due to high cost at the private sector.

Rabies post exposure treatment

Service availability

Table 51 shows the percentage health institutions offering rabies post exposure treatment services. Rabies post exposure treatment service was available 24 hours a day in all 7 days of the week in 61% of Base Hospitals and 76% of the tertiary care hospitals in Sri Lanka. The percentage availability of this service at national level was low (28%) mainly due to low availability in primary care hospitals and Private Hospitals. Percentage of health institutions that sent samples to the reference laboratory for investigation of rabies was 39% in Base Hospitals and 56% in tertiary care hospitals, and very low in other types of health facilities.

Table 51 shows that a dedicated post exposure treatment centre was available in 56% of tertiary care hospitals, 11% of secondary care hospitals (Base Hospitals), 2% of Divisional Hospitals, and 5% of Private Hospitals.

Figure 20 shows availability of rabies post exposure treatment services among health facilities that are expected to provide service.

Service readiness

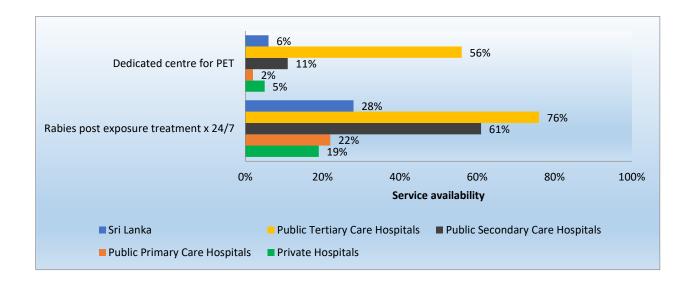
As shown in Table 52, readiness to provide rabies post exposure treatment services was assessed based on the presence of the following 4 tracer items: National guidelines on rabies PET, staff trained on rabies PET, antirabies vaccine (ARVc), and anti-rabies serum (ERIG). At the national level, 22% of health institutions (excluding District Hospitals) had all tracer items, with an overall readiness score of 38 out of 100. The overall readiness score was many times higher in the public sector (77 out of 100) than private sector (10 out of 100). Readiness to provide PET services at tertiary care hospitals was high with a score of 90 out of 100. Anti-rabies vaccine (ARVc) was available in most tertiary care hospitals (94%) and secondary care hospitals (93%). Only 38% primary care health facilities and 20% of Private Hospitals provided ARVc. The availability of ERIG was higher in tertiary care hospitals (54%).

Dog vaccination and population control

Service availability

Dog vaccination services are provided by the Public Health Veterinary Services, and implemented through the provincial health services at MOH level. Thus, the availability and readiness of this service are described as a service of the MOH areas in this report. According to table 53, vaccination of dogs and sterilization of female dogs were available at 78% and 71% of MOH areas, respectively.

Figure 20 Percentage availability of Rabies post exposure treatment services among health facilities that are expected to provide service, by type of facility and group (n=324), Sri Lanka 2017



Service readiness

Table 54 shows the availability of tracer items and readiness score for dog vaccination and dog population control services. Readiness to provide services was assessed based on the presence of the following 4 tracer items: Dog vaccination guidelines, refrigerator, temperature monitoring device in refrigerator, and adequate refrigerator temperature. Thirteen percent of the MOH areas had all tracer items, and the overall readiness score for dog vaccination and population control was 73 out of 100. Readiness score for equipment was high (92 out of 100), in contrast to that for guidelines for dog vaccination (15 per 100) pertaining to the above service.

Figure 21 shows readiness of health facilities to provide rabies post exposure treatment services and dog vaccination and population control services among facilities that are expected to provide the services.

Figure 21 Readiness score (out of 100) to provide rabies post exposure treatment, and dog vaccination and population control services by facility type, Sri Lanka 2017

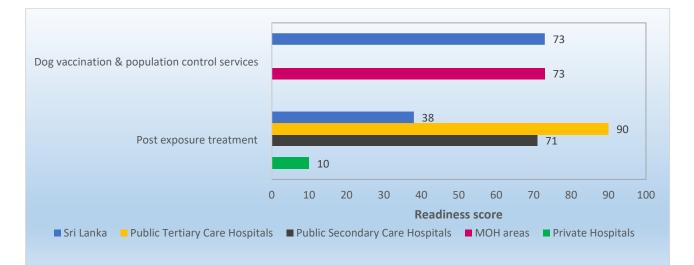


Table 51 Percentage availability of Rabies post exposure treatment services and dedicated rabies PET unit among health facilities that are expected to provide service, by type of facility and group (n=324), Sri Lanka 2017

Facility Type	Rabies post exposure treatment x 24/7	Samples sent to reference laboratory	Dedicated rabies PET unit
Sri Lanka*	28%	9%	6%
Public sector	30%	11%	6%
Public Tertiary Care Hospitals	76%	56%	56%
National Hospital	100%	0%	100%
Teaching Hospitals	64%	55%	64%
Provincial General Hospitals	67%	33%	100%
District General Hospitals	84%	63%	42%
Public Secondary Care Hospitals	61%	39%	11%
Base Hospitals (A & B)	61%	39%	11%
Public Primary Care Facilities	22%	3%	2%
Divisional Hospitals (type A, B & C)	22%	3%	2%
Primary Medical Care Units	-	-	-
Public Clinics			
TB clinics	-	-	-
STD (HIV) clinics	-	-	-
MOH clinics	-	-	-
Regional Malaria Offices	-	-	-
Healthy Lifestyle Centers	-	-	-
Private sector	19%	2%	5%
Private Hospitals ≥50 beds	35%	8%	7%
Private Hospitals <50 beds	15%	0%	5%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

	Guid	elines and trained	d staff		Medicines ar	nd commodities					
Facility Type	National guidelines on rabies PET	Staff trained on rabies PET	Guidelines and trained staff readiness score	Anti-rabies vaccine (ARVc)	Anti-rabies serum (ERIG)	Medicines and commodities readiness score (except for DH)	Medicines and commodities readiness score for DH	Facilities with all tracer items (except for DH)	Facilities with all tracer items for DH	Overall readiness score (except for DH)	Overall readiness score for DH
Sri Lanka*	24%	27%	25	42%	34%	42	38	22%	13%	38	26
Public sector	28%	32%	30	48%	69%	81	38	50%	13%	77	26
Public Tertiary Care Hospitals	88%	85%	87	94%	94%	94	-	79%	-	90	-
National Hospital	100%	0%	50	100%	100%	100	-	0%	-	75	-
Teaching Hospitals	82%	73%	77	82%	82%	82	-	73%	-	80	-
Provincial General Hospitals	100%	100%	100	100%	100%	100	-	100%	-	100	-
District General Hospitals	89%	95%	92	100%	100%	100	-	84%	-	96	-
Public Secondary Care Hospitals	64%	68%	66	93%	57%	75	-	37%	-	71	-
Base Hospitals (A & B)	64%	68%	66	93%	57%	75	-	37%	-	71	-
Public Primary Care Facilities	18%	22%	20	38%	-	-	38	-	13%	-	26
Divisional Hospitals (type A, B & C)	18%	22%	20	38%	-		38	-	13%	-	26
Primary Medical Care Units	-	-	-	-	-		-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-				-		-
Private sector	- 6%	- 6%	- 6	- 20%	- 9%	- 14	-	- 1%	-	- 10	-
Private Hospitals ≥50 beds	12%	12%	12	38%	31%	34		4%		23	
Private Hospitals <50 beds	5%	5%	5	15%	3%	9		0%	_	7	-

Table 52 Readiness score (overall and by domain) for Rabies post exposure treatment services for facilities that are expected to provide the service (n=324), Sri Lanka 2017

Facility Type	Dog vaccination	Dog sterilization
Sri Lanka	78%	71%
Public sector	78%	71%
Public Tertiary Care Hospitals	-	-
National Hospital	-	-
Teaching Hospitals	-	-
Provincial General Hospitals	-	-
District General Hospitals	-	-
Public Secondary Care Hospitals	-	-
Base Hospitals (A & B)	-	-
Public Primary Care Facilities	-	-
Divisional Hospitals (type A, B & C)	-	-
Primary Medical Care Units	-	-
Public Clinics		
TB clinics	-	-
STD (HIV) clinics	-	-
MOH clinics*	78%	71%
Regional Malaria Offices	-	-
Healthy Lifestyle Centers	-	-
Private sector	-	-
Private Hospitals ≥50 beds	-	-
Private Hospitals <50 beds	-	

Table 53 Percentage availability of dog vaccination and dog population control services in Medical Officer of Health areas (n=76), Sri Lanka

*Services are provided through MOH areas

	Guidelines an	d trained staff		Equipme		Dog vaccination		
Facility Type	Dog vaccination guidelines	Guidelines and trained staff readiness score	Refrigerator	Temperature monitoring device in refrigerator	Adequate refrigerator temperature	Equipment readiness score	Facilities with all tracer items	and dog population control services overall readiness score
Sri Lanka	15%	15	100%	96%	80%	92	13%	73
Public sector	15%	15	100%	96%	80%	92	13%	73
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-		-	-
Teaching Hospitals	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-		-	
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics*	15%	15	100%	96%	80%	92	13%	73
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-

Table 54 Readiness score (overall and by domain) for dog vaccination and population control services in MOH areas (n=76), Sri Lanka 2017

*Services are provided through MOH areas

3.3.7 Dengue

Dengue fever is a mosquito-borne viral infection caused by four dengue virus serotypes (DENV-1, DENV-2, DENV-3, and DENV-4). During the year 2015, the Epidemiology Unit of the MoHNIM reported 29,777 cases of dengue fever / dengue haemorrhagic fever (DF/DHF) and 56 deaths, with a case fatality rate of 0.18%. The number of cases and deaths have increased by many-folds in the subsequent years resulting in a major public health crisis. According to the same sources, 80,732 dengue fever cases, including 215 deaths, have been reported within the first six months of the year 2017 (Epidemiological Unit, 2017). Health facilities in the country were overburdened with the increasing number of patients seeking care.

The National Dengue Control Unit (NDCU) is the focal point responsible for the coordination of control and preventive activities of dengue in the MoHNIM, Sri Lanka. The current Dengue preventive strategies include integrated vector management, environmental management, enforcement of relevant laws and public awareness programmes. The curative services are focused on improving of DF/DHF case management through provision of necessary resources, training of curative health staff on clinical management and establishment of High Dependency Units (HDU) to manage severe cases.

Vector surveys and management

Service availability

Table 55 shows the availability of vector management services at MOH level. The routine vector surveys were carried out in 75% of MOH areas, and the integrated vector management services, in 85% of MOH areas.

Service readiness

Table 56 shows the readiness for vector surveys and integrated vector management, based on the presence of the following 5 tracer items at MOH level: National guidelines for Aedes vector surveillance and control, trained staff in vector survey and integrated vector management, fogging machines, adulticide chemicals, and larvicide chemicals. Thirteen percent of MOHs had all tracer items. The readiness scores for equipment and commodities (insecticides) were 62 out of 100, and 50 out of 100, respectively. The overall readiness score was 51 out of 100, indicating an average readiness for vector management at MOH level.

Dengue diagnostic services

Service availability

Table 57 shows percentage of health facilities offering dengue diagnostic services. Services for clinical diagnosis of dengue were available in all tertiary care health facilities, and the majority of secondary care hospitals (97%) and Private Hospitals (91%). It is noteworthy to observe that this service was not optimum in public primary health care facilities (70%). At national level, 36% of health facilities provided services for laboratory confirmation of dengue, with this service availability being the highest in tertiary care hospitals (91%), and lowest in primary care health facilities (6%). Eighty percent of Private Hospitals offered services for laboratory confirmation of dengue, with this percentage being high at Private Hospitals with beds \geq 50 (96%).

Table 55 Percentage availability of routine vecto	r surveys and integrated vector managemen	t services in MOH areas (n=76). Sri Lanka 2017
······································		

Facility Type	Routine vector surveys	Integrated vector management
Sri Lanka	75%	85%
Public sector	75%	85%
Public Tertiary Care Hospitals	-	-
National Hospital	-	-
Teaching Hospitals	-	-
Provincial General Hospitals	-	-
District General Hospitals	-	-
Public Secondary Care Hospitals	-	
Base Hospitals (A & B)	-	-
Public Primary Care Facilities	-	-
Divisional Hospitals (type A, B & C)	-	-
Primary Medical Care Units	-	-
Public Clinics		
TB clinics	-	-
STD (HIV) clinics	-	-
MOH clinics*	75%	85%
Regional Malaria Offices	-	-
Healthy Lifestyle Centers	-	-
Private sector	-	-
Private Hospitals ≥50 beds	-	-
Private Hospitals <50 beds		-

*Dengue vector management is carried out through MOH areas

	G	uidelines and trained s	taff	Equi	pment	Commodities				
Facility Type	National Guidelines for Aedes vector surveillance and control	Trained staff in vector survey and IVM for dengue	Guidelines and trained staff readiness score	Fogging machine	Equipment readiness score	Adulticide	Larvaecide	Commodities readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka	33%	59%	46	62%	62	56%	43%	50	13%	51
Public sector	33%	59%	46	62%	62	56%	43%	50	13%	51
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics*	33%	59%	46	62%	62	56%	43%	50	13%	51
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-		-	-

Table 56 Readiness score (overall and by domain) for routine vector surveys and integrated vector management services in MOH areas (n=76), Sri Lanka 2017

*Dengue vector management is carried out through MOH areas

Facility Type	Offer clinical diagnosis of dengue	Offer laboratory confirmation of dengue
Sri Lanka*	75%	36%
Public sector	73%	24%
Public Tertiary Care Hospitals	100%	91%
National Hospital	100%	100%
Teaching Hospitals	100%	100%
Provincial General Hospitals	100%	100%
District General Hospitals	100%	84%
Public Secondary Care Hospitals	97%	70%
Base Hospitals (A & B)	97%	70%
Public Primary Care Facilities	70%	6%
Divisional Hospitals (type A, B & C)	78%	12%
Primary Medical Care Units	62%	-
Public Clinics	-	-
TB clinics	-	
STD (HIV) clinics	-	
MOH clinics	-	-
Regional Malaria Offices	-	
Healthy Lifestyle Centers	-	
Private sector	91%	80%
Private Hospitals ≥50 beds	96%	96%
Private Hospitals <50 beds	90%	75%

Table 57 Percentage availability of dengue diagnostic services among facilities that are expected to provide the service, by facility type and group (n=404), Sri Lanka

Dengue screening and clinical case management

Service readiness

Table 58 shows readiness for offering dengue screening and clinical case management services, based on the presence of following 4 tracer items: National guidelines on adult dengue clinical case management, national guidelines on paediatric dengue clinical case management, staff trained on dengue screening, diagnosis and/ or clinical case management, and testing for full blood count. Fourteen percent of health facilities (excluding PMCU) had all tracer items, with an overall readiness score of 83 out of 100 in secondary care hospitals and 93 out of 100 in tertiary care hospitals. Readiness was low in Divisional Hospitals, PMCU and Private Hospitals with <50 beds.

Both adult and paediatric national guidelines on dengue clinical case management were available in most secondary and tertiary care hospitals. Tertiary care hospitals were more likely to have staff trained in dengue screening, diagnosis and/or clinical case management (94%), than the secondary care hospitals (75%). Percentage of facilities with staff trained on the above was low in Private Hospitals (48%) and primary care health facilities (19%). The most basic screening test, the full blood count, was available in almost all secondary and tertiary care hospitals. However, this test was available only in 11% of the Divisional Hospitals at primary care level.

Dengue in-patient and emergency care

Service availability

Table 59 shows the percentage of health facilities offering Dengue in-patient care and emergency case management. Of the total hospitals, 70% provided in-patient management of Dengue, and 53%, emergency case management. All tertiary care hospitals, almost all secondary care hospitals (97%) and a considerable proportion Private Hospitals with \geq 50 beds (80%) provided in-patient care for dengue fever. All tertiary care hospitals offered emergency case management of dengue fever. In contrast, the availability of emergency case management was low in Private Hospitals with beds \geq 50 (50%), although most of them provided in-patient care. In-patient case management and emergency case management were high in public sector hospitals compared to Private Hospitals.

Figure 22 shows the availability of dengue diagnostic and case management services among facilities that are expected to provide the service.

Service readiness

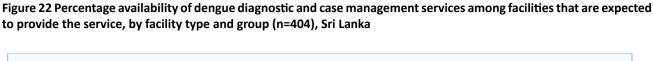
As shown in Table 60, readiness for dengue in-patient care and emergency case management was assessed based on the presence of the following 15 tracer items:

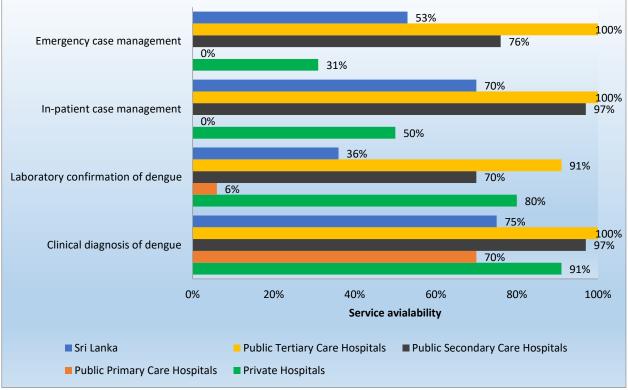
- Guidelines and trained staff National guidelines on dengue clinical case management for adults, national guidelines on dengue clinical case management of children, staff trained in dengue screening, diagnosis and/or clinical case management,
- Diagnostics full blood count, hematocrit machine, portable ultrasound for use in management of Dengue

- Medicines and commodities IV Dextran 40, IV cannula, chlorpheniramine injections, promethazine injections, hydrocortisone Injection,
- Equipment laryngoscopes, endo-tracheal tubes, multipara monitors, and infusion pumps.

Fourteen percent of the health facilities had all 15 tracer items of readiness for dengue in-patient and emergency case management. Overall readiness score was 62 out of 100. Most of the tracer items were available in secondary and tertiary care hospitals, with an overall readiness score of 86 out of 100 and 94 out of 100, respectively. Within the Private Hospitals, those with beds \geq 50 reported a readiness score of 77 out of 100 in contrast to 35 out of 100 in Private Hospitals with <50 beds.

Of the diagnostic tests, the use of portable ultrasound in the management of dengue was found only in about two-thirds of tertiary care hospitals. Medicines and commodities were available in almost all secondary and tertiary care facilities. The equipment for emergency management were readily available in all secondary and tertiary care hospitals. Availability of diagnostics, medicines, and equipment was also high in Private Hospitals with beds \geq 50, but the overall availability at private sector level was low due to poor availability in Private Hospitals with <50 beds. Figure 23 shows readiness score for dengue vector management, screening and clinical case management and in-patient care, by type of health facility.





Dengue high dependency units and blood transfusion services

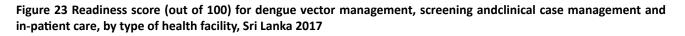
Service availability

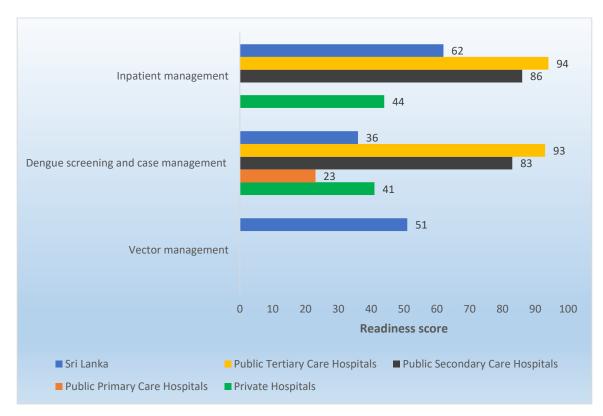
As shown in Table 61, there were HDUs for management for critically ill dengue patients in 65% of tertiary care hospitals, 44% of secondary care hospitals, and 30% of Private Hospitals with beds \geq 50. Blood transfusion services were available in the majority of government hospitals (80% to 100%), and Private Hospitals with \geq 50 beds (93%).

Dengue outbreak management

Service availability

Dengue outbreak management services are implemented through MOH areas. As shown in Table 62, 87% of MOH areas carried-out activities to prevent dengue outbreaks. However, only 41% of MOH areas had an outbreak mitigation plan, and only 55%, an action plan for dengue outbreak prevention for the year 2017.





*Dengue vector management is carried out through MOH areas

	-	Guidelines and	trained staff		Diagr	nostics	Facilities	-		Overall
Facility Type	National guidelines on dengue clinical case management - adult	National guidelines on dengue clinical case management - paediatric	Staff trained in dengue screening, diagnosis and/or clinical case management	Guidelines and trained staff readiness score	Full blood count	Equipment readiness score	with all tracer items (except for PMCU)	Facilities with all tracer items for PMCU	Overall readiness score except for PMCU	readiness score (for PMCU)
Sri Lanka*	32%	26%	28%	29	36%	36	14%	5%	36	18
Public sector	33%	27%	25%	29	27%	27	13%	5%	34	18
Public Tertiary Care Hospitals	91%	91%	94%	92	97%	97	85%	-	93	-
National Hospital	100%	-	100%	100	100%	100	100%	-	100	-
Teaching Hospitals	82%	91%	91%	88	100%	100	82%	-	91	-
Provincial General Hospitals	100%	100%	100%	100	67%	67	67%	-	92	-
District General Hospitals	95%	89%	95%	93	100%	100	89%	-	95	-
Public Secondary Care Hospitals	85%	80%	75%	80	93%	93	57%	-	83	-
Base Hospitals (A & B)	85%	80%	75%	80	93%	93	57%	-	83	-
Public Primary Care Facilities	27%	21%	19%	22	6%	6	0%	-	23	-
Divisional Hospitals (type A, B & C)	33%	24%	22%	26	11%	11	0%	-	23	-
Primary Medical Care Units	21%	18%	16%	18	-	-	-	5%	-	18
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	24%	20%	48%	31	72%	72	20%	•	41	•
Private Hospitals ≥50 beds	59%	59%	73%	64	93%	93	59%	-	71	-
Private Hospitals <50 beds	15%	10%	42%	22	66%	66	10%	-	33	-

Table 58 Readiness score (overall and by domain) for Dengue screening and clinical case management services for facilities that are expected to provide the service, by facility type and group (n=404), Sri Lanka 2017

Table 59 Percentage availability of Dengue in-patient and emergency case management services among facilities that are expected to provide the service, by facility type and group (n=152), Sri Lanka 2017

Facility Type	In-patient case management	Emergency case management
Sri Lanka*	70%	53%
Public sector	98%	84%
Public Tertiary Care Hospitals	100%	100%
National Hospital	100%	100%
Teaching Hospitals	100%	100%
Provincial General Hospitals	100%	100%
District General Hospitals	100%	100%
Public Secondary Care Hospitals	97%	76%
Base Hospitals (A & B)	97%	76%
Public Primary Care Facilities	-	-
Divisional Hospitals (type A, B & C)	-	-
Primary Medical Care Units	-	-
Public Clinics		
TB clinics	-	-
STD (HIV) clinics	-	-
MOH clinics	-	-
Regional Malaria Offices		-
Healthy Lifestyle Centers		
Private sector	50%	31%
Private Hospitals ≥50 beds	80%	50%
Private Hospitals <50 beds	42%	27%

Table 60 Readiness score (overall and by domain) for Dengue in-patient and emergency case management services for facilities that are expected to provide the service,
by facility type and group (n=152), Sri Lanka 2017

		Guidelines an	d trained staff		Diagnostics			
Facility Type	National guidelines on dengue clinical case management - adult	National guidelines on dengue clinical case management - paediatric	Staff trained in dengue screening, diagnosis and/or clinical case management	Guidelines and trained staff readiness score	Full blood count	Haematocrit machine	portable ultrasound for use in management of Dengue	Diagnostics readiness score
Sri Lanka*	50%	46%	62%	53	81%	55%	28%	55
Public sector	87%	83%	81%	84	94%	88%	36%	73
Public Tertiary Care Hospitals	91%	91%	94%	92	97%	94%	65%	85
National Hospital	100%	-	100%	100	100%	100%	0%	67
Teaching Hospitals	82%	91%	91%	88	100%	100%	91%	97
Provincial General Hospitals	100%	100%	100%	100	67%	100%	0%	56
District General Hospitals	95%	89%	95%	93	100%	89%	63%	84
Public Secondary Care Hospitals	85%	80%	75%	80	93%	84%	23%	67
Base Hospitals (A & B)	85%	80%	75%	80	93%	84%	23%	67
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	24%	20%	48%	31	72%	31%	23%	42
Private Hospitals ≥50 beds	59%	59%	73%	64	93%	70%	45%	69
Private Hospitals <50 beds	15%	10%	42%	22	66%	21%	17%	35

			Medicine a	nd commodities			Equipment						
Facility Type	IV Dextran 40	IV cannula	Chlorpheniramine injections	Promethazine injections	Hydrocort- -isone injection	Medicine and commodities readiness score	Laryngo- -scope	Endo-tracheal tubes (Adult/ Pead)	Multipara monitors	Infusion pumps	Equipment readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka*	51%	70%	69%	69%	70%	66	70%	70%	70%	64%	71	14%	62
Public sector	75%	98%	98%	97%	98%	93	98%	98%	97%	98%	97	22%	88
Public Tertiary Care Hospitals	79%	100%	100%	100%	100%	96	100%	100%	100%	100%	100	41%	94
National Hospital	100%	100%	100%	100%	100%	100	100%	100%	100%	100%	100	0%	93
Teaching Hospitals	73%	100%	100%	100%	100%	95	100%	100%	100%	100%	100	55%	95
Provincial General Hospitals	100%	100%	100%	100%	100%	100	100%	100%	100%	100%	100	0%	91
District General Hospitals	79%	100%	100%	100%	100%	96	100%	100%	100%	100%	100	42%	94
Public Secondary Care Hospitals	73%	97%	97%	96%	97%	92	97%	97%	96%	97%	95	13%	86
Base Hospitals (A & B)	73%	97%	97%	96%	97%	92	97%	97%	96%	97%	95	13%	86
Public Primary Care Facilities Divisional Hospitals (type A, B	-	-	-	-	-	-	-	-	-	-	-	-	-
& C) Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	34%	50%	49%	50%	50%	46	50%	50%	50%	40%	52	8%	44
Private Hospitals ≥50 beds	70%	80%	80%	80%	80%	78	93%	93%	86%	86%	92	35%	77
Private Hospitals <50 beds	25%	42%	40%	42%	42%	38	39%	39%	41%	28%	41	1%	35

Table 60 (contd.) Readiness score (overall and by domain) for Dengue in-patient and emergency case management services for facilities that are expected to provide the service, by facility type and group (n=152), Sri Lanka 2017

Table 61 Percentage availability of Dengue High Dependency Units and blood transfusion services among facilities that are expected to provide the service by facility type and group (n=152), Sri Lanka 2017

Facility Type	IV Dextran 40	High dependency unit for dengue	Full blood count diagnostic services available 24 x 7	Blood transfusion
Sri Lanka*	44%	27%	76%	68%
Public sector	67%	50%	82%	85%
Public Tertiary Care Hospitals	74%	65%	100%	97%
National Hospital	100%	100%	100%	100%
Teaching Hospitals	73%	82%	100%	91%
Provincial General Hospitals	100%	67%	100%	100%
District General Hospitals	68%	53%	100%	100%
Public Secondary Care Hospitals	64%	44%	74%	80%
Base Hospitals (A & B)	64%	44%	74%	80%
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-
Primary Medical Care Units	-	-	-	-
Public Clinics				
TB clinics	-	-	-	-
STD (HIV) clinics	-	-	-	-
MOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	27%	10%	72%	56%
Private Hospitals ≥50 beds	58%	30%	96%	93%
Private Hospitals <50 beds	19%	5%	66%	46%

Facility Type	Carry-out activities to prevent Dengue outbreak	Availability of outbreak mitigation plan for 2017	Availability of action plan for Dengue 2017
Sri Lanka	87%	41%	55%
Public sector	87%	41%	55%
Public Tertiary Care Hospitals	-	-	-
National Hospital	-	-	-
Teaching Hospitals	-	-	
Provincial General Hospitals	-	-	
District General Hospitals	-	-	-
Public Secondary Care Hospitals	-	-	-
Base Hospitals (A & B)	-	-	
Public Primary Care Facilities	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-
Primary Medical Care Units	-	-	-
Public Clinics			
TB clinics	-	-	-
STD (HIV) clinics	-	-	
MOH clinics*	87%	41%	55%
Regional Malaria Offices	-	-	-
Healthy Lifestyle Centers	-	-	-
Private sector	-	-	-
Private Hospitals ≥50 beds	-	-	-
Private Hospitals <50 beds		-	-

Table 62 Percentage availability of Dengue outbreak management services in MOH areas (n=76), Sri Lanka 2017

*Dengue vector management is carried out through MOH areas

3.3.8 Chronic non-communicable diseases

Disease burden due to chronic non-communicable diseases (NCD) has increased over the last few decades in Sri Lanka. Among all, cardiovascular diseases (including coronary heart diseases and cerebrovascular diseases), diabetes, cancers and chronic respiratory diseases are the leading causes of mortality, morbidity and disability in Sri Lanka (MOHNIM, 2015a).

According to STEPS Survey of non-communicable diseases in Sri Lanka in 2015, the prevalence of diabetes, hypertension and hypercholesterolemia among adults aged 18-69 years were 7.4%, 26.1% and 23.7% respectively (MOHNIM 2015b).

In Sri Lanka, the number of hospital admissions due to ischaemic heart disease has increased from 163 to 532 per 100,000 population between 1990 and 2015. Similarly, there has been a rapid increase in hospitalization due to hypertension (201 to 464 per 100,000) and diabetes (88 to 382 per 100,000). The hospital mortality due to ischaemic heart disease has increased from 15 to 30 per 100,000 population during the same period (MOHNIM, 2015a).

3.3.9 Diabetes

According to the non-communicable disease risk factor survey (STEPS) in 2015, approximately 4% of the adults (4.4% males and 3.2% females) were found to have impaired fasting glycaemia. The survey reported that 7.4% of the adults (7.3% males and 7.6% females) were diagnosed with diabetes mellitus, i.e., either had raised blood glucose or were currently on medication for diabetes (MOHNIM 2015 b).

Diabetes screening and diagnosis services

Service availability

Table 63 shows the availability of diabetes screening and diagnosis services, by facility type and group. Services for screening or diagnosis of diabetes was available in almost all (95%) of health facilities at national level. The commonest method for diabetes screening was glucose testing by capillary blood (93%), which was available across all types of health facilities. Availability of this services at HLCs was 97%.

Blood glucose testing by venous blood is a more reliable and accurate measurement, and was available in about 58% of the hospitals at national level. This service was available in all tertiary care hospitals (100%), majority of Base Hospitals (96%) and majority of Private Hospitals (89%). However, only 39% of Divisional Hospitals provided venous blood glucose testing.

Service readiness

As shown in Table 64, readiness for offering diabetes screening and diagnosis services at secondary and tertiary care hospitals and Private Hospitals was based on the presence of the following 4 tracer items: Guidelines for screening and diagnosis of diabetes, medical officers trained in diabetes screening and diagnosis, blood glucose test (either glucometer or venous blood), and chemical analyzer to assess venous blood glucose. All four tracer items were found only in 44% of tertiary care hospitals, 27% of secondary care hospitals, and 27% of Private Hospitals with \geq 50 beds. The overall readiness for diabetes screening and diagnosis services was 61 out of 100 at national level, with a considerable difference between public and private sectors (75 out of 100 vs. 51 out of 100). Among the health facilities, secondary and tertiary care hospitals had relatively high scores, 73 and 80 out of 100 respectively.

In calculating the readiness for primary health care facilities and public clinics (PMCU and Divisional Hospitals, MOH clinics, and HLC) certain tracer items (eg. guidelines for diabetes management and chemical analyzer) were excluded since such services are not expected from these facilities. The overall readiness score at HLC was 68 out of 100.

Management of diabetes

Service availability

Table 65 shows the availability of services for management of diabetes in health facilities except public clinics. At national level, more than 80% of these facilities offered the following services: Regular blood sugar monitoring, blood pressure monitoring, nutrition advice/counselling for diabetes management and smoking cessation advice and support. Seventy-two percent of health facilities at national level, including 76% of public hospitals and 58% of the Private Hospitals offered testing for lipid profile. In contrast, the proportion of facilities providing screening services for complications such as diabetic retinopathy (36%), diabetic nephropathy (49%), and peripheral neuropathy (45%) were low at the national level.

Figure 24 shows the availability of services for screening, diagnosis and management of diabetes and screening for complications of diabetes among health facilities that are expected to provide the service.

Service readiness

Table 66 shows the readiness to offer diabetes management services, based on presence of 15 tracer items under the following broad areas: Guidelines and trained staff, equipment, diagnostics, and medicines and commodities. Metformin, glibenclamide and insulin injectable were considered under medicines and commodities. Despite, several guidelines being circulated and training being given, the readiness score for guidelines and training on diabetes management was low in health facilities (32 out of 100 in all hospitals at national level and 60 out of 100 in PMCU). Most health facilities had the necessary equipment for management of diabetes, with a readiness score of 87 out of 100 at the national level. Diagnostic services such as chemical analyzer for venous blood glucose and urine dipstick for protein are expected from Divisional Hospitals and higher level of hospitals. Availability of chemical analyzer to check venous blood glucose (40%), and urine dipstick for protein (35%) were limited, and the low availability reduced the overall readiness score for diagnostics at the national level (57 out of 100). Readiness score for medicines and commodities was high as 91 out of 100 at national level. Metformin and glibenclamide were available in almost all primary, secondary and tertiary hospitals and most Private Hospitals. Availability of insulin injectable was more than 80% except for Private Hospitals with <50 beds.

The overall readiness score for diabetes management at national level was 68 out of 100. The overall readiness score was high in the secondary care hospitals, tertiary care hospitals and Private Hospitals with beds \geq 50 in comparison to primary care health facilities and Private Hospitals with <50 beds.

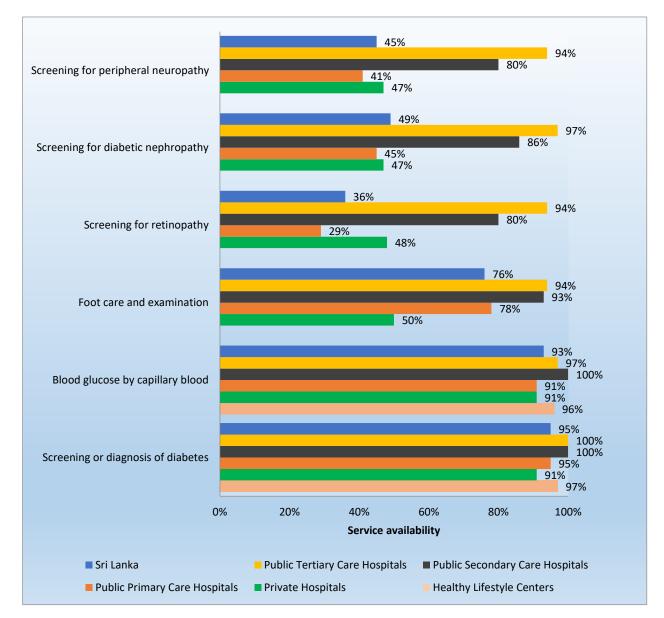


Figure 24 Percentage availability of services for screening, diagnosis and management of diabetes and screening for complications of diabetes among health facilities that are expected to provide the service, by facility type and group (n=667)*, Sri Lanka 2017

*Foot care and screening for complications are not expected from HLC, thus the assessment of these services were not done at HLC

Table 63 Percentage availability of Diabetes screening and diagnosis services among health facilities that are expected to provide the service, by facility type and group (n=667), Sri Lanka 2017

Facility Type	Screening or diagnosis of diabetes	Blood glucose by capillary blood	Blood glucose by venous blood
Sri Lanka*	95%	93%	58%
Public sector	96%	94%	49%
Public Tertiary Care Hospitals	100%	97%	100%
National Hospital	100%	100%	100%
Teaching Hospitals	100%	100%	100%
Provincial General Hospitals	100%	95%	100%
District General Hospitals	100%	95%	100%
Public Secondary Care Hospitals	100%	100%	96%
Base Hospitals (A & B)	100%	100%	96%
Public Primary Care Facilities	95%	91%	39%
Divisional Hospitals (type A, B & C)	98%	96%	39%
Primary Medical Care Units	91%	86%	-
Public Clinics			
TB clinics	-	-	
STD (HIV) clinics	-	-	-
MOH clinics**	95%	93%	
Regional Malaria Offices	-	-	-
Healthy Lifestyle Centers	97%	96%	-
Private sector	91%	91%	89%
Private Hospitals ≥50 beds	96%	96%	96%
Private Hospitals <50 beds	89%	89%	88%

**Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service **Well Woman Clinic conducted at the MOH office was assessed for the services Table 64 Readiness score (overall and by domain) for Diabetes screening and diagnosis services for health facilities that are expected to provide the service, by facility type and group (n=667), Sri Lanka 2017

		Guidelines and	trained staff		Diagnosis				
Facility Type	Guideline for management of diabetes	Guideline for management of cardiovascular risk for primary health care providers	Medical Officers trained in diabetes screening and diagnosis	Guidelines and trained staff readiness score	Blood glucose	Chemical analyzer to check venous blood glucose	Readiness score for diagnosis (except for DH and HLC)	Readiness score for diagnosis for DH and HLC	
Sri Lanka*	26%	54%	47%	49	95%	79%	86	96	
Public sector	53%	54%	48%	51	96%	92%	95	96	
Public Tertiary Care Hospitals	63%	-	63%	63	97%	100%	98	-	
National Hospital	0%	-	0%	0	100%	100%	100	-	
Teaching Hospitals	56%	-	78%	67	100%	100%	100	-	
Provincial General Hospitals	33%	-	33%	33	100%	100%	100	-	
District General Hospitals	74%	-	63%	68	95%	100%	97	-	
Public Secondary Care Hospitals	48%	-	57%	53	100%	88%	94	-	
Base Hospitals (A & B)	48%	-	57%	53	100%	88%	94	-	
Public Primary Care Facilities	-	50%	45%	47	96%	-	-	96	
Divisional Hospitals (type A, B & C)	-	46%	40%	43	96%	-	-	96	
Primary Medical Care Units	-	54%	50%	52	-	-	-	-	
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	
STD (HIV) clinics	-	-	-	-	-	-	-	-	
MOH clinics**	-	49%	51%	50	-	-	-	-	
Regional Malaria Offices	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	60%	49%	54	96%	-	-	96	
Private sector	7%	-	35%	22	91%	69%	80	-	
Private Hospitals ≥50 beds	31%	-	53%	46	96%	89%	93	-	
Private Hospitals <50 beds	1%	-	30%	15	89%	64%	77	-	

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service **Well Woman Clinic conducted at the MOH office was assessed for the services

Table 64 (Contd.) Readiness score (overall and by domain) for Diabetes screening and diagnosis services for health facilities that are expected to provide the service, by facility type and group (n=667), Sri Lanka 2017

Facility Type	Facilities with all tracer items (except for DH, PMCU, MOH and HLC)	Facilities with all tracer items for PMCU and MOH	Facilities with all tracer items for DH and HLC	Overall readiness score (except for DH, PMCU, MOH and HLC)	Overall readiness score for PMCU and MOH	Overall readiness score for DH and HLC
Sri Lanka*	17%	36%	33%	61	51	66
Public sector	32%	36%	33%	75	51	66
Public Tertiary Care Hospitals	44%	-	-	80	-	-
National Hospital	0%	-	-	50	-	-
Teaching Hospitals	44%	-	-	83	-	-
Provincial General Hospitals	33%	-	-	67	-	-
District General Hospitals	47%	-	-	83	-	-
Public Secondary Care Hospitals	27%	-	-	73	-	-
Base Hospitals (A & B)	27%	-	-	73	-	-
Public Primary Care Facilities	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	26%	-	-	61
Primary Medical Care Units	-	39%	-	-	52	-
Public Clinics						
TB clinics	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-
MOH clinics**	-	32%	-	-	50	-
Regional Malaria Offices	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	36%	-	-	68
Private sector	6%	-	-	51	-	-
Private Hospitals ≥50 beds	27%	-	-	69	-	-
Private Hospitals <50 beds	1%	-	-	46	-	-

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service **Well Woman Clinic conducted at the MOH office was assessed for the services

Table 65 Percentage availability of Diabetes management services among health facilities that are expected to provide the service, by facility type and group (n=402), Sri Lanka 2017

Facility Type	Regular blood sugar monitoring	Blood pressure monitoring	Lipid profile monitoring either at the facility or outside facility	Nutrition advice/counse lling for diabetes management	Smoking cessation advice and support	Foot care and examinations	Screening for retinopathy	Screening for diabetic nephropathy	Screening for peripheral neuropathy
Sri Lanka*	85%	89%	72%	88%	82%	76%	36%	49%	45%
Public sector	89%	94%	76%	92%	86%	80%	34%	49%	45%
Public Tertiary Care Hospitals	100%	100%	94%	100%	100%	94%	94%	97%	94%
National Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	100%	100%	89%	100%	100%	100%	89%	100%	100%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	100%	95%	100%	100%	89%	95%	95%	89%
Public Secondary Care Hospitals	100%	100%	86%	100%	96%	93%	80%	86%	80%
Base Hospitals (A & B)	100%	100%	86%	100%	96%	93%	80%	86%	80%
Public Primary Care Facilities	88%	93%	73%	91%	85%	78%	29%	45%	41%
Divisional Hospitals (type A, B & C)	92%	98%	73%	94%	88%	83%	41%	52%	49%
Primary Medical Care Units	83%	88%	-	88%	82%	74%	16%	37%	33%
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-
Private sector	58%	58%	58%	58%	50%	50%	48%	47%	47%
Private Hospitals ≥50 beds	73%	73%	73%	73%	66%	66%	69%	69%	69%
Private Hospitals <50 beds	54%	54%	54%	54%	46%	45%	42%	41%	41%

	-		Guidelines	and trained staff						Equipment		
Facility Type	Guideline for management of diabetes	Guideline for management of cardiovascular risk for Primary Health Care Providers	Guideline for nutrition or food based dietary guideline published by Nutrition Division	Medical Officers trained in diabetes management	Nursing Officers trained in diabetes management	Guidelines and trained staff readiness score (except for PMCU)	Guidelines and trained staff readiness score for PMCU	Blood pressure apparatus	Adult weighing scale	Measuring tape-height board/ stadiometer	Ophthalmo scope	Readiness score for equipment
Sri Lanka*	26%	50%	26%	42%	27%	32	60	98%	98%	89%	64%	87
Public sector	53%	50%	29%	45%	31%	37	60	98%	98%	89%	60%	86
Public Tertiary Care Hospitals	63%	-	66%	75%	78%	70	-	100%	100%	100%	100%	100
National Hospital	0%	-	0%	100%	100%	50	-	100%	100%	100%	100%	100
Teaching Hospitals	56%	-	56%	78%	67%	64	-	100%	100%	100%	100%	100
Provincial General Hospitals	33%	-	100%	33%	100%	67	-	100%	100%	100%	100%	100
District General Hospitals	74%	-	68%	79%	79%	75	-	100%	100%	100%	100%	100
Public Secondary Care Hospitals	48%	-	58%	48%	49%	51	-	98%	100%	100%	99%	99
Base Hospitals (A & B)	48%	-	58%	48%	49%	51	-	98%	100%	100%	99%	99
Public Primary Care Facilities Divisional Hospitals (type	-	50%	25%	43%	25%	33	-	97%	98%	87%	56%	85
A, B & C)	-	46%	23%	37%	25%	33	-	99%	99%	96%	81%	94
Primary Medical Care Units	-	54%	28%	50%			60	96%	96%	79%	31%	76
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	7%	-	6%	25%	14%	13	-	100%	100%	90%	88%	94
Private Hospitals ≥50 beds	31%	-	16%	50%	23%	32	-	100%	100%	100%	100%	100
Private Hospitals <50 beds	1%	-	4%	18%	11%	9	-	100%	100%	87%	85%	93

Table 66 Readiness score (overall and by domain) for Diabetes management services for health facilities that are expected to provide the service, by facility type and group (n=402), Sri Lanka 2017

		Diagno	ostics			Medicir	nes and commo	odities			-		
Facility Type	Blood glucose	Chemical analyzer to check venous blood glucose	Urine dipstick- protein	Diagnostics readiness score (except for PMCU)	Metformin cap/tab	Glibenclamide tab	Insulin injectable	Medicines and commodities readiness score (except for PMCU)	Medicines and commodities readiness score (for PMCU)	Facilities with all tracer items (except for PMCU)	Facilities with all tracer items for PMCU	Overall readiness score (except for PMCU)	Overall readiness score for PMCU
Sri Lanka*	95%	40%	35%	57	95%	93%	82%	91	91	1%	6%	68	68
Public sector	97%	32%	31%	53	96%	95%	84%	94	91	2%	6%	69	68
Public Tertiary Care Hospitals	97%	100%	50%	82	100%	100%	97%	99	-	13%	-	88	-
National Hospital	100%	100%	0%	67	100%	100%	100%	100	-	0%	-	79	-
Teaching Hospitals	100%	100%	78%	93	100%	100%	89%	96	-	33%	-	87	-
Provincial General Hospitals	100%	100%	33%	78	100%	100%	100%	100	-	0%	-	86	-
District General Hospitals	95%	100%	42%	79	100%	100%	100%	100	-	5%	-	88	-
Public Secondary Care Hospitals	100%	88%	31%	73	100%	99%	100%	100	-	3%	-	80	-
Base Hospitals (A & B)	100%	88%	31%	73	100%	99%	100%	100	-	3%	-	80	-
Public Primary Care Facilities	96%	19%	29%	48	95%	94%	81%	-	-	1%	-	66	-
Divisional Hospitals (type A, B & C)	96%	19%	29%	48	99%	98%	81%	93	-	1%	-	66	-
Primary Medical Care Units	-	-	-	-	91%	91%	-	-	91	-	6%	-	68
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics Regional Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-
Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	91%	69%	55%	71	93%	76%	75%	81	•	1%	-	64	•
Private Hospitals ≥50 beds	96%	89%	75%	87	100%	84%	100%	95	-	3%	-	76	-
Private Hospitals <50 beds	89%	64%	49%	68	91%	74%	69%	78	-	0%	-	60	-

Table 66 (Contd.) Readiness score (overall and by domain) for Diabetes management services for health facilities that are expected to provide the service, by facility type and group (n=402), Sri Lanka 2017

3.3.10 Cardio-vascular disease

Ischaemic heart diseases are ranked as the leading cause of mortality in Sri Lanka (MoHNIM, 2015a). According to STEPS survey of non-communicable diseases in Sri Lanka in 2015, approximately 9% of the adults aged 40-69 years were found to have 10-year CVD risk above 30% or an existing CVD. The prevalence of hypertension and hypercholesterolemia among adults aged 18-69 years was 26.1% and 23.7% respectively (MoHNIM, 2015b).

Screening and diagnosis of cardiovascular disease

Service availability

Table 67 shows the availability of screening and diagnosis services for CVD at health facilities. Of the health facilities at the national level, 89% offered screening and/or diagnosis of cardiovascular disease, 69% offered cardiovascular risk prediction using the World Health Organization / International Society of Hypertension (WHO/ISH) chart, and 74% provided services to diagnose of acute ischaemic heart disease. All secondary and tertiary care hospitals, and most HLCs (92%) offered screening and/or diagnosis of cardiovascular disease. Availability of cardiovascular risk assessment using the WHO/ISH chart was very low (7%) in Private Hospitals, in contrast to public health facilities (73%).

Service readiness

As shown in Table 68, readiness for providing screening and diagnosis services for CVD was assessed based on the presence of medical officers trained on cardiovascular risk assessment, and the following equipment: stethoscope, blood pressure apparatus, adult weighing scale, height measuring device (height board / stadiometer), ECG, and cardiovascular risk assessment chart. Availability of ECG machine was excluded in calculating readiness score for HLC.

Only 45% of health facilities had medical officers trained on cardiovascular risk assessment at national level, and this percentage was low across all health facility types. At the national level, 14% of health facilities had all tracer items, and the overall readiness score for screening and diagnosis of CVD (except for HLC) was 74 out of 100. The overall readiness score was 77 out of 100 for HLC. The overall readiness score ranged from 66 out of 100 to 86 out of 100 across the health facilities, with no major difference between public sector and private sector health facilities.

Management of cardiovascular risk

Service availability

Table 69 shows availability of services for management of CVD risk in health facilities. At national level, 74% of health facilities offered services for management of high CVD risk, with this percentage being higher in public sector (75%) than private sector (59%). Regular monitoring of blood sugar (25%) was low compared to blood pressure monitoring (74%), nutrition counseling (73%), and services for smoking cessation (71%) at the national level. In the assessment for services for lipid profile monitoring, primary care health facilities and public clinics were excluded, and the service was available in 68% of health facilities at national level.

Among the HLCs, 71% offered services for management of high CVD risk, 71% monitored blood pressure, 71% offered nutrition counseling and 70% provided smoking cessation advice and support. In contrast only 22% of HLCs provided regular blood sugar monitoring.

Figure 25 shows the availability of services for screening, diagnosis and management of cardiovascular disease among health facilities that are expected to provide the service.

Service readiness

As shown in Table 70, readiness to provide services for management of CVD risk was assessed based on presence of 22 tracer items under the following broad categories: Guidelines and trained staff, equipment, diagnostics, and medicines and commodities. The medicines included those used for management of hypertension, prevention of thrombosis, controlling blood sugar, lipid lowering and treatment of ischaemic heart disease. However, biochemical analyzer for lipid profile and medicines were excluded in calculating the readiness score for HLCs since these services are not expected from the HLC.

Of the facilities that are expected to provide the medicines, the majority had almost all identified medicines, with a readiness score of 89 out of 100 at the national level. Readiness score for equipment was 83 out of 100 at the national level. The lowest readiness score of 43 out of 100 was reported for guidelines and trained staff. The overall readiness score for management of high CVD risk was 65 out of 100 in HLC, 75 out of 100 for primary health care facilities, and 87 out of 100 for public sector hospitals (excluding Divisional Hospitals) and 69 out of 100 for the Private Hospitals.

Management of myocardial infarction and stroke

Service availability

Table 71 shows the percentage of health institutions (hospitals only) offering services for management of myocardial infarction and stroke. The services were available at all tertiary care hospitals, almost all secondary care hospitals and about half of the primary care hospitals. The services were available in 39% of the Private Hospitals as well. Cardiac thrombolysis services were available 92% of secondary care hospitals, 97% of tertiary care hospitals, and in about 63% of Private Hospitals with beds \geq 50. The coronary angioplasty / stenting services were available at the NHSL, and 44% of other Teaching Hospitals in the public sector and 34% of private sector hospitals with beds \geq 50.

Service readiness

Table 72 shows the readiness score for management of myocardial infarction and stroke in health institutions. Tracer items such as staff trained on cardio pulmonary resuscitation (CPR), oxygen, cardiac monitor and defibrillator were included in addition to the tracer items considered in the assessment availability for management of CVD risk. Seven percent of health institutions had all tracer items, and the overall readiness score for management of CVD was 82 out 100 at national level. The lowest readiness score of 26 out of 100 was found for guidelines and trained staff, and the availability of relevant guidelines was low across all types of hospitals. Readiness for equipment was 79 out of 100 at national level.

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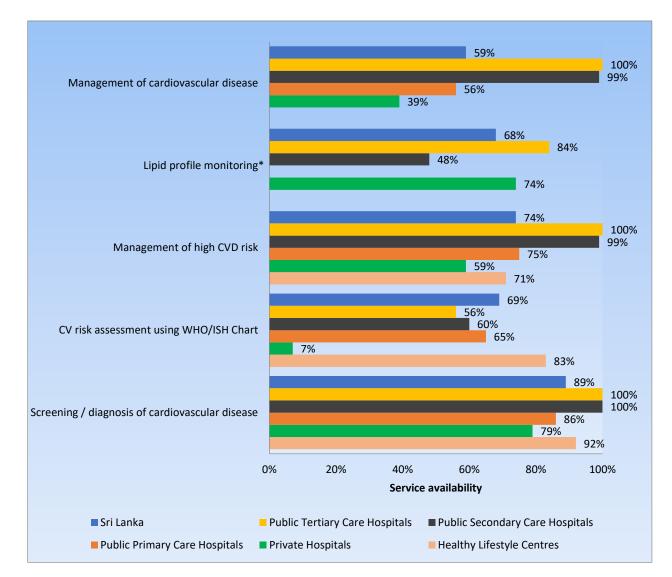


Figure 25 Percentage availability of services for screening, diagnosis and management of cardiovascular disease among health facilities that are expected to provide the service, by facility type and group, by facility type and group (n=591)*, Sri Lanka 2017

* Divisional hospitals, PMCU and HLCs, were excluded in the assessment of services for lipid profile monitoring since the service is not expected from these facilities.

* HLCs were excluded in the assessment of services for lipid profile monitoring, and management of cardiovascular disease since these services are not expected from HLCs

Table 67 Percentage availability of screening and diagnosis of cardiovascular disease among health facilities that are expected to provide the service, by facility type and group (n=591), Sri Lanka 2017

Facility Type	Screening and/or diagnosis of cardiovascular disease	Cardiovascular risk assessment using the WHO ISH Chart	Diagnosis of acute ischaemic heart disease
Sri Lanka*	89%	69%	74%
Public sector	90%	73%	75%
Public Tertiary Care Hospitals	100%	56%	100%
National Hospital	100%	0%	100%
Teaching Hospitals	100%	22%	100%
Provincial General Hospitals	100%	100%	100%
District General Hospitals	100%	68%	100%
Public Secondary Care Hospitals	100%	60%	100%
Base Hospitals (A & B)	100%	60%	100%
Public Primary Care Facilities	86%	65%	72%
Divisional Hospitals (type A, B & C)	93%	63%	90%
Primary Medical Care Units	79%	68%	55%
Public Clinics		-	
TB clinics	-	-	-
STD (HIV) clinics	-	-	-
MOH clinics	-	-	-
Regional Malaria Offices	-	-	-
Healthy Lifestyle Centers	92%	83%	-
Private sector	79%	7%	70%
Private Hospitals ≥50 beds	79%	12%	79%
Private Hospitals <50 beds	79%	6%	67%

Table 68 Readiness score (overall and by domain) for cardiovascular disease screening and diagnosis services for facilities that are expected to provide the service, by facility type and group (n=591), Sri Lanka, 2017

	Guidelines and	d trained staff				Equipment				
Facility Type	MOs trained on cardiovascular risk assessment	Guidelines and trained staff readiness score	Stethoscope	Blood pressure apparatus	Adult weighing scale	Measuring tape (height board/ stadiometer)	ECG	CVD risk chart	Equipment Readiness score (except for HLC)	Equipment Readiness score for HLC
Sri Lanka*	45%	45	72%	94%	97%	89%	59%	65%	80	83
Public sector	47%	47	70%	94%	96%	88%	46%	70%	80	83
Public Tertiary Care Hospitals	47%	47	97%	100%	100%	100%	97%	50%	91	-
National Hospital	0%	0	100%	100%	100%	100%	100%	0%	83	-
Teaching Hospitals	56%	56	100%	100%	100%	100%	100%	44%	91	-
Provincial General Hospitals	33%	33	100%	100%	100%	100%	100%	67%	94	-
District General Hospitals	47%	47	95%	100%	100%	100%	95%	53%	90	-
Public Secondary Care Hospitals	53%	53	96%	98%	100%	100%	98%	57%	91	-
Base Hospitals (A & B)	53%	53	96%	98%	100%	100%	98%	57%	91	
Public Primary Care Facilities	43%	43	72%	97%	98%	87%	51%	65%	78	
Divisional Hospitals (type A, B & C)	41%	41	83%	99%	99%	96%	78%	66%	87	-
Primary Medical Care Units	46%	46	61%	96%	96%	79%	23%	64%	70	-
Public Clinics										
TB clinics	-		-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	50%	50	65%	90%	95%	88%	-	77%	-	83
Private sector	25%	25	100%	100%	100%	90%	80%	2%	79	-
Private Hospitals ≥50 beds	62%	62	100%	100%	100%	100%	94%	4%	83	-
Private Hospitals <50 beds	15%	15	100%	100%	100%	87%	76%	2%	78	-

Table 68 (Contd.) Readiness score (overall and by domain) for cardiovascular disease screening and diagnosis services for facilities that are expected to provide the service, by facility type and group (n=591), Sri Lanka, 2017

Facility Type	Facilities with all tracer items (except for HLC)	Facilities with all tracer items for HLC	Overall readiness score for cardiovascular disease screening and diagnosis services (except for HLC)	Overall readiness score for cardiovascular disease screening and diagnosis services for HLC
Sri Lanka*	14%	26%	74	77
Public sector	16%	26%	75	77
Public Tertiary Care Hospitals	25%	-	84	-
National Hospital	0%	-	71	-
Teaching Hospitals	22%	-	86	-
Provincial General Hospitals	33%	-	86	-
District General Hospitals	26%	-	84	-
Public Secondary Care Hospitals	31%	-	86	-
Base Hospitals (A & B)	31%		86	
Public Primary Care Facilities	15%	-	73	-
Divisional Hospitals (type A, B & C)	23%	-	80	-
Primary Medical Care Units	6%	-	66	-
Public Clinics				
TB clinics	-	-	-	-
STD (HIV) clinics	-	-		-
MOH clinics	-	-		-
Regional Malaria Offices	-	-		-
Healthy Lifestyle Centers	-	26%	-	
Private sector	2%	-	71	-
Private Hospitals ≥50 beds	4%	-	80	-
Private Hospitals <50 beds	1%	-	69	-

Table 69 Percentage availability of cardiovascular disease risk reduction services among health facilities that are expected to provide the service, by facility type and group (n=591), Sri Lanka 2017

Facility Type	Management of high cardiovascular disease risk	Regular assessment of CVD risk using the WHO ISH chart	Regular blood sugar monitoring	Blood pressure monitoring	Lipid profile monitoring	Nutrition advice/counselling	Smoking cessation advice and support
Sri Lanka*	74%	52%	25%	74%	68%	73%	71%
Public sector	75%	55%	21%	75%	59%	74%	73%
Public Tertiary Care Hospitals	100%	41%	100%	100%	84%	100%	97%
National Hospital	100%	0%	100%	100%	100%	100%	100%
Teaching Hospitals	100%	22%	100%	100%	89%	100%	100%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	42%	100%	100%	79%	100%	95%
Public Secondary Care Hospitals	99%	52%	96%	99%	48%	99%	93%
Base Hospitals (A & B)	99%	52%	96%	99%	48%	99%	93%
Public Primary Care Facilities	75%	50%	13%	75%	-	74%	72%
Divisional Hospitals (type A, B & C)	87%	48%	25%	87%	-	84%	82%
Primary Medical Care Units	64%	53%	0%	64%	-	64%	63%
Public Clinics							
TB clinics	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-
Healthy Lifestyle Centers	71%	60%	22%	71%	-	71%	70%
Private sector	59%	12%	74%	59%	74%	55%	53%
Private Hospitals ≥50 beds	75%	40%	93%	75%	93%	71%	65%
Private Hospitals <50 beds	54%	5%	69%	54%	69%	51%	49%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

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			Guidelines a	and trained staff					Equip	oment		
Facility Type	MOs trained in the management of cardiovascular diseases	Staff trained to give advice on smoking cessation	Staff trained on advice on alcohol cessation	Staff trained on giving advice on healthy diet	Staff trained to give advice on importance of physical activity	Guidelines and trained staff readiness score	Stethoscope	Blood pressure apparatus	Adult weighing scale	Measuring tape (height board/ stadiometer)	CVD Risk Chart	Equipment readiness score
Sri Lanka*	39%	38%	38%	49%	49%	43	72%	94%	97%	89%	65%	83
Public sector	41%	40%	40%	51%	51%	45	70%	94%	96%	88%	70%	84
Public Tertiary Care Hospitals	66%	72%	69%	81%	78%	73	97%	100%	100%	100%	50%	89
National Hospital	0%	0%	0%	100%	100%	40	100%	100%	100%	100%	0%	80
Teaching Hospitals	56%	56%	56%	56%	56%	56	100%	100%	100%	100%	44%	89
Provincial General Hospitals	67%	100%	67%	100%	100%	87	100%	100%	100%	100%	67%	93
District General Hospitals	74%	79%	79%	89%	84%	81	95%	100%	100%	100%	53%	89
Public Secondary Care Hospitals	62%	55%	55%	64%	61%	59	96%	98%	100%	100%	57%	90
Base Hospitals (A & B)	62%	55%	55%	64%	61%	59	96%	98%	100%	100%	57%	90
Public Primary Care Facilities	36%	37%	36%	49%	48%	41	72%	97%	98%	87%	65%	84
Divisional Hospitals (type A, B & C)	32%	37%	37%	50%	48%	41	83%	99%	99%	96%	66%	89
Primary Medical Care Units	40%	37%	35%	48%	48%	42	61%	96%	96%	79%	64%	79
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	43%	42%	41%	52%	52%	46	65%	90%	95%	88%	77%	83
Private sector	26%	12%	12%	21%	21%	18	100%	100%	100%	90%	2%	78
Private Hospitals ≥50 beds	52%	29%	29%	37%	29%	35	100%	100%	100%	100%	4%	81
Private Hospitals <50 beds	19%	8%	8%	17%	19%	14	100%	100%	100%	87%	2%	78

Table 70 Readiness score (overall and by domain) for management of high cardiovascular disease risk services for facilities that are expected to provide the service, by facility type and group (n=591), Sri Lanka 2017

Table 70 (Contd.) Readiness score (overall and by domain) for management of high cardiovascular disease risk services for facilities that are expected to provide the service, by facility type and group (n=591), Sri Lanka 2017

		Diagn	ostics				Medi	cines and commod	ities		
Facility Type	Blood glucose by glucometer	Biochemistry analyzer to test lipid profile	Readiness score for Diagnostics (except for DH, PMCU and HLC)	Readiness score for Diagnostics for DH, PMCU and HLC	ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)	Hydrochlorothi azide tablet or other thiazide diuretic tablet	Beta blocker (e.g.bisoprolol , metoprolol, carvedilol, atenolol)	Calcium channel blockers (e.g. amlodipine)	Aspirin cap/tabs	Metformin cap/tabs	Frusemide (injectable or tablet)
Sri Lanka*	73%	72%	75	72	97%	96%	93%	84%	96%	95%	64%
Public sector	73%	70%	74	72	98%	96%	93%	84%	96%	96%	61%
Public Tertiary Care Hospitals	72%	91%	81	-	97%	100%	100%	97%	100%	100%	100%
National Hospital	0%	100%	50	-	0%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	78%	100%	89	-	100%	100%	100%	100%	100%	100%	100%
Provincial General Hospitals	33%	100%	67	-	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	79%	84%	82	-	100%	100%	100%	95%	100%	100%	100%
Public Secondary Care Hospitals	81%	60%	71	-	100%	100%	100%	98%	98%	100%	100%
Base Hospitals (A & B)	81%	60%	71	-	100%	100%	100%	98%	98%	100%	100%
Public Primary Care Facilities	68%	-	-	68	98%	96%	92%	82%	96%	95%	57%
Divisional Hospitals (type A, B & C)	75%	-	-	75	100%	99%	97%	91%	99%	99%	91%
Primary Medical Care Units	61%	-	-	61	96%	93%	88%	73%	92%	91%	23%
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	77%	-	-	77	-	-	-	-	-	-	-
Private sector	79%	74%	76	-	84%	90%	89%	87%	96%	93%	80%
Private Hospitals ≥50 beds	94%	93%	93	-	100%	87%	100%	92%	100%	100%	100%
Private Hospitals <50 beds	75%	69%	72	-	80%	90%	86%	85%	95%	91%	75%

		Medicines a	nd commodities			-	-	Management of	Management of	Management of
Facility Type	Adrenaline (injectable) /epinephrine	Atorvastatin (tablet)	GTN (glycerol trinitrate) (sublingual)	Medicines and commodities readiness score	Facilities with all tracer items (except for DH, PMCU and HLC)	Facilities with all tracer items for DH and PMCU	Facilities with all tracer items for HLC	high cardiovascular disease risk overall readiness score (except for DH, PMCU and HLC)	high cardiovascular disease risk services overall readiness score for DH and PMCU	high cardiovascular disease risk services over all readiness score for HLC
Sri Lanka*	83%	94%	92%	89	7%	5%	17%	76	75	65
Public sector	83%	94%	92%	89	17%	5%	17%	87	75	65
Public Tertiary Care Hospitals	100%	97%	100%	99	16%	-	-	89	-	-
National Hospital	100%	100%	100%	90	0%	-	-	73	-	-
Teaching Hospitals	100%	100%	100%	100	11%	-	-	86	-	-
Provincial General Hospitals	100%	100%	100%	100	33%	-	-	92	-	-
District General Hospitals	100%	95%	100%	99	16%	-	-	91	-	-
Public Secondary Care Hospitals	99%	97%	100%	99	17%	-	-	85	-	-
Base Hospitals (A & B)	99%	97%	100%	99	17%	-	-	85	-	-
Public Primary Care Facilities	81%	94%	92%	88	-	5%	-	-	75	-
Divisional Hospitals (type A, B & C)	91%	94%	97%	96	-	8%	-	-	80	-
Primary Medical Care Units	71%	93%	86%	81	-	1%	-	-	70	-
Public Clinics TB clinics STD (HIV) clinics	-	-	-	-	-	-	-	:	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-	-	- 17%	-	-	- 65
Private sector	80%	92%	87%	88	0%	-	-	69	-	-
Private Hospitals ≥50 beds	97%	96%	96%	97	0%	-	-	79	-	-
Private Hospitals <50 beds	76%	91%	85%	85	0%	-	-	66	-	-

Table 70 (Contd.) Readiness score (overall and by domain) for management of high cardiovascular disease risk services for facilities that are expected to provide the service, by facility type and group (n=591), Sri Lanka 2017

Table 71 Percentage availability of services for management of myocardial infarction and stroke among health facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

Facility Type	Management of cardiovascular disease	Monitoring of cardiac functions	Thrombolysis	Coronary angioplasty or stenting
Sri Lanka*	59%	46%	51%	35%
Public sector	64%	47%	93%	38%
Public Tertiary Care Hospitals	100%	100%	97%	38%
National Hospital	100%	100%	100%	100%
Teaching Hospitals	100%	100%	89%	44%
Provincial General Hospitals	100%	100%	100%	0%
District General Hospitals	100%	100%	100%	-
Public Secondary Care Hospitals	99%	86%	92%	-
Base Hospitals (A & B)	99%	86%	92%	
Public Primary Care Facilities	56%	38%	-	-
Divisional Hospitals (type A, B & C)	56%	38%	-	-
Primary Medical Care Units	-		-	-
Public Clinics				
TB clinics	-		-	-
STD (HIV) clinics	-		-	-
MOH clinics	-		-	-
Regional Malaria Offices	-		-	
Healthy Lifestyle Centers	-		-	-
Private sector	39%	39%	21%	34%
Private Hospitals ≥50 beds	69%	69%	63%	34%
Private Hospitals <50 beds	32%	32%	10%	-

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

Table 72 Readiness score (overall and by domain) for services for management of myocardial infarction and stroke for facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

	Guidelin	es and trained	staff				Equipment			
Facility Type	Guideline for the management of stroke and myocardial infarction	Staff trained on CPR	Readiness score for guidelines and trained staff	Stethoscope	Blood pressure apparatus	Oxygen	ECG	Cardiac monitor	Defibrillator	Readiness score for equipment
Sri Lanka*	14%	38%	26	88%	99%	82%	81%	65%	59%	79
Public sector	16%	41%	29	85%	99%	80%	82%	64%	56%	78
Public Tertiary Care Hospitals	34%	97%	66	97%	100%	97%	97%	94%	97%	97
National Hospital	100%	100%	100	100%	100%	100%	100%	100%	100%	100
Teaching Hospitals	11%	100%	56	100%	100%	89%	100%	100%	100%	98
Provincial General Hospitals	67%	100%	83	100%	100%	100%	100%	100%	100%	100
District General Hospitals	37%	95%	66	95%	100%	100%	95%	89%	95%	96
Public Secondary Care Hospitals	45%	84%	65	96%	98%	98%	98%	99%	97%	97
Base Hospitals (A & B)	45%	84%	65	96%	98%	98%	98%	99%	97%	97
Public Primary Care Facilities	11%	30%	21	83%	99%	77%	78%	57%	47%	73
Divisional Hospitals (type A, B & C)	11%	30%	21	83%	99%	77%	78%	57%	47%	73
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	3%	28%	15	100%	100%	88%	80%	69%	71%	85
Private Hospitals ≥50 beds	13%	56%	34	100%	100%	100%	94%	93%	93%	96
Private Hospitals <50 beds	0%	20%	10	100%	100%	85%	76%	63%	66%	82

					Medicin	es and Commo	odities						
Facility Type	ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)	Hydrochlorothi azide tablet or other thiazide diuretic tablet	Beta blocker (e.g.bisoprolol, metoprolol, carvedilol, atenolol)	Calcium channel blockers (e.g. amlodipine)	Aspirin cap/tabs	Metformin cap/tabs	Frusemide (injectable or tablet)	Adrenaline (injectable) Epinephrine	Atorvastatin (tablet)	GTN (glycerol trinitrate) (sublingual)	Medicines and Commodities	Facilities with all tracer items	Management of cardiovascular diseases (myocardial infarction and stroke) overall readiness score
Sri Lanka*	97%	97%	96%	91%	98%	98%	90%	90%	94%	96%	95	7%	82
Public sector	100%	99%	97%	93%	99%	100%	92%	93%	95%	98%	96	8%	83
Public Tertiary Care Hospitals	97%	100%	100%	97%	100%	100%	100%	100%	97%	100%	99	25%	95
National Hospital	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90	0%	94
Teaching Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100	11%	94
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100	67%	98
District General Hospitals	100%	100%	100%	95%	100%	100%	100%	100%	95%	100%	99	26%	94
Public Secondary Care Hospitals	100%	100%	100%	98%	98%	100%	100%	99%	97%	100%	99	30%	95
Base Hospitals (A & B)	100%	100%	100%	98%	98%	100%	100%	99%	97%	100%	99	30%	95
Public Primary Care Facilities Divisional	100%	99%	97%	91%	99%	99%	91%	91%	94%	97%	96	3%	80
Hospitals (type A, B & C)	100%	99%	97%	91%	99%	99%	91%	91%	94%	97%	96	3%	80
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics TB clinics		-				_			_	_	_		_
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	84%	90%	89%	87%	96%	93%	80%	80%	92%	87%	88	2%	79
Private Hospitals ≥50 beds	100%	87%	100%	92%	100%	100%	100%	97%	96%	96%	97	8%	90
Private Hospitals <50 beds	80%	90%	86%	85%	95%	91%	75%	76%	91%	85%	85	0%	76

Table 72 (Contd.) Readiness score (overall and by domain) for services for management of myocardial infarction and stroke for facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

3.3.11 Chronic obstructive pulmonary disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is a common term used to describe progressive lung diseases including, chronic bronchitis, emphysema, refractory (non-reversible) asthma, and some forms of bronchiectasis. According to the 2015 Annual Health Bulletin, 40,431 discharges and 1372 deaths due to bronchitis, emphysema and other obstructive pulmonary disease were reported from the government hospitals in Sri Lanka (MOHNIM, 2015a).

Screening, diagnosis and management of COPD

Service availability

Table 73 shows the percentage of health facilities offering screening and diagnosis services for chronic obstructive pulmonary disease (COPD). Eighty eight percent of health facilities offered screening and diagnosis services for COPD at national level. This service was available in all TB clinics, all tertiary care hospitals, 99% of secondary care hospitals, 87% of primary care health facilities and 79% of Private Hospitals. Management of COPD was available in 86% of all health facilities at the national level, and the percentages by facility type was almost similar to those of screening and diagnosis services.

Figure 26 shows the availability of COPD services by health facility type.

Service readiness

As shown in Table 74, readiness to offer COPD services was assessed based on the availability of guidelines and trained staff, equipment, and medicines and commodities. Overall readiness was high in secondary care hospitals (83 out of 100) and tertiary care hospitals (91 out of 100). The overall readiness score was 56 out of 100 for PMCU, and 67 out of 100 for Divisional Hospitals. Availability of guidelines and trained staff was especially low in primary and secondary care public hospitals and Private Hospitals. The readiness score for guidelines and trained staff was 25 out of 100 at national level. Readiness score for equipment was 78 out of 100, however availability of equipment such as spirometer, peak flow meter, and spacer devices was relatively low. The readiness with medicines and commodities was high, with a score of 88 out of 100. Inhalers such as salmetrol /fluticasone and budesonide/formetrol were available only in few health institutions.

Figure 26 Percentage availability of COPD services among health facilities that are expected to provide the service, by facility type and group (n=430), Sri Lanka 2017

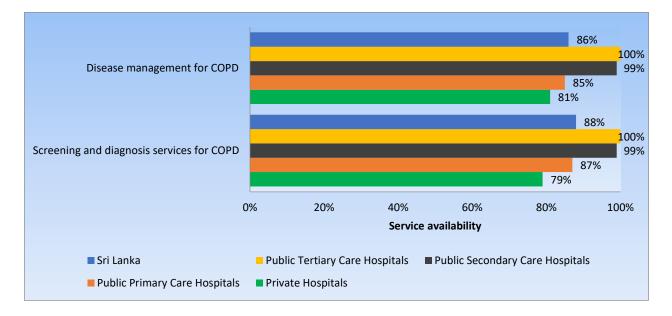


Table 73 Percentage availability of chronic obstructive pulmonary disease (COPD) services among health facilities that are expected to provide the service, by facility type and group (n=430), Sri Lanka 2017

Facility Type	Offer screening and diagnosis services for COPD	Offer disease management for COPD		
Sri Lanka*	88%	86%		
Public sector	89%	86%		
Public Tertiary Care Hospitals	100%	100%		
National Hospital	100%	100%		
Teaching Hospitals	100%	100%		
Provincial General Hospitals	100%	100%		
District General Hospitals	100%	100%		
Public Secondary Care Hospitals	99%	99%		
Base Hospitals (A & B)	99%	99%		
Public Primary Care Facilities	87%	85%		
Divisional Hospitals (type A, B & C)	91%	90%		
Primary Medical Care Units	83%	80%		
Public Clinics				
TB clinics	100%	93%		
STD (HIV) clinics	-	-		
MOH clinics	-	-		
Regional Malaria Offices	-	-		
Healthy Lifestyle Centers	-	-		
Private sector	79%	81%		
Private Hospitals ≥50 beds	87%	87%		
Private Hospitals <50 beds	77%	79%		

Table 74 Readiness score (overall and by domain) for chronic obstructive pulmonary disease services for facilities that are expected to provide service, by facility type
and group (n=430), Sri Lanka 2017

			Guidelines and trained staff		
Facility Type	Received training on screening and diagnosis of COPD in the last two years	Received training on management of COPD in the last two years	Trained on the demonstration of inhaler usage techniques, in the last five years	Readiness score for guidelines and trained staff (except for PMCU)	Readiness score for guidelines and trained staff for PMCU
Sri Lanka*	23%	24%	25%	25	20
Public sector	21%	22%	22%	22	20
Public Tertiary Care Hospitals	64%	67%	58%	63	-
National Hospital	0%	0%	0%	0	-
Teaching Hospitals	90%	90%	60%	80	-
Provincial General Hospitals	67%	67%	100%	78	-
District General Hospitals	53%	58%	53%	54	-
Public Secondary Care Hospitals	32%	32%	41%	35	-
Base Hospitals (A & B)	32%	32%	41%	35	-
Public Primary Care Facilities	17%	15%	13%	-	-
Divisional Hospitals (type A, B & C)	14%	15%	13%	14	-
Primary Medical Care Units	20%	-	-	-	20
Public Clinics					
TB clinics	70%	70%	70%	70	-
STD (HIV) clinics	-	-	-	-	-
MOH clinics	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-
Private sector	40%	35%	37%	37	-
Private Hospitals ≥50 beds	53%	56%	54%	55	-
Private Hospitals <50 beds	37%	29%	33%	33	-

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

					Eq	uipment				
Facility Type	Stethoscope	Peak flow meter	Spirometer	Nebulizing machine	Oxygen	Blood pressure apparatus	Spacers for inhalers	Infusion pump	Readiness score for equipment (except for DH and PMCU)	Readiness score for equipment for DH and PMCU
Sri Lanka*	78%	32%	11%	91%	54%	98%	40%	65%	78	51
Public sector	74%	29%	7%	90%	50%	97%	35%	75%	80	51
Public Tertiary Care Hospitals	97%	88%	79%	100%	97%	100%	94%	97%	94	-
National Hospital	100%	0%	0%	100%	100%	100%	0%	100%	63	-
Teaching Hospitals	100%	90%	90%	100%	90%	100%	100%	100%	96	-
Provincial General Hospitals	100%	100%	67%	100%	100%	100%	100%	100%	96	-
District General Hospitals	95%	89%	79%	100%	100%	100%	95%	95%	94	-
Public Secondary Care Hospitals	96%	68%	23%	100%	98%	98%	88%	91%	83	-
Base Hospitals (A & B)	96%	68%	23%	100%	98%	98%	88%	91%	83	-
Public Primary Care Facilities	72%	23%	2%	89%	44%	97%	28%	-	-	51
Divisional Hospitals (type A, B & C)	83%	27%	4%	100%	77%	99%	39%	-		61
Primary Medical Care Units	61%	19%	0%	78%	12%	96%	17%	-	-	40
Public Clinics										
TB clinics	67%	44%	37%	85%	41%	96%	74%	4%	56	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	100%	57%	41%	100%	88%	100%	74%	56%	77	-
Private Hospitals ≥50 beds	100%	76%	63%	100%	100%	100%	82%	96%	90	-
Private Hospitals <50 beds	100%	52%	35%	100%	85%	100%	72%	46%	74	-

Table 74 (Contd.) Readiness score (overall and by domain) for chronic obstructive pulmonary disease services for facilities that are expected to provide service, by facility type and group (n=430), Sri Lanka 2017

Table 74 (Contd.) Readiness score (overall and by domain) for chronic obstructive pulmonary disease services for facilities that are expected to provide service, by facility type and group (n=430), Sri Lanka 2017

				Ме	dicines and commod	ities			
Facility Type	Salbutamol inhaler	Beclomethasone inhaler	Prednisolone tab	Theophylline tab	Salbutamol tab	Salbutamol nebulizing solution	Ipratropium bromide nebulizing solution	Hydrocortisone injection	Aminophylline injection
Sri Lanka*	83%	80%	99%	88%	98%	90%	62%	84%	70%
Public sector	82%	81%	99%	88%	99%	89%	59%	83%	81%
Public Tertiary Care Hospitals	94%	91%	100%	94%	100%	100%	100%	100%	100%
National Hospital	0%	0%	100%	100%	100%	100%	100%	100%	100%
Teaching Hospitals	90%	90%	100%	100%	100%	100%	100%	100%	100%
Provincial General Hospitals	100%	67%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	100%	100%	89%	100%	100%	100%	100%	100%
Public Secondary Care Hospitals	100%	95%	100%	91%	100%	100%	98%	100%	97%
Base Hospitals (A & B)	100%	95%	100%	91%	100%	100%	98%	100%	97%
Public Primary Care Facilities	80%	80%	99%	88%	99%	88%	55%	82%	-
Divisional Hospitals (type A, B & C)	88%	91%	99%	88%	99%	99%	82%	96%	-
Primary Medical Care Units	72%	68%	99%	87%	99%	78%	28%	67%	-
Public Clinics									
TB clinics	81%	81%	93%	74%	93%	74%	48%	52%	11%
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-
Private sector	91%	75%	96%	87%	91%	94%	84%	89%	60%
Private Hospitals ≥50 beds	100%	87%	100%	87%	96%	94%	100%	100%	69%
Private Hospitals <50 beds	88%	72%	95%	86%	90%	94%	80%	86%	58%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

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Table 74 (Contd.) Readiness score (overall and by domain) for chronic obstructive pulmonary disease services for facilities that are expected to provide service, by facility type and group (n=430), Sri Lanka 2017

	Medicines and	d commodities						
Facility Type	Readiness score for medicines & commodities (except for DH and PMCU)	Readiness score - medicines and commodities for DH and PMCU	Facilities with all tracer items (except for DH and PMCU)	Facilities with all tracer items for DH	Facilities with all tracer items for PMCU	Overall readiness score (except for DH and PMCU)	Overall readiness score for DH	Overall readiness score for PMCU
Sri Lanka*	88	65	10%	1%	0%	78	67	56
Public sector	92	74	12%	1%	0%	81	67	56
Public Tertiary Care Hospitals	98	-	30%	-	-	91	-	-
National Hospital	78	-	0%	-	-	60	-	-
Teaching Hospitals	98	-	50%	-	-	95	-	-
Provincial General Hospitals	96	-	0%	-	-	93	-	-
District General Hospitals	99	-	26%	-	-	90	-	-
Public Secondary Care Hospitals	98	-	8%	-	-	83	-	-
Base Hospitals (A & B)	98	-	8%	-	-	83	-	-
Public Primary Care Facilities	-	84	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	93	-	1%	-	-	67	-
Primary Medical Care Units	-	75	-	-	0%	-	-	56
Public Clinics								
TB clinics	67	-	0%	-	-	63	-	-
STD (HIV) clinics		-	-	-	-		-	-
MOH clinics		-	-	-	-		-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	85	•	8%	-	•	75	-	•
Private Hospitals ≥50 beds	93	-	15%	-	-	86	-	-
Private Hospitals <50 beds	83	-	6%	-		72	-	-

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

3.3.12 Chronic kidney disease

Chronic kidney disease (CKD) is a major burden on the healthcare system of Sri Lanka. Diabetes, hypertension, and the various forms of glomerulonephritis are well-recognized etiologies. In the last two decades, chronic kidney disease of unknown aetiology (CKDu) characterized by the absence of identified causes for CKD has emerged as a significant contributor to the burden CKD in rural Sri Lanka. According to the Annual Health Bulletin, 27,612 patient discharges and 1,901 deaths due to kidney failure were reported from the government hospitals in Sri Lanka in 2015 (MOHNIM, 2015a).

Service availability

Table 75 shows the percentage of health facilities offering chronic kidney disease (CKD) services. Fifty two percent of health institutions in Sri Lanka offered services for CKD diagnosis. This service is offered by 97% of tertiary care hospitals, 92% of secondary care hospitals, 41% of Divisional Hospitals and 57% of Private Hospitals. Management and/or long-term follow up of CKD patients was available in 49% of health institutions, and monitoring of renal functions in 49% of health institutions at the national level. The service availability for CKD management and/or long-term patient follow up by facility type was almost similar to the CKD diagnosis services. Haemodialysis and peritoneal dialysis services were available predominantly in tertiary care hospitals (59% and 66% respectively). Haemodialysis and peritoneal dialysis were available in few Private Hospitals too (18% and 12% respectively). The NHSL, some of the Teaching Hospitals (56%) and few Private Hospitals (7%) performed renal transplantations.

Table 76 shows the availability of CKD care services in addition to above mentioned items, in secondary care, tertiary care and Private Hospitals. The percentage of health facilities offering renal ultrasound was high (82%) at national level as well as among all health facilities. Of the tertiary care hospitals, 84% performed renal biopsy and 50% had the services of a Nephrologist.

Figure 27 illustrates the availability of CKD diagnosis and care, while Figure 28 shows the CKD management services among health facilities.

Service readiness

As shown in Table 77, readiness to offer CKD services was assessed based on the availability of guidelines and trained staff, equipment, medicines and commodities, and diagnostics. Overall readiness score was 43 out of 100 for Divisional Hospitals, 55 out of 100 for Base Hospitals, 70 out of 100 for tertiary care hospitals and 42 out of 100 for Private Hospitals.

Availability of guidelines and trained staff was low across all types of facilities. The readiness score for guidelines and trained staff at Teaching Hospitals was 55 out of 100. The readiness score for equipment was 87 out of 100 for the Teaching Hospitals. Availability of equipment such as haemodialysis machine, dialysis bed, reverse osmosis plant, and dializer membrane unit was low in most hospitals except the tertiary care level.

The readiness with medicines and commodities was high at national level, with a score of 72 out of 100. Vitamin D analogues or calcitriol, parenteral iron supplements and erythropoietin injections were available in 71%, 54% and 61% of the health facilities.

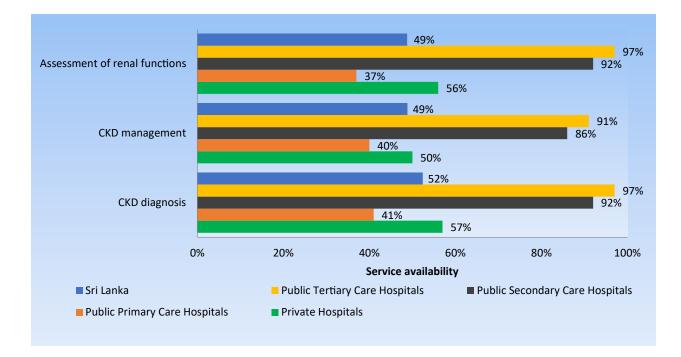


Figure 27 Percentage availability of chronic kidney disease diagnosis and care services among health facilities that are expected to provide the service, by facility group (n=322), Sri Lanka 2017

Figure 28 Percentage availability of chronic kidney disease management services among health facilities that are expected to provide the service, by facility group (n=322), Sri Lanka 2017

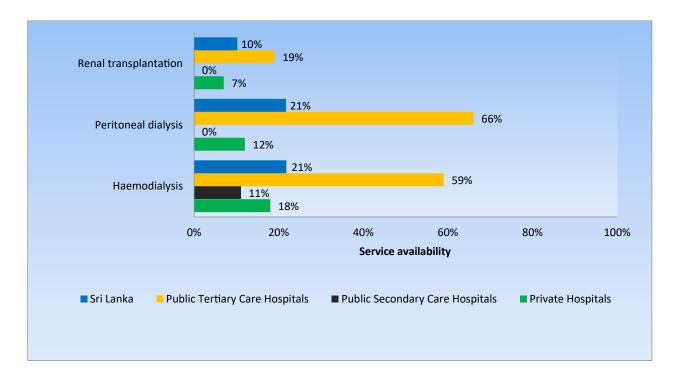


Table 75 Percentage availability of chronic kidney disease care services among health facilities that are expected to provide the service, by facility type and group	
(n=322), Sri Lanka 2017	

Facility Type	CKD diagnosis	CKD management and/or long-term patient follow-up	Assessment of renal functions	Haemodialysis	Peritoneal dialysis	Renal transplantation	Blood transfusion
Sri Lanka*	52%	49%	49%	21%	21%	10%	68%
Public sector	51%	49%	47%	26%	66%	60%	86%
Public Tertiary Care Hospitals	97%	91%	97%	59%	66%	19%	100%
National Hospital	100%	100%	100%	100%	0%	100%	100%
Teaching Hospitals	100%	100%	100%	100%	89%	56%	100%
Provincial General Hospitals	100%	100%	100%	100%	100%	-	100%
District General Hospitals	95%	84%	95%	32%	53%	-	100%
Public Secondary Care Hospitals	92%	86%	92%	11%	-	-	80%
Base Hospitals (A & B)	92%	86%	92%	11%	-	-	80%
Public Primary Care Facilities	41%	40%	37%	-	-	-	-
Divisional Hospitals (type A, B & C)	41%	40%	37%	-	-	-	-
Primary Medical Care Units	-		-	-	-	-	-
Public Clinics							
TB clinics	-		-	-	-	-	-
STD (HIV) clinics	-		-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-
Private sector	57%	50%	56%	18%	12%	7%	56%
Private Hospitals ≥50 beds	72%	72%	68%	63%	31%	27%	93%
Private Hospitals <50 beds	53%	45%	53%	6%	7%	1%	46%

Table 76 Percentage availability of chronic kidney disease care services among health facilities that are expected to provide the service, by facility type and group (Auxiliary indicators) (n=150), Sri Lanka 2017

Facility Type	Renal ultrasound	Renal biopsy	Serum Calcium	Serum Phosphorous	Serum alkaline phosphatase	Serum total protein and albumin	Lipid profile	Serum bicarbonate	HbA _{1C}	Follow up for continuous ambulatory peritoneal dialysis (CAPD)	Availability of a services of a Physician (conducting a routine clinic in the facility)	Availability of a services of a Nephrologist (conducting a routine clinic in the facility)
Sri Lanka*	82%	34%	58%	52%	73%	77%	68%	27%	3%	10%	48%	33%
Public sector	93%	41%	49%	40%	79%	88%	59%	21%	8%	18%	76%	50%
Public Tertiary Care Hospitals	100%	84%	81%	78%	97%	100%	84%	44%	25%	38%	81%	50%
National Hospital	100%	100%	100%	100%	100%	100%	100%	0%	100%	0%	100%	100%
Teaching Hospitals	100%	100%	100%	100%	100%	100%	89%	89%	78%	67%	89%	89%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	33%	0%	33%	67%	67%
District General Hospitals	100%	74%	68%	63%	95%	100%	79%	26%	0%	26%	79%	26%
Public Secondary Care Hospitals	90%	22%	36%	23%	72%	83%	48%	11%	0%	9%	74%	-
Base Hospitals (A & B)	90%	22%	36%	23%	72%	83%	48%	11%	0%	9%	74%	-
Public Primary Care Facilities Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	75%	29%	64%	61%	68%	69%	74%	31%	0%	5%	28%	30%
Private Hospitals ≥50 beds	94%	59%	80%	80%	80%	80%	93%	48%	0%	16%	56%	60%
Private Hospitals <50 beds	70%	22%	59%	56%	65%	66%	69%	27%	0%	2%	21%	22%

				Guidelines	and trained staf	f			
Facility Type	Clinical management guideline - CKD and CKDu of Ministry of Health	Staff trained in clinical management guideline - CKD and CKDu of Ministry of Health	Medical Officers trained on heamodialysis	Nurses trained on heamodialysis	Medical Officers trained on peritoneal dialysis	Nurses trained on peritoneal dialysis	Readiness score (except for BH and DH)	Readiness score for BH	Readiness score for DH
Sri Lanka*	12%	14%	23%	23%	20%	22%	21	18	10
Public sector	15%	13%	26%	30%	50%	59%	55	18	10
Public Tertiary Care Hospitals	38%	56%	56%	69%	50%	59%	55	-	-
National Hospital	0%	0%	100%	0%	0%	0%	17	-	-
Teaching Hospitals	56%	89%	67%	100%	78%	78%	78	-	-
Provincial General Hospitals	0%	67%	100%	100%	67%	67%	67	-	-
District General Hospitals	37%	42%	42%	53%	37%	53%	44	-	-
Public Secondary Care Hospitals	23%	21%	12%	14%	-	-	-	18	-
Base Hospitals (A & B)	23%	21%	12%	14%	-	-	-	18	-
Public Primary Care Facilities	12%	9%	-	-	-	-	-	-	10
Divisional Hospitals (type A, B & C)	12%	9%	-	-	-	-	-	-	10
Primary Medical Care Units	-	-	-	-	-	-	-	-	-
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-
Private sector	3%	15%	21%	18%	13%	14%	14	-	•
Private Hospitals ≥50 beds	16%	46%	49%	45%	21%	43%	37		-
Private Hospitals <50 beds	0%	7%	14%	11%	11%	7%	9	-	-

Table 77 Readiness score (overall and by domain) for offering chronic kidney disease services for facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

	Equipment												
Facility Type	Stethoscope	Blood pressure apparatus	Adult weighing scale digital	Haemodialysis machines	Dialysis chair/bed	Reverse Osmosis Plant	Dialyzer membrane unit	Arterial Catheters	Venous Catheters	Arterial Needles	Venous Needles	Bicarbonate solution for dialysis	
Sri Lanka*	47%	53%	45%	22%	20%	19%	16%	23%	25%	23%	24%	25%	
Public sector	45%	52%	42%	29%	24%	27%	20%	31%	36%	31%	34%	34%	
Public Tertiary Care Hospitals	78%	84%	72%	69%	50%	66%	47%	59%	66%	63%	66%	66%	
National Hospital	0%	0%	0%	100%	100%	100%	0%	0%	100%	100%	100%	100%	
Teaching Hospitals	89%	100%	78%	100%	100%	100%	78%	78%	100%	89%	100%	100%	
Provincial General Hospitals	100%	100%	100%	100%	67%	100%	67%	100%	67%	67%	67%	100%	
District General Hospitals	74%	79%	68%	47%	21%	42%	32%	47%	47%	47%	47%	42%	
Public Secondary Care Hospitals	86%	89%	76%	11%	13%	10%	8%	19%	23%	18%	21%	20%	
Base Hospitals (A & B)	86%	89%	76%	11%	13%	10%	8%	19%	23%	18%	21%	20%	
Public Primary Care Facilities	36%	44%	35%	-	-	-	-	-	-	-	-	-	
Divisional Hospitals (type A, B & C)	36%	44%	35%	-	-	-	-	-	-	-	-	-	
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	
Private sector	56%	57%	56%	18%	17%	13%	14%	17%	17%	17%	17%	18%	
Private Hospitals ≥50 beds	66%	72%	68%	63%	58%	42%	46%	63%	63%	63%	63%	63%	
Private Hospitals <50 beds	53%	53%	53%	6%	6%	5%	5%	5%	5%	5%	5%	6%	

Table 77 (Contd.) Readiness score (overall and by domain) for offering chronic kidney disease services for facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

	Equipment												
Facility Type	ECG monitor	Defibrillator	Multipara monitor	Clean water supply to the unit	Space with a bed and table for peritoneal dialysis	Dialysis bag	CAPD Solution	Connecting tubes	CAPD catheter	Readiness score (except for BH and DH)	Readiness score for BH	Readiness score for DH	
Sri Lanka*	51%	48%	52%	100%	17%	14%	14%	16%	15%	34	42	38	
Public sector	64%	58%	66%	100%	34%	41%	41%	47%	41%	62	42	38	
Public Tertiary Care Hospitals	69%	63%	78%	100%	34%	41%	41%	47%	41%	62	-	-	
National Hospital	100%	100%	100%	100%	0%	0%	0%	0%	0%	52	-	-	
Teaching Hospitals	100%	78%	100%	100%	56%	67%	67%	78%	67%	87	-	-	
Provincial General Hospitals	67%	67%	100%	100%	33%	33%	33%	33%	33%	73	-	-	
District General Hospitals	53%	53%	63%	100%	26%	32%	32%	37%	32%	49	-	-	
Public Secondary Care Hospitals	62%	57%	61%	100%	-	-	-	-	-	-	42	-	
Base Hospitals (A & B)	62%	57%	61%	100%	-	-	-	-	-	-	42	-	
Public Primary Care Facilities Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	38 38	
Primary Medical Care Units	-	-	-	-	-	-	-	-	-		-	-	
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	
MOH clinics	-	-	-	-	-	-	-	-	-		-	-	
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	
Private sector	43%	40%	42%	100%	13%	8%	8%	10%	10%	28	-	-	
Private Hospitals ≥50 beds	66%	58%	66%	100%	40%	31%	31%	39%	39%	57	-	-	
Private Hospitals <50 beds	37%	35%	35%	100%	6%	2%	2%	2%	2%	20	-	-	

Table 77 (Contd.) Readiness score (overall and by domain) for offering chronic kidney disease services for facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

						Medi	cine and commod	lities					
Facility Type	ACE inhibit or	Hydrochlorothia zide tablet or other thiazide diuretic tablet	Frusemide (injectable or tablet)	Angiotensin receptor blockers	Oral iron supplements	Allopurinol	Oral bicarbonate supplements (sodium bicarbonate)	Vitamin D analogues and calcitriol	Parenteral iron supplement s	Erythropoietin injections	Aspirin	Medicine and commodities readiness (except for DH)	Medicine and commodities readiness for DH
Sri Lanka*	97%	97%	97%	18%	94%	48%	61%	71%	54%	61%	98%	72	83
Public sector	100%	99%	100%	6%	97%	57%	75%	79%	72%	86%	99%	79	83
Public Tertiary Care Hospitals	97%	100%	100%	9%	100%	94%	88%	97%	94%	97%	100%	89	-
National Hospital	0%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	82	-
Teaching Hospitals	100%	100%	100%	33%	100%	100%	89%	89%	100%	100%	100%	92	-
Provincial General Hospitals	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	91	-
District General Hospitals	100%	100%	100%	0%	100%	89%	84%	100%	89%	95%	100%	87	-
Public Secondary Care Hospitals	100%	100%	100%	6%	97%	41%	70%	72%	63%	82%	98%	75	-
Base Hospitals (A & B)	100%	100%	100%	6%	97%	41%	70%	72%	63%	82%	98%	75	-
Public Primary Care Facilities	100%	99%	99%	6%	96%	-	-	-	-	-	99%	-	83
Divisional Hospitals (type A, B & C)	100%	99%	99%	6%	96%	-	-	-	-	-	99%	-	83
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	84%	90%	87%	63%	83%	41%	51%	65%	41%	43%	96%	68	-
Private Hospitals ≥50 beds	100%	87%	100%	82%	100%	80%	69%	100%	69%	80%	100%	88	-
Private Hospitals <50 beds	80%	90%	84%	58%	79%	32%	46%	56%	33%	33%	95%	62	-

Table 77 (Contd.) Readiness score (overall and by domain) for offering chronic kidney disease services for facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

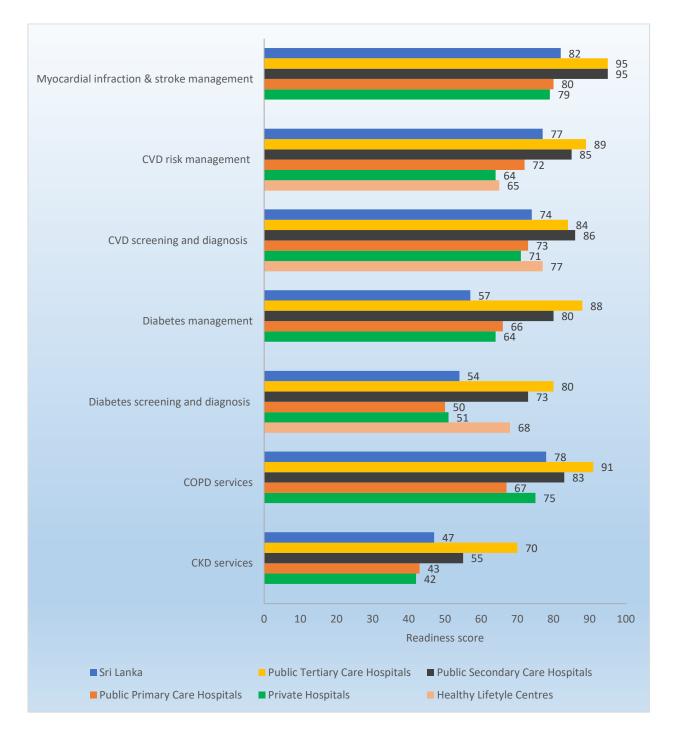
				Diag	gnostics				Facilities with	Facilities		Overall		Overall
Facility Type	Serum creatinine or blood urea	Urine full report	Urine for microalbumin urea	Full blood count	Serum electrolytes	Blood glucose	Erythrocyte sedimentation rate	Readiness score	all tracer items (except for BH and DH)	with all tracer items for BH	Facilities with all tracer items for DH	readiness score (except for BH and DH)	Overall readiness score for BH	readiness score for DH
Sri Lanka*	19%	49%	35%	36%	19%	46%	49%	36	1%	0%	0%	47	55	43
Public sector	12%	42%	30%	26%	11%	38%	42%	29	6%	0%	0%	70	55	43
Public Tertiary Care Hospitals	56%	100%	50%	97%	66%	100%	100%	81	6%	-	-	70	-	-
National Hospital	100%	100%	0%	100%	100%	100%	100%	86	0%	-	-	60	-	-
Teaching Hospitals	44%	100%	78%	100%	67%	100%	100%	84	22%	-	-	86	-	-
Provincial General Hospitals	67%	100%	33%	67%	100%	100%	100%	81	0%	-	-	78	-	-
District General Hospitals	58%	100%	42%	100%	58%	100%	100%	80	0%	-	-	62	-	-
Public Secondary Care Hospitals	42%	99%	31%	93%	43%	96%	99%	72	-	0%	-	-	55	-
Base Hospitals (A & B)	42%	99%	31%	93%	43%	96%	99%	72	-	0%	-	-	55	-
Public Primary Care Facilities	4%	30%	29%	11%	3%	25%	29%	19	-	-	0%	-	-	43
Divisional Hospitals (type A, B & C)	4%	30%	29%	11%	3%	25%	29%	19	-	-	0%	-	-	43
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics														
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	50%	77%	55%	72%	48%	74%	77%	64	0%	-	-	42	-	-
Private Hospitals ≥50 beds	66%	93%	75%	93%	69%	93%	93%	83	0%	-	-	66	-	-
Private Hospitals <50 beds	46%	73%	49%	66%	42%	69%	73%	60	0%	-	-	35	-	

Table 77 (Contd.) Readiness score (overall and by domain) for chronic kidney disease services for facilities that are expected to provide the service, by facility type and group (n=322), Sri Lanka 2017

Service readiness for chronic NCD

Service readiness for all non-communicable diseases, by facility group are summarized in Figure 29.

Figure 29 Readiness score (out of 100) for offering services relating to diabetes, cardiovascular disease, chronic kidney disease and chronic obstructive pulmonary disease, by facility group, Sri Lanka 2017



3.3.13 Cancer

Incidence of cancer has almost doubled between 1985 and 2010 in Sri Lanka. The cancer incidence data in Sri Lanka revealed that the age standardized incidence rate for all cancers has increased from 44.1 per 100,000 population in 1985 to 87.5 per 100,000 population in 2010. The age standardized mortality due to cancers for males and females were 70.9 and 53.5 per 100,000 population, respectively. Breast cancer, oropharyngeal cancers (lip, oral cavity and pharynx) and cervical cancers were three leading cancers reported in the country, irrespective of the sex (National Cancer Control Programme, 2016).

National Cancer Control Programme is the national focal point for prevention and control of cancers in the country. The organization is responsible for policy, advocacy, monitoring and evaluation of prevention and control of cancers, and conducting surveillance of cancers.

Service availability and readiness was assessed in relation to the three common cancers - oral, breast and cervical cancer.

Figure 30 shows availability oral, breast and cervical cancer diagnosis services among health facilities that are expected to provide the service.

Figure 31 summarizes the readiness for offering services for oral, breast and cervical cancers in health institutions.

Oral cancer

Service availability

Table 78 shows the percentage of health facilities offering oral cancer services. At the national level, fifty seven percent of health facilities offered clinical oral examination, and 17%, oral cancer diagnosis services. These services were available mostly in the secondary care hospitals (92%), and tertiary care hospitals (97%). Services for oral cancer surgery, oral cancer chemotherapy, radiotherapy and palliative care were available in 75%, 62%, 38%, and 66% of tertiary care hospitals, respectively.

Service readiness

As shown in Table 79, readiness to offer oral cancer services was assessed based on the availability of guidelines and trained staff, equipment, and medicines and commodities. All tracer items were found in 31% of tertiary care hospitals, and 7% of the secondary care hospitals. National level readiness score for oral cancer services was 39 out of 100 for health facilities other than MOH. Availability of guidelines and trained staff was low especially in primary and secondary care hospitals and Private Hospitals. The readiness score for guidelines and trained staff was 20 out of 100 at the national level. Readiness score for equipment was 44 out of 100, and that of medicines and commodities was 38 out of 100.

Breast cancer

Service availability

Table 80 shows the percentage of health facilities offering breast cancer services. Sixty eight percent of health facilities offered clinical breast examination, and 66%, breast cancer diagnosis services, at national level. Ultrasound guided FNAC was available in 65% of health facilities, predominantly in tertiary care hospitals, and in some secondary care and Private Hospitals. Mammography services were available in 23% of facilities at national level, which included 42% of tertiary care and 18% of Private Hospitals. Surgical treatment for breast cancer was provided at all tertiary care, 63% of secondary care hospitals and 50% of Private Hospitals. Chemotherapy was available 24% of tertiary care hospitals and 19% of Private Hospitals. Availability of hormone therapy was similar to that of chemotherapy. Radiotherapy was available only in tertiary care hospitals. Overall 17% of facilities provided palliative care, with its availability varying from 9% to 100% in different types of hospitals.

Service readiness

As shown in Table 81, readiness to offer breast cancer services was assessed based on the availability of guidelines and trained staff, equipment, diagnostics and medicines and commodities. Overall readiness score was calculated for different types of health facilities and ranged from 11 out of 100 to 68 out of 100. Readiness score was high for equipment (82 out of 100) and medicines and commodities (38 out of 100), in contrast to diagnostics (13 out of 100) and guidelines and trained staff (14 out of 100). The overall readiness score was higher in public sector hospitals (54 out of 100) than Private Hospitals (21 out of 100).

Cervical cancer

Service availability

Table 82 shows the percentage of health facilities offering cervical cancer services. Thirty sixty percent of health facilities at national level offered screening services for clinical examination of cervix, and 58%, cervical cancer diagnostic services at national level. The screening service was available in almost all tertiary care hospitals and all MOH clinics.

Colposcopy was available in 21% of health facilities at national level, predominantly in tertiary care hospitals. Availability of colposcopy service was low in secondary care hospitals and Private Hospitals. Surgical treatment for cervical cancer was provided by 89% tertiary care hospitals, 46% of secondary care and 37% of Private Hospitals. Chemotherapy was available at 47% of tertiary care hospitals and 22% of Private Hospitals. Radiotherapy was available only in tertiary care facilities. Overall 16% of facilities provided palliative care, with availability varying across different types of hospitals.

Service readiness

As shown in Table 83, readiness to offer cervical cancer services was assessed based on the availability of guidelines and trained staff, equipment, diagnostics, and medicines and commodities. Overall readiness score at national level was calculated for different types of health facilities and was 53 out of 100 for secondary and tertiary care hospitals (except the NHSL) and private hospitals. Public Health Nursing Sisters who were trained on PAP smear procedure were available in 61% of MOH clinics. Gynaecologist trained in colposcopy procedure were available in all tertiary care hospitals, 58% secondary care hospitals and 36% of the Private Hospitals. Availability of equipment were appropriate for the type of facility and its service.

Figure 30 Percentage availability oral, breast and cervical cancer diagnosis services among health facilities that are expected to provide the service, by facility group (n=587), Sri Lanka 2017

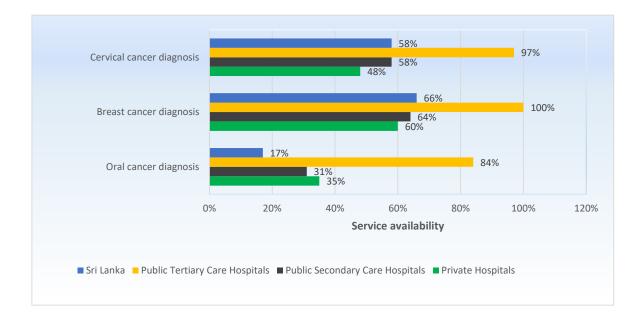
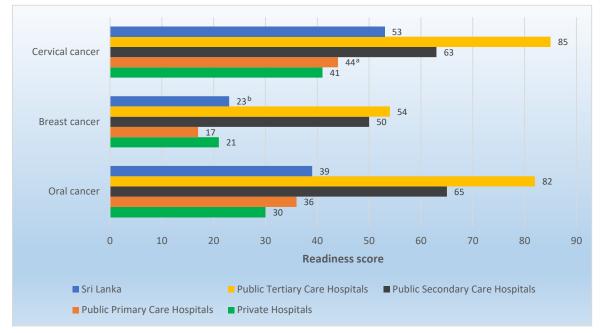


Figure 31 Readiness score (out of 100) for offering services oral, breast and cervical cancer services at health institutions, by facility group (n=587), Sri Lanka 2017



- a Considered only Divisional Hospitals
- b Considered only the National Hospital of Sri Lanka, Teaching Hospitals and Private Hospitals

Facility Type	Clinical oral examination	Oral cancer diagnosis	Oral Cancer surgery	Oral cancer chemotherapy	Radiotherapy	Palliative care
Sri Lanka*	57%	17%	30%	14%	38%	13%
Public sector	57%	13%	28%	62%	38%	12%
Public Tertiary Care Hospitals	97%	84%	75%	62%	38%	66%
National Hospital	-	-	-	-	-	-
Teaching Hospitals	90%	90%	90%	50%	40%	70%
Provincial General Hospitals	100%	100%	100%	100%	33%	100%
District General Hospitals	100%	79%	63%	-	-	58%
Public Secondary Care Hospitals	92%	31%	8%	-	-	20%
Base Hospitals (A & B)	92%	31%	8%	-	-	20%
Public Primary Care Facilities	69%	5%	-	-	-	7%
Divisional Hospitals (type A, B & C)	69%	5%	-	-	-	7%
Primary Medical Care Units	-	-	-	-	-	-
Public Clinics						
TB clinics	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-
MOH clinics	53%	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-
Healthy Lifestyle Centers	48%	-	-	-	-	-
Private sector	55%	35%	31%	10%	-	19%
Private Hospitals ≥50 beds	75%	71%	57%	33%	-	31%
Private Hospitals <50 beds	50%	26%	24%	4%	-	16%

Table 78 Percentage availability oral cancer services among health facilities that are expected to provide the service, by facility type and group (n=587), Sri Lanka 2017

Table 79 Readiness score (overall and by domain) for oral cancer services for facilities that are expected to provide the service, by facility type and group (n=587), Sri Lanka 2017

			Guidelines an	d trained staff			Equip	oment
Facility Type	National Guidelines for Management of OPMD	Dental Surgeons trained in clinical oral examination	PHI trained in referral criteria for oral cancer according to the risk factor model	PHM trained in referral criteria for oral cancer according to the risk factor model	Readiness score except for MOH	Readiness score for MOH	Dental mirror	Readiness score
Sri Lanka*	13%	24%	39%	42%	20	27	44%	44
Public sector	14%	24%	39%	42%	20	27	43%	43
Public Tertiary Care Hospitals	53%	75%	-	-	64	-	88%	88
National Hospital	-	-	-	-		-	-	-
Teaching Hospitals	50%	50%	-	-	50	-	80%	80
Provincial General Hospitals	33%	100%	-	-	67	-	100%	100
District General Hospitals	58%	84%	-	-	71	-	89%	89
Public Secondary Care Hospitals	25%	48%	-	-	36	-	93%	93
Base Hospitals (A & B)	25%	48%	-	-	36	-	93%	93
Public Primary Care Facilities	20%	34%			27		65%	65
Divisional Hospitals (type A, B & C)	20%	34%	-	-	27	-	65%	65
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	15%	12%	39%	42%	-	27	35%	35
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	8%	20%	-	-	14	-	29%	29
Private sector	3%	24%	-	-	14	-	54%	54
Private Hospitals ≥50 beds	15%	33%	-	-	24	-	80%	80
Private Hospitals <50 beds	0%	22%	-	-	11	-	48%	48

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

Table 79 (Contd.) Readiness score (overall and by domain) for oral cancer services for facilities that are expected to provide the service, by facility type and group (n=587), Sri Lanka 2017

	Medio	cines and commo	dities	Facilities with	- Facilities with	- Facilities with	Overall	Overall	Querell
Facility Type	Oral morphine	Tramadol	Readiness score	all tracer items except for MOH	all tracer items for MOH	all tracer items for HLC	readiness score (except for MOH)	Overall readiness score for MOH	Overall readiness score for HLC
Sri Lanka*	15%	61%	38	2%	3%	5%	39	29	19
Public sector	15%	63%	40	3%	3%	5%	42	29	19
Public Tertiary Care Hospitals	94%	100%	97	31%	-	-	82	-	-
National Hospital	-	-		-	-	-	-	-	-
Teaching Hospitals	90%	100%	95	30%	-	-	74	-	-
Provincial General Hospitals	100%	100%	100	33%	-	-	87	-	-
District General Hospitals	95%	100%	97	32%	-	-	85	-	-
Public Secondary Care Hospitals	57%	100%	79	7%	-	-	65	-	-
Base Hospitals (A & B)	57%	100%	79	7%	-	-	65	-	-
Public Primary Care Facilities	4%	55%	30	0%	-	-	36	-	-
Divisional Hospitals (type A, B & C)	4%	55%	30	0%	-	-	36	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-
Public Clinics									
TB clinics	-	-		-		-	-	-	-
STD (HIV) clinics	-	-		-	-	-	-	-	-
MOH clinics	-	-		-	3%	-	-	29	-
Regional Malaria Offices	-	-		-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	5%	-	-	19
Private sector	14%	52%	33	0%	-	-	30	-	-
Private Hospitals ≥50 beds	19%	67%	43	0%	-	-	43	-	-
Private Hospitals <50 beds	13%	48%	30	0%	-	-	26	-	-

Table 80 Percentage availability of breast cancer services among health facilities that are expected to provide the service, by facility type and group (n=668), Sri Lanka 2017

Facility Type	Clinical breast examination	Ultrasound guided FNAC	Breast cancer diagnosis	Mammography	Breast cancer surgery	Chemotherapy	Hormone therapy	Radiotherapy	Palliative care
Sri Lanka*	68%	65%	66%	23%	60%	23%	21%	46%	17%
Public sector	68%	71%	75%	42%	75%	62%	69%	46%	16%
Public Tertiary Care Hospitals	100%	97%	100%	42%	100%	24%	27%	18%	70%
National Hospital	100%	100%	100%	100%	100%	-	-	-	100%
Teaching Hospitals	100%	100%	100%	70%	100%	50%	60%	40%	80%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	67%	100%
District General Hospitals	100%	95%	100%	16%	100%	-	-	-	58%
Public Secondary Care Hospitals	87%	59%	64%	-	63%	-	-	-	39%
Base Hospitals (A & B)	87%	59%	64%	-	63%	-	-	-	39%
Public Primary Care Facilities	62%	-	-	-	-	-	-	-	9%
Divisional Hospitals (type A, B & C)	63%	-	-	-	-	-	-	-	9%
Primary Medical Care Units	62%	-	-	-	-	-	-	-	-
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	96%	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	61%	-	-	-	-	-	-	-	-
Private sector	61%	61%	60%	18%	50%	19%	17%	-	23%
Private Hospitals ≥50 beds	88%	88%	88%	36%	88%	37%	45%	-	38%
Private Hospitals <50 beds	54%	53%	53%	14%	39%	15%	10%	-	18%

Table 81 Readiness score (overall and by domain) for offering breast cancer services for facilities that are expected to provide the service, by facility type and group (n=668), Sri Lanka 2017

				Guide	lines and Trained s	staff			
Facility Type	Guidelines for health staff on early detection of breast cancer	Guidelines for management of breast symptoms for doctors or family physicians	MOs trained in clinical breast examination	At least one nurse trained in clinical breast examination	All PHNSs trained in clinical breast examination	All PHMs trained in clinical breast examination	Readiness score except for MOH, PMCU and HLC	Readiness score for MOH	Readiness score for PMCU and HLC
Sri Lanka*	19%	14%	21%	14%	67%	89%	14	58	14
Public sector	20%	15%	21%	16%	67%	89%	15	58	14
Public Tertiary Care Hospitals	30%	27%	70%	58%	-	-	46	-	-
National Hospital	0%	0%	0%	0%	-	-	0	-	-
Teaching Hospitals	30%	30%	90%	60%	-	-	53	-	-
Provincial General Hospitals	0%	33%	67%	67%	-	-	42	-	-
District General Hospitals	37%	26%	63%	58%	-	-	46	-	-
Public Secondary Care Hospitals	20%	23%	31%	30%	-	-	26	-	-
Base Hospitals (A & B)	20%	23%	31%	30%	-	-	26	-	-
Public Primary Care Facilities	11%	10%	12%	6%	-	-	10	-	-
Divisional Hospitals (type A, B & C)	12%	9%	11%	11%	-	-	11	-	-
Primary Medical Care Units	9%	10%	13%	-	-	-	-	-	11
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	53%	34%	45%	-	67%	89%	-	58	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	17%	13%	19%	-	-	-	-	-	16
Private sector	5%	2%	20%	8%	•	•	8	-	-
Private Hospitals ≥50 beds	8%	8%	40%	23%	-	-	20	-	-
Private Hospitals <50 beds	4%	0%	15%	4%	-	-	5	-	-

Table 81 (Contd.) Readiness score (overall) for offering breast cancer services for facilities that are expected to provide the service, by facility type and group (n=668), Sri Lanka 2017

	Equi	oment		Diagn	ostics		Medicines and commodities			
Facility Type	Ultrasound	Readiness score	BRCA 1 test	BRCA 2 test	HER 2 test	Readiness score	Oral morphine	Tramadol	Readiness score	
Sri Lanka*	82%	82	14%	14%	11%	13	15%	61%	38	
Public sector	93%	93	18%	18%	36%	24	16%	64%	40	
Public Tertiary Care Hospitals	100%	100	18%	18%	36%	24	94%	100%	97	
National Hospital	100%	100	0%	0%	0%	0	100%	100%	100	
Teaching Hospitals	100%	100	20%	20%	40%	27	90%	100%	95	
Provincial General Hospitals	100%	100	-	-	-	-	100%	100%	100	
District General Hospitals	100%	100	-	-	-		95%	100%	97	
Public Secondary Care Hospitals	90%	90	-	-	-	-	57%	100%	79	
Base Hospitals (A & B)	90%	90	-	-	-		57%	100%	79	
Public Primary Care Facilities	-	-	-	-	-	-	4%	55%	30	
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	4%	55%	30	
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	
MOH clinics	-	-	-	-	-	-	-	-		
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	
Private sector	75%	75	13%	13%	9%	12	14%	52%	33	
Private Hospitals ≥50 beds	94%	94	40%	40%	37%	39	19%	67%	43	
Private Hospitals <50 beds	70%	70	6%	6%	2%	5	13%	48%	30	

Facility Type	Facilities with all tracer items (for NHSL, TH and Private hospitals)	Facilities with all tracer items (for PGH, DGH and BH)	Facilities with all tracer items (for DH)	Facilities with all tracer items (for MOH)	Facilities with all tracer items (for PMCU and HLC)	Overall readiness score for NHSL, TH and Private Hospitals	Overall readiness score (for PGH, DGH and BH)	Overall readiness score (for DH)	Overall readiness score (for MOH)	Overall readiness score (for PMCU and HLC)
Sri Lanka*	1%	8%	0%	10%	6%	23	54	17	58	14
Public sector	9%	8%	0%	10%	6%	55	54	17	58	14
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	-	-
National Hospital	0%	-	-	-	-	30	-	-	-	-
Teaching Hospitals	10%	-	-	-	-	58	-	-	-	-
Provincial General Hospitals	-	0%	-	-	-	-	67	-	-	-
District General Hospitals	-	16%	-	-	-	-	68	-	-	-
Public Secondary Care Hospitals	-	7%	-	-	-	-	50	-	-	-
Base Hospitals (A & B)	-	7%	-	-	-	-	50	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	0%	-	-	-	-	17	-	-
Primary Medical Care Units	-	-	-	-	4%	-	-	-	-	11
Public Clinics										
TB clinics	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	10%	-	-	-	-	58	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	6%	-	-	-	-	16
Private sector	1%	-	-	-	•	21	-	-	•	•
Private Hospitals ≥50 beds	4%	-	-	-	-	38	-	-	-	-
Private Hospitals <50 beds	0%	-	-	-	-	17	-	-	-	-

Table 81 (Contd.) Readiness score (overall and by domain) for offering breast cancer services for facilities that are expected to provide the service, by facility type and group (n=668), Sri Lanka 2017

Table 82 Percentage availability of cervical cancer services among health facilities that are expected to provide the service, by facility type and group (n=670), Sri Lanka 2017

Facility Type	Cervical cancer screening	Colposcopy services	Cervical cancer diagnosis	Cervical cancer surgery	Cervical cancer chemotherapy	Cervical cancer radiotherapy	Cervical cancer palliative care
Sri Lanka*	36%	21%	58%	47%	25%	27%	16%
Public sector	35%	29%	71%	60%	47%	27%	13%
Public Tertiary Care Hospitals	97%	66%	97%	89%	47%	27%	66%
National Hospital	-	-	-	-	-	-	100%
Teaching Hospitals	100%	83%	100%	83%	33%	25%	67%
Provincial General Hospitals	100%	67%	100%	100%	100%	33%	100%
District General Hospitals	95%	58%	100%	95%	-	-	58%
Public Secondary Care Hospitals	63%	11%	58%	46%	-	-	35%
Base Hospitals (A & B)	63%	11%	58%	46%	-	-	35%
Public Primary Care Facilities	23%	-	-	-	-	-	3%
Divisional Hospitals (type A, B & C)	-	-	-		-	-	6%
Primary Medical Care Units	23%	-	-		-	-	-
Public Clinics							
TB clinics	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-
MOH clinics	100%	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-
Healthy Lifestyle Centers	12%	-	-	-	-	-	-
Private sector	54%	15%	48%	37%	22%	-	27%
Private Hospitals ≥50 beds	97%	39%	90%	76%	41%	-	43%
Private Hospitals <50 beds	43%	9%	37%	26%	17%	-	22%

			G	Buidelines and trained sta	aff		
Facility Type	Guidelines on prevention and early detection of common gynecological cancer for MOs	MOs trained in PAP smear procedure	VOGs trained in colposcopy procedure	All PHNS trained in PAP smear procedure	Readiness score (except for MOH and HLC)	Readiness score for MOH	Readiness score for HLC
Sri Lanka*	10%	21%	51%	61%	32	48	4
Public sector	11%	21%	71%	61%	48	48	4
Public Tertiary Care Hospitals	32%	79%	100%	-	71	-	-
National Hospital	-	-	-	-	-	-	-
Teaching Hospitals	25%	83%	100%	-	69	-	-
Provincial General Hospitals	0%	67%	100%	-	56	-	-
District General Hospitals	42%	79%	100%	-	74	-	-
Public Secondary Care Hospitals	22%	34%	58%	-	38	-	-
Base Hospitals (A & B)	22%	34%	58%	-	38		-
Public Primary Care Facilities	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-
Public Clinics							
TB clinics	-	-	-	-	-		-
STD (HIV) clinics	-	-	-	-	-	-	-
MOH clinics	30%	52%	-	61%	-	48	-
Regional Malaria Offices	-	-	-	-	-	-	-
Healthy Lifestyle Centers	3%	6%	-	-	-	-	4
Private sector	2%	24%	36%	-	21		•
Private Hospitals ≥50 beds	8%	57%	59%	-	42		-
Private Hospitals <50 beds	0%	15%	30%	-	15	-	-

Table 83 Readiness score (overall and by domain) for offering cervical cancer services for facilities that are expected to provide the service, by facility type and group (n=670), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

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Table 83 (Contd.) Readiness score (overall and by domain) for offering cervical cancer services for facilities that are expected to provide the service, by facility type and group (n=670), Sri Lanka 2017

			Equipmer	nt					Medicines	and commodities		
Facility Type	Speculum	Spatula	Colposcope	Readiness score (except for PMCU, MOH and HLC)	Readiness score for PMCU, MOH and HLC	95% Alcohol	Lugol's lodine or Acetic Acid	Oral Morphine	Tramadol	Readiness score (except for NHSL, DH, PMCU, MOH and HLC)	Readiness score for medicines and commodities at PMCU, MOH and HLC	Readiness score at NHSL and DH
Sri Lanka*	49%	40%	19%	65	38	27%	13%	15%	61%	60	13	30
Public sector	46%	37%	29%	72	38	24%	10%	15%	63%	84	13	30
Public Tertiary Care Hospitals	97%	97%	65%	86	-	100%	94%	86%	97%	-	-	-
National Hospital	-	-	-	-	-	-	-	100%	100%	-	-	100
Teaching Hospitals	100%	100%	83%	94	-	100%	92%	67%	92%	88	-	-
Provincial General Hospitals	100%	100%	100%	100	-	100%	100%	100%	100%	100	-	-
District General Hospitals	95%	95%	47%	79	-	95%	89%	95%	100%	95	-	-
Public Secondary Care Hospitals	95%	89%	12%	65	-	89%	73%	57%	100%	80	-	-
Base Hospitals (A & B)	95%	89%	12%	65	-	89%	73%	57%	100%	80	-	-
Public Primary Care Facilities	24%	13%	-	-	19	9%	1%	4%	55%	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	4%	55%	-	-	30
Primary Medical Care Units	24%	13%	-	-	19	9%	1%	-	-	-	5	-
Public Clinics TB clinics												
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	95%	92%	-	-	94	41%	4%	-	-	-	23	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	34%	22%	-	-	28	18%	8%	-	-	-	13	-
Private sector	89%	77%	12%	59	-	56%	52%	14%	52%	44	-	-
Private Hospitals ≥50 beds	100%	97%	27%	75	-	94%	81%	19%	67%	65	-	-
Private Hospitals <50 beds	86%	72%	8%	55	-	47%	45%	13%	48%	38	-	-

Facility Type	Facilities with all tracer items (except for NHSL, DH, PMCU, MOH and HLC)	Facilities with all tracer items for NHSL & DH	Facilities with all tracer items for PMCU	Facilities with all tracer items for MOH	Facilities with all tracer items for HLC	Overall readiness score (except for NHSL, DH, PMCU, MOH and HLC)	Overall readiness score for NHSL & DH	Overall readiness score for PMCU	Overall readiness score for MOH	Overall readiness score for HLC
Sri Lanka*	3%	9%	0%	1%	1%	53	44	12	54	15
Public sector	7%	9%	0%	1%	1%	70	44	12	54	15
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-	-	-
National Hospital	-	100%	-	-	-	-	100	-	-	-
Teaching Hospitals	25%	-	-	-	-	84	-	-	-	-
Provincial General Hospitals	0%	-	-	-	-	87	-	-	-	-
District General Hospitals	27%	-	-	-	-	84	-	-	-	-
Public Secondary Care Hospitals	0%	-	-	-	-	63	-	-	-	-
Base Hospitals (A & B)	0%	-	-	-	-	63	-	-	-	-
Public Primary Care Facilities Divisional Hospitals (type A, B	-	-	-	-	-	-	-	-	-	-
& C)	-	9%	-	-	-	-	44	-	-	-
Primary Medical Care Units	-	-	0%	-	-	-	-	12	-	-
Public Clinics										
TB clinics	-	-	-		-	-	-	-	-	-
STD (HIV) clinics MOH clinics		-	-	- 1%	-		-	-	- 54	
Regional Malaria Offices				170					54	
-		-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	1%	-	-	-	-	15
Private sector Private Hospitals ≥50 beds	1% 4%	-	-	-	-	41 61	-	-	-	-
Private Hospitals <50 beds	0%	-	-	-	-	36	-	-	-	-

Table 83 (Contd.) Readiness score (overall and by domain) for offering cervical cancer services for facilities that are expected to provide the service, by facility type and group (n=670), Sri Lanka 2017

3.3.14 Mental health

Mental health problems are common, and underreported, and contribute to a significant proportion of disability-adjusted life years and years lived with disability. Substance and alcohol abuse have increased in magnitude over the past two decades. A significant number of people die due to suicides each year which are almost preventable. The Directorate of Mental Health is the national focal point of the Ministry of Health responsible for policy development, strategic planning, strengthening of mental health services, and surveillance and monitoring the national mental health programme in Sri Lanka.

Service availability

Table 84 shows the percentage of health facilities offering mental health services. Of the total sample under the survey, excluding PMCU and public clinics, 73% of the hospitals offered outpatient mental health services, and 46% of hospitals provided in-ward psychiatric services. Availability of outpatient mental health services was high at secondary and tertiary care hospitals (95% and 97% respectively) in contrast to Divisional Hospitals (70%) and Private Hospitals (64%). Availability of inward psychiatric services was higher at tertiary care hospitals (81%) than other types of hospitals. Mental health services such as referral of attempted suicide persons for psychiatric assessment, child and adolescent guidance services, services to address issues related to substance abuse, gender based violence (GBV), and mental health issues of elderly were available in more than half of the hospitals (59% to 71%). All these services were provided in almost all tertiary care, and most secondary care hospitals. Service availability was higher in the public sector hospitals than Private Hospitals.

Table 85 shows the percentage of health facilities with trained staff and medicines. Medicines were available at a higher proportion of secondary and tertiary care hospitals than others. The trained staff was more available in tertiary care hospitals than in other health facilities.

Service readiness

As shown in Table 86, readiness to offer mental health services was assessed based on the availability of medical officers trained in mental health, and a range of medicines. Only nine percent of health facilities had all tracer items. Overall readiness was 64 out of 100, and ranged from 53 out of 100 in Private Hospitals to 94 out of 100 in tertiary care hospitals. Readiness score was high for medicines and commodities, and low for the trained staff.

Figure 32 shows readiness for offering for mental health services at health institutions.

Facility Type	Outpatient mental health services	Referral of attempted suicide cases for psychiatric assessment	Child & adolescent guidance services	Services to address issues related to substance abuse	Services to address issues related to Gender Based Violence (GBV)	Services to address mental health issues of elderly	Inward psychiatric services	Electro Convulsive Therapy (ECT)	Forensic psychiatric services
Sri Lanka*	73%	71%	71%	71%	59%	70%	46%	20%	75%
Public sector	75%	74%	91%	91%	88%	95%	54%	25%	75%
Public Tertiary Care Hospitals	97%	100%	97%	97%	97%	94%	81%	67%	75%
National Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%
Teaching Hospitals**	92%	100%	92%	92%	92%	85%	69%	69%	62%
Provincial General Hospitals	100%	100%	100%	100%	100%	100%	100%	100%	100%
District General Hospitals	100%	100%	100%	100%	100%	100%	84%	58%	79%
Public Secondary Care Hospitals	95%	99%	88%	88%	84%	95%	41%	5%	-
Base Hospitals (A & B)	95%	99%	88%	88%	84%	95%	41%	5%	-
Public Primary Care Facilities	70%	68%	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	70%	68%	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-
Public Clinics									
TB clinics	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-
Private sector	64%	59%	56%	57%	38%	52%	41%	16%	-
Private Hospitals ≥50 beds	62%	64%	61%	67%	47%	63%	55%	31%	-
Private Hospitals <50 beds	65%	58%	55%	54%	36%	49%	37%	12%	-

Table 84 Percentage availability of mental health services among facilities that are expected to provide the service, by facility type and group (n=326), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service ** Apeksha Hospital Maharagama was excluded in the analysis of mental health services

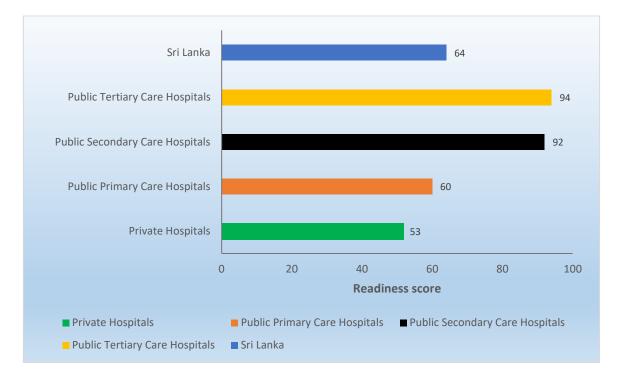
Facility Type	_	Auxiliary indicators		Medicines and commodities							
	Nursing officer trained in mental health	Occupational therapist trained in mental health	Psychiatric social worker	Risperidone tablet	Fluoxetine tablet	Venlafaxine tablet	Thiamine tablet	Carbamazepine tablet	Phenytoin tablet	Lithium carbonate tablet	
Sri Lanka*	38%	19%	43%	62%	73%	34%	21%	86%	84%	48%	
Public sector	77%	37%	43%	62%	74%	29%	20%	91%	90%	50%	
Public Tertiary Care Hospitals	94%	75%	83%	97%	97%	89%	78%	100%	100%	86%	
National Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	
Teaching Hospitals	92%	77%	92%	92%	92%	77%	69%	100%	100%	85%	
Provincial General Hospitals	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	
District General Hospitals	95%	68%	74%	100%	100%	100%	79%	100%	100%	89%	
Public Secondary Care Hospitals	69%	18%	23%	96%	100%	61%	55%	99%	100%	91%	
Base Hospitals (A & B)	69%	18%	23%	96%	100%	61%	55%	99%	100%	91%	
Public Primary Care Facilities	-	-	-	54%	69%	20%	10%	89%	88%	41%	
Divisional Hospitals (type A, B & C)	-	-	-	54%	69%	20%	10%	89%	88%	41%	
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	
MOH clinics	-	-	-	-	-	-	-	-	-	-	
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	
Private sector	10%	7%	-	62%	69%	53%	28%	68%	61%	38%	
Private Hospitals ≥50 beds	15%	19%	-	83%	83%	83%	47%	92%	83%	39%	
Private Hospitals <50 beds	8%	3%	-	57%	65%	46%	23%	61%	55%	38%	

Table 85 Percentage availability of mental health services among facilities that are expected to provide the service (Auxiliary indicators), by facility type and group (n=326), Sri Lanka 2017

- Facility Type	Guidelines and trained staff		Medicines and commodities										
	Medical officer trained in mental health	Readiness score	Haloperidol tablet	Fluphenazine deconoate injectable	Imipramine tablet	Diazepam tablet	Sodium valproate tablet	Benzhexol tablet	Trifluoroper azine tablet	Clomiprami ne tablet	Readiness score	Facilities with all tracer items	Overall readiness score
Sri Lanka*	34%	34	71%	47%	72%	98%	90%	75%	54%	33%	67	9%	64
Public sector	37%	37	72%	52%	77%	99%	96%	77%	57%	31%	70	10%	66
Public Tertiary Care Hospitals	94%	94	97%	89%	92%	100%	100%	100%	92%	83%	94	69%	94
National Hospital	100%	100	100%	100%	100%	100%	100%	100%	100%	100%	100	100%	100
Teaching Hospitals	85%	85	100%	77%	77%	100%	100%	100%	77%	69%	88	46%	87
Provincial General Hospitals	100%	100	100%	100%	100%	100%	100%	100%	100%	67%	96	67%	96
District General Hospitals	100%	100	95%	95%	100%	100%	100%	100%	100%	95%	98	84%	98
Public Secondary Care Hospitals	84%	84	99%	96%	90%	100%	100%	98%	89%	73%	93	38%	92
Base Hospitals (A & B)	84%	84	99%	96%	90%	100%	100%	98%	89%	73%	93	38%	92
Public Primary Care Facilities	26%	26	65%	43%	74%	98%	95%	72%	50%	21%	65	1%	60
Divisional Hospitals (type A, B & C)	26%	26	65%	43%	74%	98%	95%	72%	50%	21%	65	1%	60
Primary Medical Care Units		-									-	-	-
Public Clinics		-											
TB clinics		-									-	-	-
STD (HIV) clinics		-									-	-	-
MOH clinics		-									-	-	-
Regional Malaria Offices		-									-	-	-
Healthy Lifestyle Centers		-									-	-	-
Private sector	19%	19	69%	28%	52%	94%	67%	66%	42%	41%	57	3%	53
Private Hospitals ≥50 beds	41%	41	87%	51%	63%	92%	83%	79%	52%	44%	69	6%	66
Private Hospitals <50 beds	14%	14	64%	22%	50%	95%	63%	62%	39%	41%	54	3%	50

Table 86 Readiness score (overall and by domain) for offering mental health services for facilities that are expected to provide the service, by facility type and group (n=326), Sri Lanka 2017

Figure 32 Readiness score (out of 100) for offering mental health services at health institutions, by facility group, Sri Lanka 2017



3.3.15 Care for the elderly

According to the demographic projections, the proportion of the population aged 60 years and above will increase from its current percentage of 12% to 16% by 2020, and to 29% by 2050 (MoHNIM, 2015). The Directorate of Youth, Elderly and Disabled Persons is the national level organization for coordinating, planning and implementing activities related to care of elderly in Sri Lanka.

Service availability

Table 87 shows the percentage of hospitals offering elderly care services. Availability of elderly friendly wards was low, and only 20% of the hospitals had this service at the national level.

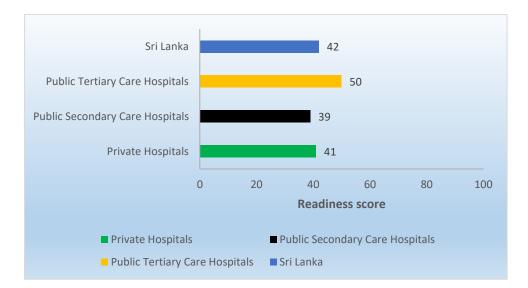
Service readiness

The readiness for elderly care services was assessed based on availability of staff trained in elderly health care, equipment required for elderly and accessible facilities such as accessible ramps, toilets with commodes and supporting bars, and wide doorways. As shown in Table 88, the overall readiness score for elderly care services in all health institutions was 42 out of 100 at national level. Only 5% of health facilities had all tracer items.

The auxiliary table on elderly care services (Table 106 in Annexure C) shows the percentage of health facilities having staff trained in care for elderly by the MoHNIM. Availability of all categories of health staff with the above training was poor, as indicated by trained medical officers/consultants in 7%, nursing officers in 7%, attendants in 4%, and labourers in 4% of the health facilities.

Figure 33 shows readiness for offering for elderly care services at health institutions.

Figure 33 Readiness score (out of 100) for offering services for elderly care at health institutions, by facility group, Sri Lanka 2017



Facility Type	Having elderly friendly wards
Sri Lanka*	20%
Public sector	18%
Public Tertiary Care Hospitals	21%
National Hospital	0%
Teaching Hospitals	19%
Provincial General Hospitals	100%
District General Hospitals	11%
Public Secondary Care Hospitals	17%
Base Hospitals (A & B)	17%
Public Primary Care Facilities	-
Divisional Hospitals (type A, B & C)	-
Primary Medical Care Units	-
Public Clinics	
TB clinics	-
STD (HIV) clinics	-
MOH clinics	-
Regional Malaria Offices	-
Healthy Lifestyle Centers	-
Private sector	22%
Private Hospitals ≥50 beds	21%
Private Hospitals <50 beds	22%

Table 87 Percentage availability of elderly care services among facilities that are expected to provide the service, by facility type and group (n=157), Sri Lanka 2017

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

Table 88 Readiness score (overall and by domain) for offering elderly care services for facilities that are expected to provide the service, by facility type and group (n=157), Sri Lanka 2017

	Staff and training	Equipment						
Facility Type	Staff trained in elderly healthcare during last 2 years on the training module of Directorate of YED	Staff and training readiness score	Beds with protective bars	Trolleys with protective bars	Wheel chairs	Walkers	Air mattresses	Equipment readiness score
Sri Lanka*	9%	9	61%	42%	65%	41%	45%	51
Public sector	15%	15	67%	40%	71%	40%	38%	51
Public Tertiary Care Hospitals	26%	26	64%	46%	64%	49%	56%	56
National Hospital	0%	0	100%	0%	100%	0%	100%	60
Teaching Hospitals	31%	31	56%	38%	56%	50%	56%	51
Provincial General Hospitals	0%	0	100%	100%	100%	67%	100%	93
District General Hospitals	26%	26	63%	47%	63%	47%	47%	54
Public Secondary Care Hospitals	9%	9	68%	36%	74%	36%	29%	49
Base Hospitals (A & B)	9%	9	68%	36%	74%	36%	29%	49
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers		-	-	-	-	-	-	-
Private sector	5%	5	57%	43%	61%	41%	50%	50
Private Hospitals ≥50 beds	11%	11	72%	59%	72%	62%	72%	67
Private Hospitals <50 beds	4%	4	53%	40%	58%	36%	45%	46

		Accessibil	ity facilities			
Facility Type	Accessible ramps	Toilets with commodes and supporting bars/rails	Wide doorways (more than 900mm width)	Accessibility facilities readiness score	Facilities with all trace items	Overall readiness score
Sri Lanka*	36%	34%	48%	39	5%	42
Public sector	32%	38%	48%	40	6%	43
Public Tertiary Care Hospitals	44%	54%	51%	50	18%	50
National Hospital	100%	100%	100%	100	0%	67
Teaching Hospitals	50%	56%	56%	54	19%	50
Provincial General Hospitals	33%	100%	67%	67	0%	74
District General Hospitals	37%	42%	42%	40	21%	46
Public Secondary Care Hospitals	26%	30%	47%	34	0%	39
Base Hospitals (A & B)	26%	30%	47%	34	0%	39
Public Primary Care Facilities	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-
Public Clinics						
TB clinics	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-
Private sector	38%	30%	48%	39	4%	41
Private Hospitals ≥50 beds	59%	43%	62%	54	7%	57
Private Hospitals <50 beds	33%	27%	44%	35	4%	38

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

3.3.16 Disability care

Person with disability means any person who, as a result of any deficiency in his physical or mental capabilities, whether congenital or not, is unable by himself to ensure for himself, wholly or partly, the necessities of life. According to Census of Population and Housing 2012, about 87 per 1000 persons above 5 years of age in the population had some form of physical or mental difficulties in seeing, hearing, walking, cognition, self-care and communication (Department of Census and Statistics, 2012).

The Directorate of Youth, Elderly and Disabled Persons is the national level organization within MoHNIM for coordinating, planning and implementing activities related to care of disabled persons in Sri Lanka. Developing rehabilitation services and facilities in the country is one of the key activities of the directorate.

Service availability

Table 89 shows the percentage of health facilities offering disability services. Physiotherapy services were available in 72% of hospitals at national level, with this percentage ranging from 57% in Private Hospitals with <50 beds to 100% tertiary care hospitals. Occupational therapy was available in 16% of health institutions in the country. Percentage availability of occupational therapy services was very low in all health facilities expect in tertiary care hospitals. Speech and language therapy was available in 26% of hospitals in the country. Prosthetic and orthotic services was available only in 11% of health facilities in the country.

Figure 34 shows the availability of disability care services among facilities that are expected to provide the service, by facility group.

Service readiness

As shown in Table 90, readiness for physiotherapy services were assessed based on the presence of physiotherapist with qualification, and equipment for exercise therapy, heat and cold therapy, electrotherapy, and chest physiotherapy. At the national level, the overall readiness score was 22 out of 100, and the availability of equipment was poor in general.

Table 91 shows readiness score for occupational therapy, and reveals that only few health facilities had necessary equipment for occupational therapy. None of the Private Hospitals had occupational therapy equipment. The overall readiness score was 2 out of 100.

Table 92 shows readiness score for speech and language therapy services, with an overall readiness score of 8 out of 100. Speech and language therapists with qualifications (Diploma/Degree) was available in 26% of health institutions.

Table 93 shows prosthetic and orthotic services, which gives an overall readiness score of 3 out of 100. Readiness score for equipment was very poor across all types of health facilities.

Figure 35 shows readiness for offering services for physiotherapy, occupational therapy speech and language therapy, and prosthetic and orthotic services at health institutions.

Figure 34 Percentage availability of disability care services among facilities that are expected to provide the service, by facility group (n=155), Sri Lanka 2017

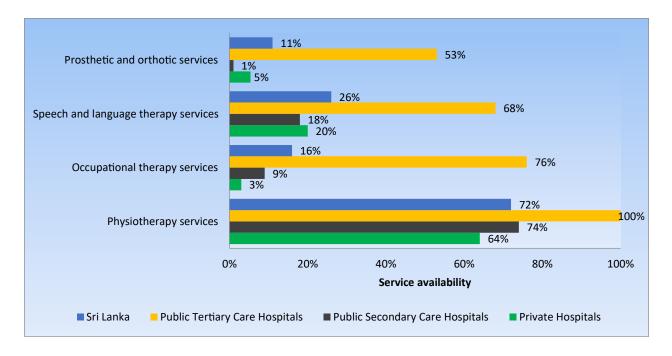
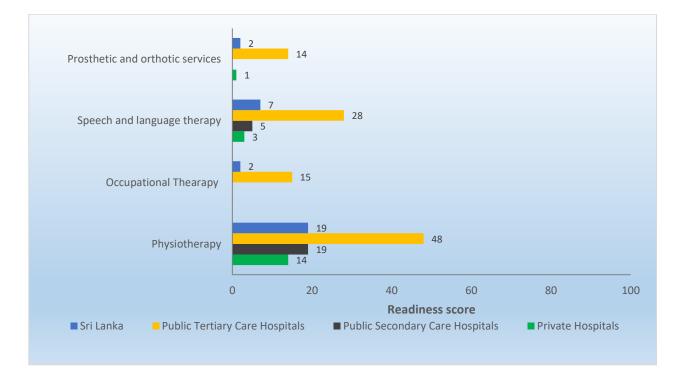


Figure 35 Readiness score (out of 100) for offering services for physiotherapy, occupational therapy speech and language therapy, and prosthetic and orthotic services at health institutions, by facility group, Sri Lanka 2017



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Facility Type	Physiotherapy services	Occupational therapy services	Speech and language therapy services	Prosthetic and orthotic services
Sri Lanka*	72%	16%	26%	11%
Public sector	83%	32%	35%	18%
Public Tertiary Care Hospitals	100%	76%	68%	53%
National Hospital	100%	100%	100%	100%
Teaching Hospitals	100%	80%	79%	62%
Provincial General Hospitals	100%	100%	100%	100%
District General Hospitals	100%	68%	53%	37%
Public Secondary Care Hospitals	74%	9%	18%	1%
Base Hospitals (A & B)	74%	9%	18%	1%
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-		-
Primary Medical Care Units	-	-		-
Public Clinics				
TB clinics	-	-	-	-
STD (HIV) clinics	-	-	-	-
MOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	64%	3%	20%	5%
Private Hospitals ≥50 beds	90%	6%	33%	19%
Private Hospitals <50 beds	57%	2%	17%	2%

Table 89 Percentage availability of disability care services among facilities that are expected to provide the service, by facility type and group (n=155), Sri Lanka 2017

I	Guidelines and tra	sing of a toff					Ec	uipment				
	Guidelines and th	amed stan					Exerc	cise therapy				
Facility Type	Physiotherapists with qualifications (Diploma/Degree)	Readiness score	Height- adjustable parallel bars	Wall bars	Exercise cage	Suspension therapy apparatus; springs	Quadriceps bench	Tilting bed	Pulley and rope system for rom exercise	Pulley and weight system for strengthening exercises	Up and down training steps	Standing table and frame
Sri Lanka*	70%	70	22%	17%	21%	21%	15%	15%	22%	19%	21%	13%
Public sector	83%	83	32%	25%	24%	29%	22%	24%	29%	17%	30%	19%
Public Tertiary Care Hospitals	100%	100	59%	59%	51%	62%	49%	46%	49%	35%	57%	49%
National Hospital	100%	100	100%	100%	100%	100%	0%	0%	100%	100%	100%	0%
Teaching Hospitals	100%	100	71%	79%	64%	71%	43%	71%	64%	43%	50%	50%
Provincial General Hospitals	100%	100	100%	100%	100%	100%	33%	67%	33%	33%	33%	33%
District General Hospitals	100%	100	42%	37%	32%	47%	58%	26%	37%	26%	63%	53%
Public Secondary Care Hospitals	74%	74	18%	8%	10%	12%	9%	13%	19%	8%	16%	4%
Base Hospitals (A & B)	74%	74	18%	8%	10%	12%	9%	13%	19%	8%	16%	4%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	61%	61	15%	10%	18%	15%	11%	8%	17%	20%	15%	8%
Private Hospitals ≥50 beds	90%	90	33%	8%	52%	37%	39%	30%	32%	49%	41%	12%
Private Hospitals <50 beds	53%	53	11%	11%	10%	9%	3%	2%	13%	12%	9%	7%

Table 90 Readiness score (overall and by domain) for physiotherapy services for facilities that are expected to provide the service by facility type and group (n=155), Sri Lanka 2017

Mirror 32%	Pelvic and cervical traction bed	Cervical traction apparatus	Static cycle	Shoulder	Exercise therapy				Height-	Coloction of
	cervical traction bed	traction	Static cycle	Shouldor					Hoight	Coloction of
32%			2.00.0	wheel	Wrist roller	Balance board	Medicine balls	Wheelchair and transfer board	adjustable walker (frame)	Selection of height adjustable walking aids
	30%	25%	22%	15%	11%	18%	27%	24%	34%	27%
45%	45%	32%	35%	24%	12%	24%	37%	32%	43%	35%
78%	76%	62%	65%	35%	24%	57%	73%	38%	62%	49%
100%	0%	0%	100%	100%	100%	100%	0%	100%	100%	100%
86%	79%	57%	64%	43%	36%	64%	64%	57%	50%	50%
67%	100%	100%	67%	33%	0%	33%	100%	33%	67%	0%
74%	74%	63%	63%	26%	16%	53%	79%	21%	68%	53%
28%	29%	16%	19%	18%	5%	8%	19%	28%	34%	27%
28%	29%	16%	19%	18%	5%	8%	19%	28%	34%	27%
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						Equipment					
						Exercise therapy					
Facility Type	Axillary and elbow crutches	Quadruped	Tripod	Walking sticks	Goniometer	Timer with clock	Tape measure	Wedge	Ambulation belt	Basins (Mettle)	Exercise straps
Sri Lanka*	34%	15%	10%	23%	20%	11%	40%	12%	4%	2%	19%
Public sector	44%	17%	12%	20%	24%	8%	56%	18%	5%	3%	15%
Public Tertiary Care Hospitals	70%	32%	24%	41%	54%	22%	78%	35%	14%	8%	27%
National Hospital	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%
Teaching Hospitals	71%	21%	29%	57%	64%	50%	100%	50%	29%	14%	43%
Provincial General Hospitals	67%	0%	0%	33%	67%	33%	67%	0%	33%	0%	33%
District General Hospitals	68%	42%	21%	26%	42%	0%	68%	32%	0%	5%	16%
Public Secondary Care Hospitals	31%	10%	5%	10%	9%	1%	45%	9%	1%	0%	9%
Base Hospitals (A & B)	31%	10%	5%	10%	9%	1%	45%	9%	1%	0%	9%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	26%	13%	9%	25%	17%	14%	28%	8%	3%	2%	22%
Private Hospitals ≥50 beds	65%	35%	28%	52%	49%	23%	59%	16%	12%	4%	51%
Private Hospitals <50 beds	16%	7%	5%	18%	8%	12%	20%	6%	1%	1%	15%

						Equipment					
				Heat and co	ld therapy					Electrotherapy	
Facility Type	Infra-red lamp	Hot and Cold packs	Paraffin Wax bath (large)	Paraffin Wax bath (Small)	Baker	Small Fridge / Freezer (for making cold packs, ice)	Heating unit	Electric Kettle	Muscle Stimulator	TENS apparatus	Ultrasound Therapy Unit
Sri Lanka*	58%	26%	13%	15%	5%	17%	16%	22%	42%	41%	45%
Public sector	76%	16%	25%	25%	9%	23%	8%	33%	58%	57%	62%
Public Tertiary Care Hospitals	97%	32%	46%	38%	27%	41%	11%	57%	86%	81%	81%
National Hospital	100%	0%	0%	100%	100%	100%	0%	100%	100%	0%	100%
Teaching Hospitals	93%	43%	50%	43%	29%	57%	21%	79%	93%	93%	93%
Provincial General Hospitals	100%	67%	67%	33%	67%	33%	0%	33%	100%	67%	67%
District General Hospitals	100%	21%	42%	32%	16%	26%	5%	42%	79%	79%	74%
Public Secondary Care Hospitals	65%	7%	14%	19%	0%	15%	7%	22%	44%	45%	52%
Base Hospitals (A & B)	65%	7%	14%	19%	0%	15%	7%	22%	44%	45%	52%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	45%	33%	4%	8%	2%	13%	22%	14%	30%	30%	33%
Private Hospitals ≥50 beds	81%	53%	16%	31%	0%	17%	45%	25%	68%	68%	64%
Private Hospitals <50 beds	35%	28%	1%	2%	2%	12%	16%	11%	20%	20%	25%

				Equipm	ent					
		Electrotherapy			Ch	est physiothera	ру			Overall
Facility Type	Short-wave Diathermy	Interferential Therapy Unit	Laser Therapy Unit	Couch with adjustments necessary for postural drainage	Lung function machines	Spirometer	Peak flow meters	Equipment readiness score	Facilities with all trace items	physiotherapy readiness score
Sri Lanka*	39%	38%	2%	12%	11%	17%	15%	22	0%	22
Public sector	54%	53%	2%	13%	7%	11%	6%	27	0%	29
Public Tertiary Care Hospitals	81%	81%	3%	16%	16%	24%	14%	47	0%	48
National Hospital	100%	100%	0%	0%	0%	0%	0%	58	0%	59
Teaching Hospitals	86%	79%	7%	21%	36%	36%	29%	55	0%	56
Provincial General Hospitals	100%	100%	0%	67%	0%	33%	0%	50	0%	51
District General Hospitals	74%	79%	0%	5%	5%	16%	5%	41	0%	42
Public Secondary Care Hospitals	40%	40%	1%	11%	3%	4%	3%	17	0%	19
Base Hospitals (A & B)	40%	40%	1%	11%	3%	4%	3%	17	0%	19
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	
Public Clinics								-		
TB clinics	-	-	-	-	-	-	-	-	-	
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-
Private sector	27%	26%	3%	11%	15%	21%	21%	17	0%	18
Private Hospitals ≥50 beds	64%	68%	13%	36%	36%	45%	41%	40	0%	40
Private Hospitals <50 beds	18%	16%	0%	5%	9%	15%	16%	11	0%	12

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

	Staff and	training					Occupation	al therapy equip	ment			
Facility Type	Occupational therapists with qualifications (Diploma/ Degree)	Readiness score	Roder manipulative aptitude test	Depth perception pegboard test	O'connor finger dexterity test	Rivermead perceptual assessment battery	Sensory stimulation activities kit	Assessment Kit Kings in Case	Minnesota Manual Dexterity Test	Box and Block Test	Loewenstein Occupational Therapy Cognitive Assessment (LOCTA) 11 battery set	Groove peg board
Sri Lanka*	14%	14	2%	3%	2%	1%	3%	1%	1%	2%	2%	3%
Public sector	29%	29	4%	7%	4%	2%	6%	2%	3%	5%	5%	8%
Public Tertiary Care Hospitals	76%	76	13%	21%	13%	5%	18%	5%	8%	11%	11%	24%
National Hospital	100%	100	100%	100%	100%	100%	100%	0%	100%	0%	100%	0%
Teaching Hospitals	80%	80	20%	33%	13%	7%	27%	13%	7%	13%	13%	33%
Provincial General Hospitals	100%	100	0%	33%	33%	0%	33%	0%	33%	33%	33%	0%
District General Hospitals	68%	68	5%	5%	5%	0%	5%	0%	0%	5%	0%	21%
Public Secondary Care Hospitals	5%	5	0%	0%	0%	0%	0%	0%	0%	2%	2%	0%
Base Hospitals (A & B)	5%	5	0%	0%	0%	0%	0%	0%	0%	2%	2%	0%
Public Primary Care Facilities Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics STD (HIV) clinics MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-		-	-	-	-	-	-	-		-
, ,		-				-						-
Private sector Private Hospitals ≥50 beds	3% 6%	3 6	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%
Private Hospitals <50 beds	2%	2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

					Occupa	tional therapy ec	luipment				
Facility Type	Upper extremity work station	Hand, wrist and forearm table	Limb balancer	Tilt table with working tray	Adaptive devices for ADL	Strengthenin g balls	Handziser	Span game	Solitare game	Single curved shoulder arch	Double curved shoulder arch
Sri Lanka*	2%	1%	1%	2%	4%	5%	2%	3%	5%	2%	3%
Public sector	4%	3%	2%	4%	10%	13%	5%	7%	11%	5%	6%
Public Tertiary Care Hospitals	8%	8%	5%	11%	29%	34%	16%	18%	29%	16%	18%
National Hospital	0%	0%	100%	100%	100%	100%	0%	100%	100%	100%	0%
Teaching Hospitals	13%	7%	7%	20%	27%	33%	20%	27%	33%	13%	27%
Provincial General Hospitals	0%	0%	0%	0%	33%	67%	0%	0%	0%	33%	33%
District General Hospitals	5%	11%	0%	0%	26%	26%	16%	11%	26%	11%	11%
Public Secondary Care Hospitals	2%	0%	0%	0%	0%	2%	0%	2%	2%	0%	0%
Base Hospitals (A & B)	2%	0%	0%	0%	0%	2%	0%	2%	2%	0%	0%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private Hospitals ≥50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private Hospitals <50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

					Occupati	onal therapy e	equipment				
Facility Type	Functional forearm elevator	Hand exerciser	Hand master plus	Finger platter	Cando hand exerciser web	Mini massager	Vertical ring tree	Jux-A-cisor arm exerciser	Pronation/s upination wheel	Multi- functional work station	Ball hand piece accessory
Sri Lanka*	1%	4%	2%	1%	4%	3%	3%	1%	2%	1%	0%
Public sector	2%	9%	4%	2%	10%	6%	6%	2%	4%	2%	1%
Public Tertiary Care Hospitals	5%	26%	11%	5%	26%	18%	18%	5%	13%	5%	3%
National Hospital	0%	0%	0%	100%	100%	100%	100%	0%	100%	0%	0%
Teaching Hospitals	13%	33%	13%	0%	20%	20%	20%	7%	20%	13%	7%
Provincial General Hospitals	0%	67%	33%	0%	100%	67%	67%	33%	0%	0%	0%
District General Hospitals	0%	16%	5%	5%	16%	5%	5%	0%	5%	0%	0%
Public Secondary Care Hospitals	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%
Base Hospitals (A & B)	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private Hospitals ≥50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private Hospitals <50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

					Occupat	tional therapy e	quipment				
Facility Type	Arm skate - Forearm based skate board	Arm skate - ball and hand piece	Arm skate - all and hand piece and accessory right	Arm skate - ball and hand piece and accessory left	E-Z Exercise board	Hand CPM Unit Maestra Portable	Hand exerciser Tactile Form Balls	Pen Contour Rheumatic Grahamizer 11 upper extremity exercise	Grahamizer 1 multi use exercise	Depth perception peg board set	Easy grip peg board
Sri Lanka*	4%	1%	1%	1%	1%	3%	2%	2%	2%	2%	2%
Public sector	8%	2%	3%	3%	3%	6%	4%	4%	5%	4%	4%
Public Tertiary Care Hospitals	21%	5%	8%	8%	8%	18%	13%	11%	11%	13%	13%
National Hospital	100%	0%	100%	100%	100%	100%	0%	0%	100%	100%	0%
Teaching Hospitals	33%	13%	13%	13%	7%	33%	13%	27%	7%	20%	20%
Provincial General Hospitals	33%	0%	0%	0%	33%	33%	0%	0%	67%	0%	0%
District General Hospitals	5%	0%	0%	0%	0%	0%	16%	0%	0%	5%	11%
Public Secondary Care Hospitals	2%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%
Base Hospitals (A & B)	2%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%
Public Primary Care Facilities Divisional Hospitals (type A, B & C) Primary Medical Care	-	-	-	-	-	-	-	-	-	-	-
Units	-	-	-	-	-	-	-	-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices Healthy Lifestyle Centers	-		-		-	-	-	-		-	-
Private sector	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private Hospitals ≥50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private Hospitals <50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

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					Occupational th	erapy equipr	nent					-
Facility Type	Posture mirrors	Dominos shape colours & numbers	Jell ball hand exerciser	Splinting bath with accessories needed for splinting	Heater gun	Splint pattern maker	Tool and accessories neoprene sealing iron	Deluxe revolving hole punch	Forma splinting bath	Occupational therapy equipment readiness score	Facilities with all trace item	Overall readiness score
Sri Lanka*	2%	1%	1%	5%	3%	2%	0%	3%	2%	2	0%	2
Public sector	4%	4%	4%	13%	9%	4%	1%	6%	5%	5	0%	5
Public Tertiary Care Hospitals	13%	11%	11%	34%	26%	11%	3%	18%	16%	14	0%	15
National Hospital	0%	100%	100%	100%	100%	100%	0%	100%	100%	63	0%	64
Teaching Hospitals	7%	13%	7%	53%	47%	13%	7%	27%	27%	19	0%	20
Provincial General Hospitals	0%	0%	67%	33%	0%	0%	0%	0%	0%	19	0%	21
District General Hospitals	21%	5%	0%	16%	11%	5%	0%	11%	5%	7	0%	8
Public Secondary Care Hospitals	0%	0%	0%	2%	0%	0%	0%	0%	0%	0	0%	0
Base Hospitals (A & B)	0%	0%	0%	2%	0%	0%	0%	0%	0%	0	0%	0
Public Primary Care Facilities Divisional Hospitals (type A,	-	-	-	-	-	-	-	-	-	-	-	-
B & C)	-	-	-			-	-	-	-		-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%	0
Private Hospitals ≥50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%	0
Private Hospitals <50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%	0

Table 92 Readiness score (overall and by domain) for speech and language therapy services for facilities that are expected to provide the service by facility type and	
group (n=155), Sri Lanka 2017	

_	Staff and train	ing	Speech and language therapy equipment								
Facility Type	Speech and language therapists with qualifications (Diploma/Degree)	Readiness score	Dysathria profile	Psycholinguistic assessment of language processing in aphasia (PALPA)	Pyramid and palm trees	Test for reception of grammar	Edinburgh functional communication	Derbyshire assessment scheme			
Sri Lanka*	26%	26	14%	7%	4%	6%	6%	13%			
Public sector	35%	35	25%	14%	8%	8%	8%	23%			
Public Tertiary Care Hospitals	68%	68	51%	22%	19%	24%	19%	49%			
National Hospital	100%	100	100%	0%	0%	0%	0%	0%			
Teaching Hospitals	79%	79	57%	36%	29%	50%	29%	64%			
Provincial General Hospitals	100%	100	67%	0%	0%	0%	0%	67%			
District General Hospitals	53%	53	42%	16%	16%	11%	16%	37%			
Public Secondary Care Hospitals	18%	18	11%	10%	3%	0%	3%	11%			
Base Hospitals (A & B)	18%	18	11%	10%	3%	0%	3%	11%			
Public Primary Care Facilities Divisional Hospitals (type A, B & C) Primary Medical Care Units		- -	- -	- -	- - -	-	- - -	- - -			
Public Clinics											
TB clinics STD (HIV) clinics MOH clinics	- -	-		-	- -	-	- -	-			
Regional Malaria Offices	-		-	-	-	-	-	-			
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-			
Private sector	19%	19	5%	2%	2%	5%	5%	5%			
Private Hospitals ≥50 beds	33%	33	7%	3%	3%	3%	3%	3%			
Private Hospitals <50 beds	15%	15	5%	1%	1%	5%	5%	5%			

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

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	Speech and language therapy equipment													
Facility Type	Informal assessment	Western aphasia battery	Right hemisphere language battery	Spoon, tongue depressor	Voice recorder	Torch for oral motor examination	Fogged mirror	Modified utensils for feeding	Indirect laryngoscope	Video recorder				
Sri Lanka*	12%	6%	5%	15%	4%	13%	5%	4%	4%	2%				
Public sector	28%	8%	5%	29%	5%	23%	7%	5%	6%	4%				
Public Tertiary Care Hospitals	59%	16%	14%	65%	16%	51%	19%	16%	11%	11%				
National Hospital	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%				
Teaching Hospitals	71%	21%	14%	79%	29%	64%	29%	29%	14%	14%				
Provincial General Hospitals	100%	0%	0%	100%	0%	100%	33%	33%	33%	0%				
District General Hospitals	42%	16%	16%	47%	11%	37%	11%	5%	5%	11%				
Public Secondary Care Hospitals	12%	4%	1%	10%	0%	9%	1%	0%	4%	0%				
Base Hospitals (A & B)	12%	4%	1%	10%	0%	9%	1%	0%	4%	0%				
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-				
Divisional Hospitals (type A, B & C)	-		-	-	-	-	-	-	-	-				
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-				
Public Clinics														
TB clinics	-	-	-	-	-	-	-	-	-	-				
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-				
MOH clinics	-	-	-	-	-	-	-	-	-	-				
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-				
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-				
Private sector	2%	5%	5%	5%	4%	5%	5%	4%	3%	0%				
Private Hospitals ≥50 beds	7%	7%	3%	7%	4%	7%	3%	3%	0%	0%				
Private Hospitals <50 beds	1%	5%	5%	5%	4%	5%	5%	4%	4%	0%				

				Speech and	language therap	y equipment					
Facility Type	Mirror (small-up to chest level)	Special chair/ feeding chairs	Dysphagia Laryngeal mirrors	Digital sound level meter	Stethoscope	Fiber optic endoscopic evaluation (FEES)	Fiberoptic Laryngealscope	Videofluo roscope	Readiness score	Facilities with all trace item	Overall readiness score
Sri Lanka*	11%	3%	5%	2%	14%	2%	2%	1%	7	0%	8
Public sector	19%	3%	11%	1%	22%	5%	5%	3%	11	0%	12
Public Tertiary Care Hospitals	46%	5%	24%	3%	49%	16%	16%	8%	26	0%	28
National Hospital	100%	0%	0%	0%	100%	0%	0%	0%	21	0%	24
Teaching Hospitals	57%	14%	14%	7%	64%	14%	21%	7%	35	0%	36
Provincial General Hospitals	67%	0%	100%	0%	33%	0%	0%	0%	31	0%	33
District General Hospitals	32%	0%	21%	0%	37%	21%	16%	11%	20	0%	21
Public Secondary Care Hospitals	5%	1%	4%	0%	9%	0%	0%	0%	4	0%	5
Base Hospitals (A & B)	5%	1%	4%	0%	9%	0%	0%	0%	4	0%	5
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C) Primary Medical Care Units	-	-	-		-	-		-	-	-	-
Public Clinics											
TB clinics	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-
Private sector	5%	4%	1%	3%	8%	0%	0%	0%	3	0%	4
Private Hospitals ≥50 beds	7%	4%	0%	0%	16%	0%	0%	0%	4	0%	5
Private Hospitals <50 beds	5%	4%	1%	4%	6%	0%	0%	0%	3	0%	4

	Staff and trai	ining				Pro	sthetic and orth	notic equipment				
Facility Type	Prosthetic and orthotic technicians with qualifications (diploma/degree)	Readiness score	Air compressor unit	Angle grinder	Band saw	Belt sander with accessories	Bench grinder 150mm	Bench grinder 200mm	Blow gun	Diamond grinding wheel dresser	Drill column type	Drill for bench
Sri Lanka*	9%	9	5%	4%	3%	1%	3%	2%	4%	2%	3%	4%
Public sector	15%	15	10%	7%	4%	2%	6%	5%	7%	2%	5%	8%
Public Tertiary Care Hospitals	47%	47	31%	22%	11%	6%	19%	14%	22%	6%	14%	25%
National Hospital	100%	100	0%	100%	100%	100%	100%	100%	100%	0%	100%	100%
Teaching Hospitals	54%	54	38%	31%	15%	8%	31%	23%	31%	8%	15%	46%
Provincial General Hospitals	67%	67	33%	0%	0%	0%	0%	33%	33%	33%	0%	0%
District General Hospitals	37%	37	26%	16%	5%	0%	11%	0%	11%	0%	11%	11%
Public Secondary Care Hospitals	0%	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Base Hospitals (A & B)	0%	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	4%	4	2%	2%	2%	1%	1%	1%	2%	2%	2%	1%
Private Hospitals ≥50 beds	19%	19	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Private Hospitals <50 beds	0%	0	2%	2%	2%	0%	0%	0%	2%	2%	2%	0%

					Pr	osthetic and o	rthotic equipme	ent				
Facility Type	Dust aspirator	Hand drilling machine	Hand drilling screwing machine	Jig saw	Oscillating saw	Pneumatic grinder	Pneumatic welding gun	Sewing machine	Vacuum pump	Welding electric machine	Welding iron 150W	Welding mirror 280mm
Sri Lanka*	3%	6%	2%	4%	3%	0%	1%	5%	5%	3%	1%	1%
Public sector	5%	12%	2%	9%	6%	0%	2%	11%	10%	5%	1%	3%
Public Tertiary Care Hospitals	17%	36%	6%	28%	19%	0%	6%	33%	31%	17%	3%	8%
National Hospital	0%	100%	0%	100%	100%	0%	0%	100%	100%	100%	0%	0%
Teaching Hospitals	23%	46%	8%	31%	15%	0%	8%	62%	31%	31%	8%	15%
Provincial General Hospitals	33%	67%	0%	33%	33%	0%	0%	33%	33%	0%	0%	0%
District General Hospitals	11%	21%	5%	21%	16%	0%	5%	11%	26%	5%	0%	5%
Public Secondary Care Hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Base Hospitals (A & B)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C) Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	1%	2%	2%	1%	1%	1%	1%	1%	2%	1%	1%	0%
Private Hospitals ≥50 beds	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%
Private Hospitals <50 beds	0%	1%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%

					Pros	thetic and o	orthotic equipme	ent				
Facility Type	Battery charger for CRM 153	Glove, heat protection, isothermal pair	Belt sander	Orbital sander	Belt sander maintenance kit	Oven	Kit for oven	Vacuum pump CR 1000 tube, enveloping suction	Welding "hot-jet" and kit	Oscillating electrical saw Fein 220Volts/18 0W	Oscillating saw spare blade 160 teeth only for metals	Drill bench type, quick chuck 30 to 16mm CM2
Sri Lanka*	1%	2%	1%	0%	0%	3%	2%	2%	1%	2%	1%	3%
Public sector	2%	5%	1%	0%	0%	5%	5%	5%	1%	4%	1%	6%
Public Tertiary Care Hospitals	6%	14%	3%	0%	0%	17%	14%	14%	3%	11%	3%	19%
National Hospital	0%	100%	0%	0%	0%	100%	100%	100%	0%	100%	100%	100%
Teaching Hospitals	0%	8%	8%	0%	0%	15%	15%	8%	8%	8%	0%	31%
Provincial General Hospitals	0%	33%	0%	0%	0%	0%	33%	0%	0%	0%	0%	33%
District General Hospitals	11%	11%	0%	0%	0%	16%	5%	16%	0%	11%	0%	5%
Public Secondary Care Hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Base Hospitals (A & B)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Private Hospitals ≥50 beds	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Private Hospitals <50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

					P	rosthetic and o	rthotic equipme	nt				
Facility Type	Hand drill machine with percussion 220V/750W	Drilling machine VICE for column drilling machine	Pneumatic Chipping Hammer + set of chisels of various forms	Conical Sanding Arbor	Deburring tool, changeable blade	Draw knife 250mm	Spare blade, type A, aluminium + steel, for deburring tool	Pencil, blue indelible, for marking on moist surface	Pipe cutter, heavy duty for steel pipes 1/8" to 2"	Sanding cone for article CRM 480, Grit 150	Sanding cone for article CRM 480, Grit 50	Sanding drum with conical hole, dim
Sri Lanka*	3%	2%	2%	2%	1%	2%	1%	3%	1%	1%	2%	2%
Public sector	5%	3%	3%	4%	2%	4%	1%	5%	2%	2%	3%	4%
Public Tertiary Care Hospitals	17%	8%	8%	11%	6%	11%	3%	17%	6%	6%	8%	11%
National Hospital	100%	100%	0%	100%	0%	100%	0%	100%	0%	100%	100%	100%
Teaching Hospitals	23%	8%	23%	8%	15%	15%	0%	23%	0%	8%	8%	8%
Provincial General Hospitals	33%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
District General Hospitals	5%	5%	0%	11%	0%	5%	5%	11%	11%	0%	5%	11%
Public Secondary Care Hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Base Hospitals (A & B)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics												
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Private Hospitals ≥50 beds	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Private Hospitals <50 beds	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

						Prosthetic	and orthotic e	quipment					
Facility Type	Sanding sleeve for article CRM 483, Grit 50	Sanding sleeve for article CRM 483, Grit 80	Scissor, trimming scissor, "tailor"	Direct reading caliper, for medio-lateral- anterior- posterior measure	Goniometer	Tool for measuring inside contour	Tran femoral measuring Gauge ML (ICS)	Bolts for orthotics adult drop lock 20mm	Bolts for orthotics adult drop lock 16mm	Spiral helical cutter HSS	Welding "MIRROR" diam.280mm, 220 V/900W	Set of punctures 15 pieces	Nut for the free motion ankle joint adult, brass 24mm x M6
Sri Lanka*	2%	2%	6%	3%	2%	1%	2%	2%	2%	2%	1%	3%	2%
Public sector	3%	4%	12%	6%	5%	2%	3%	5%	5%	3%	2%	6%	3%
Public Tertiary Care Hospitals	8%	11%	36%	19%	14%	6%	8%	14%	14%	8%	6%	19%	8%
National Hospital	100%	100%	100%	0%	0%	0%	0%	100%	100%	100%	0%	100%	100%
Teaching Hospitals	15%	15%	46%	23%	15%	8%	8%	15%	15%	15%	8%	23%	8%
Provincial General Hospitals	0%	0%	33%	33%	33%	0%	0%	0%	0%	0%	0%	0%	0%
District General Hospitals	0%	5%	26%	16%	11%	5%	11%	11%	11%	0%	5%	16%	5%
Public Secondary Care Hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Base Hospitals (A & B)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Private Hospitals ≥50 beds	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Private Hospitals <50 beds	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

					Prosthetic	and orthoti	c equipment					Facilities	
Facility Type	Nut for the free motion ankle joint adult, brass 19mm x M6	Rubber brass adult diam int. 7.3mm, ext 2.5mm	Rubber brass adult diam int. 7.3mm, ext 2mm	High speed stapler	Gig saw	Spatula	Surform (Round half round/flat)	Plaster mixing bowl	Set of Allen keys, spanners, screw drivers	Shouldering iron	Equipment readiness score	with all trace item	Overall readiness score
Sri Lanka*	2%	0%	0%	2%	4%	4%	4%	4%	6%	3%	2	0%	3
Public sector	3%	0%	0%	5%	9%	9%	9%	8%	14%	6%	5	0%	5
Public Tertiary Care Hospitals	8%	0%	0%	14%	28%	28%	28%	25%	39%	19%	14	0%	14
National Hospital	100%	0%	0%	0%	100%	100%	100%	100%	100%	0%	62	0%	63
Teaching Hospitals	8%	0%	0%	15%	31%	23%	38%	15%	38%	23%	17	0%	17
Provincial General Hospitals	0%	0%	0%	33%	33%	33%	33%	0%	67%	33%	12	0%	13
District General Hospitals	5%	0%	0%	11%	21%	26%	16%	32%	32%	16%	9	0%	10
Public Secondary Care Hospitals	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0	0%	0
Base Hospitals (A & B)	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0	0%	0
Public Primary Care Facilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Clinics													
TB clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-	-	-	-	-	-
Private sector	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1	0%	1
Private Hospitals ≥50 beds	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3	0%	3
Private Hospitals <50 beds	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%	0

Table 93 (Contd.) Readiness score (overall and by domain) for prosthetic and orthotic equipment services for facilities that are expected to provide the service by facility type and group (n=155), Sri Lanka 2017



SARA Sri Lanka 2017 gives a snapshot of service availability and readiness for general health services and a range of specific health services in the country. The SARA report provides scientifically valid data to inform policy decisions and strategic planning in the health sector, focusing on both public and private sectors in Sri Lanka. The survey was a cross-sectional and descriptive health facility survey that covered state-owned as well as privately-owned health facilities across the country. Representativeness of different levels of health facilities including various public clinics and coverage of a broad range of service areas would enhance the relevance of this report to a wider audience. Furthermore, adaptation of the SARA core questionnaire to the local setting through consensus by an expert panel of the MOHNIM made it more nationally relevant.

The health facilities that are expected to provide specific services and the tracer items to be used in different domains under each service were determined and agreed upon by the expert panel. The items used in the assessment of general service availability and readiness in the SARA core questionnaire were not changed in order to facilitate international comparisons.

In this report, the percentage availability and readiness scores are presented for each facility type that is expected to provide the relevant service. The percentage availability and readiness scores are also summarized at three levels, as public sector, private sector and national level by pooling the respective values from different facilities that provided the service, using the sampling weights appropriate for each facility type. The sampling weights were calculated in proportionate to the size of each facility type present in the population. The sampling weights were higher for lower level of health facilities (eg. primary health care facilities, Private Hospitals with <50 beds, MOH clinics and HLCs) due to their high numbers in the population as opposed to the tertiary care hospitals and Private Hospitals with \geq 50 beds. In the present survey, the low service availability/ readiness at the primary care health facilities and Private Hospitals with <50 beds often affected the national level figures. Thus, due caution should be observed in interpretation of the results at the national level and public or private sector level.

If a service availability percentage at national level is low, it would be useful to find out which health facility type or group contributed to lower figures. When the results show a low readiness score at the national level, it is important to find out the responsible tracer items in addition to the facility type or group contributed to low scores. Identifying the health facility type or group and tracer items responsible for poor service availability or readiness would help health managers take necessary action to improve the situation.

SARA indicators reflect service availability and readiness of health facilities, and does not necessarily mean the population coverage of or accessibility to health services. For example, percentage of mothers who deliver in health institutions is almost 100% in Sri Lanka, however, the availability of delivery services in hospitals was 79% at national level according to SARA (85% in public sector and 56% in private sector). Therefore, SARA results should not be misinterpreted as coverage statistics of the population.

Service availability in SARA Sri Lanka 2017 showed a distinct pattern within public sector health facilities, where availability was the lowest in primary care health facilities (Divisional Hospitals / PMCU) and the highest at tertiary care hospitals. The service availability at secondary care hospitals (Base Hospitals) was also high and closer to the tertiary care level than primary care level. The service availability at public clinics for specific services were at a satisfactory level. For example, all MOH clinics offered family planning, antenatal care, immunization and child preventive services. A higher percentage of TB clinics, STD clinics, and RMOs provided screening, diagnostic and management services for TB, STD/AIDS and malaria, respectively. In privately owned

hospitals, there was a clear difference between those hospitals with \geq 50 beds and hospitals <50 beds with respect to all services, where service availability was low in hospitals <50 beds. Between the 2 sectors, public sector health facilities often had a higher service availability than private sector.

Despite the availability, service readiness was low for most of the services at national level, particularly in the domains of guidelines and trained staff. Unavailability of guidelines was a common issue observed across all levels of health facilities, and that reduced the overall readiness score to a great extent. Non-availability of guidelines at health facilities could be due to several reasons: first, there may not be national guidelines for certain services; second, the guidelines may have not been distributed to health facilities; and third, guidelines may not be readily available to health staff. Staff trained on different services was relatively low at certain health facilities, despite regular training programmes by the MoHNIM. This could be due to the health staff turnover, especially among the doctors. Non availability of guidelines and staff trained on specific services was clearly observed in the Private Hospitals, and this finding should be given attention in the process of improving service readiness at national level. Readiness with laboratory and diagnostic services varied according to the type of laboratory test. Readiness with respect to medicines and commodities was high for almost all the service areas, and readiness with equipment varied according to the type of equipment.

Under the general health services, high availability of basic amenities, basic equipment standard precautions, and essential medicines across all health facilities is an indication that these health facilities are well established with necessary infrastructure, and have the potential to cater for the basic health needs of the population in general. Service availability for diagnostic capacity in Divisional Hospitals and Private Hospitals with <50 beds was low for the services expected from these types of hospitals. One of the reasons for low diagnostic capacity in Divisional Hospitals caude to non-availability of medical specialists. Public prefers to seek care directly from Base Hospitals or above due to availability of medical specialists at these levels. So it would be important to understand the findings within the context of service utilization pattern which was not assessed in the present survey.

The findings of SARA should be interpreted with the current status of the service delivery in the country. There is a brief description on existing health services under each service area in the Results Chapter of this report. The following paragraphs discuss some of the findings in the key health areas.

Maternal and child health services encompass a comprehensive service package, and are provided through MOH clinics, primary health care facilities, secondary and tertiary care hospitals, and Private Hospitals. According to results of SARA, MCH service availability at MOH level is highly satisfactory. The MCH services expected from secondary and tertiary care hospitals are also available at a higher level. Divisional Hospitals, PMCU, and Private Hospitals especially those with<50 beds showed low availability and readiness for the MCH services expected, thus, it is important to find out reasons for this. Lack of national guidelines across all health facilities, despite such guidelines being distributed is an area of concern. It would also be good to know reasons for low availability of staff trained in specific areas. Availability and readiness of family planning services was poor at national level due to low availability of this service at Divisional Hospitals, PMCU and Private Hospitals.

Restricting the assessment of immunization services to MOH clinics is a limitation in the present survey since situation in other delivery points such as hospitals is unknown.

According to NSACP, antiretroviral therapy (ART) is prescribed for HIV patients at the STD clinics with ART facilities, and there were 22 such clinics out of 33 STD clinics in the country as of end 2017. All patients are referred to the Central STD clinic or laboratories in selected hospitals for CD4 and viral load assessment. The results from SARA regarding availability of ART prescription services, national guidelines and trained staff for ART are compatible with this situation. Readiness score for laboratory diagnostics for ART and management services (CD4, viral load, liver and renal functions) in STD clinics was reported to be very low (3 out of 100).

This could be due to the fact that only the central STD clinic providing this service among all STD clinics, whereas patients from the other STD clinics are referred to the central clinic or hospital laboratories with these diagnostics.

TB and respiratory disease control activities at district level are carried out by the 26 district TB clinics. The SARA sample had 27 TB clinics since one additional sub-chest clinic based at the Colombo South Teaching Hospitals was included in the sample. TB diagnostic services are expected from all levels of government hospitals, Private Hospitals and PMCU, but their availability and readiness were low in primary care health facilities, and Private Hospitals. Service availability and readiness for TB diagnosis, treatment and follow up were high at TB clinics. Diagnostic test to confirm HIV infection is only available at the central STD clinic of the NSACP, and TB clinics are expected to send blood samples for confirmation.

In SARA Sri Lanka, RMOs were included under the public clinics group. RMOs coordinate and conduct mobile malaria clinics in the districts. If a patient is diagnosed, the patient is admitted to the nearest hospital for treatment, and the RMO will ensure supply of anti-malaria drugs. Malaria drug treatment is not available in stocks in the private institutions in Sri Lanka. When a malaria patient is reported in private sector AMC provides drugs on case-by-case basis. Since patient management takes place in the hospital, certain items considered under general readiness (processing of equipment for re-use, weighing scale, thermometer, sphygmomanometer, oxygen supply, disposable or auto disable syringes) are not actually expected from the RMO. Diagnosis facilities for malaria are provided in all hospitals from BH and above, and in PMCU / DH in high risk areas only. This could be a reason for lower availability and readiness of diagnosis facilities. AMC has conducted regular training programmes for clinicians, nurses and public health Laboratory technicians, and treatment guidelines have been distributed in each of this training sessions. Therefore it is important to find out why the readiness score for guidelines and trained staff was found to be low in public hospitals.

The present survey assessed Rabies PET services availability during 24 hours a day in all 7 days. The percentage availability of this service at national level was low (28%) due to low availability in Divisional Hospitals and Private Hospitals. A great majority of persons who need PET access public health facilities for PET possibly due to high cost in the private sector. It is also important to note that PET services were made available in certain Divisional Hospitals only in areas where there wasn't any Base Hospital or higher level hospital around.

During the year of data collection for SARA (2017), there was a massive outbreak of Dengue fever in the country, resulting in an overburden of hospitals with increasing number of patients seeking care. According to SARA, Dengue screening, diagnosis and treatment facilities in hospitals were satisfactory. Though integrated vector management services were expected in all MOH areas, the service was available in 85% of MOH areas.

With the increasing prevalence of non-communicable diseases more health facilities should be ready to screen, diagnose and treat chronic NCDs and manage their complications. MoHNIM has established HLCs in primary health care institutions for screening people aged between 40-65 years for early recognition of risk factors and prevention of premature deaths due to NCDs. The SARA results pertaining to HLCs reflect the capacity of HLCs for primary prevention of chronic NCD in the country. The results described under MOH clinics refer to the screening services for diabetes through the Well Woman Clinics conducted at MOH office. Overall, the results highlighted several gaps in the services, which should be addressed at the facility levels and the national level.

According to SARA results, a gap exists between the availability of CKD diagnosis services and CKD management services. The emerging epidemic of CKD of unknown aetiology is highly prevalent in agricultural communities in rural areas, and it contributes substantially to the burden of CKD in Sri Lanka. Therefore, it is important to look into the target population's accessibility to CKD management services which was not covered by the SARA.

With regards to cancer, service availability and readiness were assessed for three common cancers - oral, breast and cervical cancer. Results indicate that there is opportunity for further improvement in cancer screening services, especially at lower levels of health facilities and public clinics. Before interpretation of results pertaining to cancer treatment services it is important to understand the how these services are delivered in the existing hospital system. The Base Hospitals, tertiary care hospitals and Private Hospitals are expected to provide surgical treatment services for the cancers specified above. However, chemotherapy and radiotherapy services are provided only in selected hospitals where cancer treatment centres have been established. As at present one cancer treatment center per province (9 hospitals for the country) has been established, with patients being referred to these centers from the other hospitals.

Availability of in-ward psychiatric services reported by SARA was low possibly because four tertiary care hospitals did not have psychiatric units.

The low overall readiness score for elderly care services in all health institutions is an indication that this area needs much attention. Availability of all categories of health staff with training on care for elderly should be improved, together with expansion of services for elderly care to lower levels of hospitals. The low availability and readiness for disability care services implicates that this service needs much development and evolution through appropriate policy and strategic planning.

05

Conclusion and Recommendations

The SARA Sri Lanka 2017 report provides scientifically valid data to inform policy decisions and strategic planning in the health sector, focusing on service availability and readiness in public and private sector health facilities in Sri Lanka. Furthermore, the current status can be used as a baseline to monitor the progress and effectiveness of interventions to improve the services.

Overall, the results indicate the need of strengthening the service availability in the primary care health facilities (Divisional Hospitals and PMCU). A comparable improvement is also needed in the Private Hospitals with <50 beds.

Low readiness scores at national level demand a plan of action to make the essential tracer items readily available, particularly in the domains of guidelines and trained staff for the services expected through the respective health facilities. Lack of guidelines indicates the need of developing such guidelines, distribution of guidelines among health staff, and conducting appropriate staff training for adherence to such guidelines. There should be a mechanism to ensure distribution of guidelines to Private Hospitals as well.

Under the general health services, low availability and readiness of diagnostic services that are expected from the respective health facilities need special attention to ensure availability of such services.

Findings on maternal and child health services highlight the need of improving family planning services in the primary care health facilities and Private Hospitals since low service availability in these facilities contributed markedly to national level indicators. Establishment of mother-baby centers in hospitals, strengthening adolescent reproductive and sexual health services, and attention on services for the women affected by gender-based violence should also be given high priority.

Availability of TB diagnostic services should be improved at primary care health facilities (Divisional Hospitals and PMCU), and Private Hospitals. Low readiness scores for TB diagnostic services across all health facilities except TB clinics highlight the need for ensuring availability of the relevant tracer items.

In the phase of prevention of re-introduction of malaria, it is important to further enhance the readiness for diagnosis and treatment of malaria in the hospitals by ensuring availability of guidelines and trained staff.

It is recommended to ensure the availability of PET services for rabies during 24 hours a day in all 7 days in the secondary and tertiary care hospitals, and to consider expansion of the PET service to all Divisional Hospitals.

The overall readiness for Dengue vector control services at the national level indicates an opportunity for further improvement. The attention for Dengue prevention, including integrated vector management should be given high priority to prevent and control the epidemics, and this would also help reduce the heavy service demand during peaks of the epidemic. Readiness for Dengue screening and clinical case management services needs further improvement particularly in the Divisional Hospitals and Private Hospitals with <50 beds.

With the increasing prevalence of non-communicable disease, the health facilities should be ready to screen, diagnose and treat chronic NCDs and manage their complications. The results indicate the need of guidelines, trained staff and facilities especially at the lower level of health facilities.

The capacity of HLCs for screening and management of NCD risk factors should be further enhanced through provision of facilities and training of health staff considering the service gaps identified in the SARA report. It is also important to strengthen screening and diagnostic capacity for CVD at PMCU and Divisional Hospitals. It is recommended to provide diagnostic facilities for venous blood glucose testing in Divisional Hospitals. The findings also highlight the need to provide facilities and guidance for the health staff to screen and manage complications of diabetes in lower level of hospitals (eg, Divisional Hospitals) and Private Hospitals.

There is a need to develop national guidelines for certain service areas, and make them available to all hospitals and wards within the hospitals. For example, national guidelines for management of cardiovascular disease and stroke should be developed. Distribution of food based dietary guidelines to all levels is recommended.

The findings highlight the need to train health staff on cardiopulmonary resuscitation. It is recommended that the services be available for monitoring cardiac functions in lower levels of hospitals and to provide necessary equipment to all levels of hospitals, for example, cardiac defibrillators to all hospitals.

Assessment of cancer services revealed gaps in screening and diagnostic services of oral, breast and cervical cancer. The results indicate the need of guidelines for screening and diagnosis, and appropriate training for health staff at all levels of hospitals.

The results reveal that the availability of in-ward mental health services is low, therefore it is recommended to improve in-ward mental health services. The suggestions to improve mental health services include establishment of in-ward psychiatry units in Teaching Hospitals and Base Hospitals where the hospitals service is not available, and training of medical officers in primary care hospitals and Private Hospitals on mental health. Allocation of multi-disciplinary mental health professionals needs to be considered in the Base Hospitals.

Since overall service availability and readiness are very low in the elderly care and disability care services, there is a need to consider more investments for these services in Sri Lanka. The relevant categories of health staff should be trained on care for elderly, together with expansion of services for elderly care to lower levels of hospitals. The low availability and readiness for disability care services implicates that this service needs much development and evolution through appropriate policy and strategic planning.

The present report does not provide disaggregated results according to provinces or districts. Thus, it would be useful to carry out provincial/district level analyses for the service improvement at these levels.

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Annexures

Annexure A

Survey Team

Planning, Coordination, Implementation and Monitoring of the study in the Central level

Ministry of Health, Nutrition and Indigenous Medicine

Dr. S.C. WickramasingheDeputy DirDr. Aravinda WickramasingheRegistrar inDr. Ishanka TalagalaSenior RegDr. Uditha PereraRegistrar inDr. Muditha HapudeniyaRegistrar inDr. Gayan PiyasenaRegistrar inDr. Dilshan ManathungaMedical OfMs. Upuli BhagyaProject OffMr. Dulan WickramarachchiProject OffMr. Ruchira RatnayakeProject Off

Deputy Director General (NCD) Registrar in Community Medicine Senior Registrar in Community Medicine Registrar in Health Informatics Registrar in Health Informatics Registrar in Health Informatics Medical Officer Project Officer Project Officer

Department of Census and Statistics

Mrs. I.R. Bandara Additional Director General (Statistics) 1 Mrs. I.A.M. Fernando Additional Director General (ICT) Mrs. D.D.A.G. Seneviratne Director Mr. W.H.P.W. Weerasiri Director (ICT) Mrs. C.D. De Silva **Deputy Director** Mr. E.M. Disala Ekanayake Assistant Director (ICT) Mr. L.C. Amarathunga Statistician Mr. J.M.S.U.B. Jayamaha Statistician Mrs. A.N. De Silva Statistician Mr. E.M.C. De Seram Statistician Mrs. H.B.M.R.L. Karunarathna Statistician Mrs. O.R. Wijegunasinghe Statistical Officer Mr. S. Poongunran Statistical Officer Mrs. A.W.A.D.A.R. Abeyesekera Statistical Officer Statistical Officer Mrs. P.G. Gayani Jayatissa

Report writing

Prof. Upul Senarath	Professor in Community Medicine, Department of Community
	Medicine, Faculty of Medicine, University of Colombo

Formatting of figures, graphs and tables

Dr. Claudio Umesh	Demonstrator, Department of Community Medicine, Faculty of Medicine, University of Colombo
Dr. Gayan Piyasena	Registrar in Health Informatics
Cover design	
Dr. Ashan Pathirana	Registrar in Community Medicine
Proof reading	
Prof. Upul Senarath	Professor in Community Medicine, Department of Community Medicine, Faculty of Medicine, University of Colombo
Dr. Yamanie Senaratne	Medical Officer
Page setting	
Ms. Isurangi Kanakarathna	Nanila Publications (Pvt.) Ltd.
Enumerators	
Dr. Thamara Illangasinghe	Medical Officer
Dr. Dilshan Manathunga	Medical Officer
Dr. K.A.S. Gunaratne	Medical Officer
Dr. Chanaka Liyanage	Medical Officer
Dr. D.L.A.E.K. Kularathna	Medical Officer
Dr. M.A.N.D. Fernando	Medical Officer

Dr. Chanaka Liyanage	Medical Officer
Dr. D.L.A.E.K. Kularathna	Medical Officer
Dr. M.A.N.D. Fernando	Medical Officer
Dr. N.P. Wijesekara	Medical Officer
Dr. G.E.I.K.K. Elapatha	Medical Officer
Dr. Chrishantha C. Widisinghe	Medical Officer
Dr. H.K.D.W.M. Gajanayake	Medical Officer
Dr. Nayana Dhanapala	Medical Officer
Dr. Iranga de silva	Medical Officer
Dr. Wikum Fernando	Regional Dental Surgeon
Dr. W.D.J.K. Amarasena	Medical Officer
Dr. D.A.H. Dassanayaka	Medical Officer

Dr. B.L.D. Jayanath Dr. D.C. Welgama Dr. Kumara Weerathunga Dr. K.C.P. Senadeera Dr. R.M.D.N.K. Nawarathna Dr. H.R.A.K. Kulathilaka Dr. A.M.T.K. Attanayaka Dr. W.K.D. Lasantha Dr. S. Shivaganesh Dr. U.E. Rathnayake Dr. A.A. Sisil Dr. S. Sooriga Dr. V. Sudharshini Dr. S.S.R.J. Cynthia Dr. R. Navaloginathan Dr. W.A.D. Malinda Dr. A.R.M. Haris Dr. Indunil Perera Dr. N.H. Ubeysekara Dr. A.B.H.N. Gunarathne Dr. Aravinda Wickramasinghe Dr. M.H.B. Ariyaratne Dr. C.M.T. Madhuwanthi Mrs. P.Y.M. Senavirathne Mr. W.A. Nimal Mr. K.K.D.J.K. Madagammana Mr. K.S.G. Thilakarathne Mr. Y.K.M.Javantha Mr. A.A.P. Fenando Mr. K.M.C.B. Kasthurisinghe Mrs. U. Lalani Mrs. G.W.G. Ranjani Mr. A.K. Rohitha Perera Mr. R.Wijekoon Mr. D.G.P.K. Dorakumbura Mr. Bandula Arambepola Mr. S.A.J.C.B. Satharasingha Mr. H.A. Premarathna Mr. M.T. Weerawardhana Mr. H.K.S. Indapriya Mr. K.H. Chandrakumara Mr. S.P.K. Senanayaka

Medical Officer Medical Officer **Medical Officer Medical Officer Medical Officer Medical Officer Medical Officer** Medical Officer **Medical Officer** Medical Officer Medical Officer **Medical Officer** Medical Officer **Medical Officer** Medical Officer Medical Officer Medical Officer **Medical Officer** Medical Officer **Medical Officer Registrar in Community Medicine Registrar in Health Informatics** Medical Officer Statistical Officer

Mr. R. Skantharajah Mr. A.J. Nesaraja Mrs. T. Puvaneanthiranathan Mr. Z. Sherifutheen Mr. A.M.G.S. Bandara Mr. S. Samsudeen Mrs. P.G.A.J. Jayathilaka Mr. N.A.C.R. Nishshanka Mr. H.M.S.C. Bandara Mr. J.W.A. Disanayake Mr. E.D.A. Edirisinghe Mr. Jagathsiri Bandara Mr. R.M.W.K. Rathnayake Mr. B.A.U. Amarawansha Mr. W.P.K. Gunawardana Mr. M. Sirisena Mr. E.B. Premathilaka Mr. L.D.S.R. Thilakarathne Mr. M.R.M. Rihanrabee Mr. K.B.G. Upali Jayathissa Mr. K.G.R. Dharmawardhana Mr. K.G.J.S.Priyaviraj Mr. M.A. Laksiri Mr. D.D. Nimalsiri Mr. R. Sasikumar Mr. N. Suthanthiran Mr. M. Jebanesan Mr. N. Thilipan Mr. S. Lingeswaran Mrs. R. Suleelawathy Mr. V. Mathavan Mr. P. Subananthan Mrs. S. Yogarajah Mr. A.L.M. Salin Mrs. L.M.S. Bandara Mr. T.A.N.A. Edirisinghe Mr. W.A.G.S. Kumara Mr. S.N. Pushpa Kumara Mr. U.L. Thameemdeen Mr. E.M.M.R. Ekanayake Mr. C.J.P. Kodithuwakku Mr. Chaminda Wijesinghe Mr. D.M. Wimalarathne Banda Mr. K.M.G. Kumara Thissa

Statistical Officer Statistical Assistant Statistical Assistant

Coordination and Supervision of the study in the District level

Department of Census and Statistics

Mr. W.B.J. Wickramarachchi	Statistician
Mr. D.W. Upali Rajapaksha	Statistician
Mr. W. Gnanathilaka	Statistician
Mr. G.W. Gunasekara	Statistician
Mr. A.M.P. Abeysinghe	Statistician
Mr. K.B. Wijebandara	Statistician
Mrs. S.T.C. Gaveshika	Statistician
Mr. H.W.M. Jayaweera	Statistician
Mr. R.P. Upali	Statistician
Mr. S.L. Mamaduwa	Statistician
Mr. H.M.C.L.A.K. Herath	Statistician
Mr. G.U.N. Perera	Statistician
Mr. W.M.S.K. Bandara	Statistician
Mrs. P.L.S.S.K.B. Lekamge	Statistician
Mr. M.S.M. Muzzammil	Statistician
Mr. S.U.D. Alahakoon	Statistician
Mrs. B.G.K. Premalatha	Senior Statistician
Mr. S.M.H.N. Samarakone	Statistician
Mr. M. Vithiyananthanesan	Statistician
Mr. S. Sivasothy	Statistician
Mr. T. Sriharan	Statistician
Mr. B. Balachandran	Statistician
Mr. S.M.M. Badurdeen	Statistician
Mr. M.S.S. Kaleem	Statistician
Mr. Maduranayagam	Statistician

Regional Directorates of Health Services

Dr. Thamara Illangasinghe	Medical Officer
Dr. P.A.S. Panapitiya	Medical Officer
Dr. Chandana Perera	Medical Officer
Dr. N.H. Ubeysekara	Medical Officer
Dr. T.D. Senanayake	Medical Officer
Dr. R.P.S. Rajapaksha	Medical Officer
Dr. Nayana Dhanapala	Medical Officer
Dr. H.G.S. Nawaratne	Medical Officer
Dr. Mahinda Pathirana	Medical Officer
Dr. A.S.I. Aththaragama	Medical Officer
Dr. L.R.W.R. Saranga	Medical Officer

Dr. Kumara Weerathunga	Medical Officer
Dr. I.M.C.K. Illangasinghe	Medical Officer
Dr. S.M.P. Subasinghe	Medical Officer
Dr. H.R.A.K. Kulathilaka	Medical Officer
Dr. W.H.S.N.K. Weerasinghe	Medical Officer
Dr. N.S.P.S.D.N. Alwis	Medical Officer
Dr. S. Nithiyananda	Medical Officer
Dr. S. Seralathan	Medical Officer
Dr. S.E. Priyatharshan	Medical Officer
Dr. Rex Pradeepan	Medical Officer
Dr. Thamilini Kanagaratnam	Medical Officer
Dr. A.G.K.A. Chathurani	Medical Officer
Dr. M. Shafeeka	Medical Officer
Dr. K. Kasthurye	Medical Officer
Dr. M.B.R. Hasantha	Medical Officer
Dr. M.T.M. Marzook	Medical Officer

Coordination of the study at the Health Institutional level

Medical Officer
Medical Officer
Deputy Director
Medical Officer

Dr. R.M.D.D. Ratnayake Dr. P.G.K.M. Somarathna Dr. C.T.K.S. Gunasekara Dr. Lochana Salgado Dr. C.J.K. Somaratne Dr. A.G.K.A. Chathurani Dr. B.M.I. Gunawardana Dr. D.M.M. Dissanayake Dr. R.M.S.P. Rathnayake Dr. G.S.R. Amaratunga Dr. S. Sivapathamoon Dr. L.J. Abeysiriwardene Dr. Ananda Senarath Dr. A.D.L.S. Athapattu Dr. S.A. Lunuwila Dr. A.V.M. Jayawardana Dr. L.S.N. De Silva Dr. T.N.P. Arachchi Dr. Whossmila Dr. K.K. Abeyweera Dr. W.L.A.C. Liyanage Dr. K.A.N.L.K. Arachchi Dr. M.G.C.S. Cooray Dr. K.P.R.C. Jayasooriya Dr. S. Jamuna Dr. Anurada Haputhanthri Dr. S. Selvathosyanth Dr. D.M.H.P. Dassanayake Dr. A.P. Raveendran Dr. G.H.I. Jayawardana Dr. U.K.B. Warakagoda Dr. N. Ranawaka Dr. V.C. Weerakody Dr. H.A. Senanayake Dr. W.R.K.D.W.K.U. Wickramasinghe Dr. D.M.S. Dissanayake Dr. N.S.B. Senanayake Dr. S. Premakumara Dr. Asanka M. Welikala Dr. Y. Vithushan Dr. H.A.S. Rasanjalee Dr. W.S.A. Fernando Dr. S.A.D. Padmaraja

Medical Officer **Medical Superintendent Medical Officer** Medical Officer **Deputy Director** Medical Officer Medical Officer **Medical Officer** Medical Officer **Medical Officer** Medical Officer Medical Officer **Medical Officer** Medical Officer **Medical Officer** Medical Officer Medical Officer **Medical Officer** Medical Officer **Medical Officer** Medical Officer **Medical Superintendent Medical Officer** Medical Officer Medical Officer Medical Officer Medical Officer **Medical Officer** Medical Officer Medical Officer **Medical Officer** Medical Officer **Medical Officer** Medical Officer **Medical Officer** Medical Officer **Medical Officer Medical Officer** Medical Officer Medical Officer **Medical Officer Medical Officer** Medical Officer

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Annexure B

Торіс	Deviation from the SARA Core Questionnaire	
Section 1: Cover page		
Interviewer visits	No change in the content	
Facility identification	Adapted to Sri Lankan setting	
Geographic coordinates	No change in the content	
General information	No change in the content	
Section 2: Staffing	Adapted to Sri Lankan setting	
Section 3: Inpatient and observation beds	No change in the content	
Section 4: Infrastructure		
Communications	No change in the content	
Ambulance/transport for emergencies	No change in the content	
Power supply	No change in the content	
Basic client amenities	No change in the content	
Infection control	No change in the content	
Processing of equipment for reuse	No change in the content	
Health care waste management	Adapted to Sri Lankan setting	
Supervision	Not included	
Basic equipment	Added more equipment to the list	
Infection control precautions	No change in the content	
Day care facilities for infants of health staff	Added a new section	
Section 5: Available services		
A. Reproductive, maternal and newborn health		
Family planning services	Adapted to Sri Lankan setting	
Antenatal care services	Adapted to Sri Lankan setting	
Prevention of mother-to-child transmission of HIV	Adapted to Sri Lankan setting	
Obstetric and newborn care services	Adapted to Sri Lankan setting as basic obstetric and newborn care services	
Cesarean section	Adapted to Sri Lankan setting as comprehensive obstetric and newborn care services	
Immunization	Adapted to Sri Lankan setting	
B. Child and adolescent health		
Child preventative and curative care services	Adapted to Sri Lankan setting	
Adolescent health services	Adapted to Sri Lankan setting	
C. Communicable diseases		
HIV counselling & testing	Adapted to Sri Lankan setting	
HIV treatment	Adapted to Sri Lankan setting as HIV/AIDS Antiretroviral prescription and client management	

Sections and Modules in the SARA Sri Lanka 2017 tool

Торіс	Deviation from the SARA Core		
	Questionnaire		
HIV post exposure prophylaxis	Added a new section		
HIV care and support	Adapted to Sri Lankan setting		
Sexually transmitted infections	Adapted to Sri Lankan setting		
Tuberculosis	Adapted to Sri Lankan setting		
Malaria	Adapted to Sri Lankan setting		
Dengue	Added a new section		
Rabies	Added a new section		
D. Non-communicable diseases			
Diabetes screening and diagnosis	Added a detailed section		
Diabetes management	Added a detailed section		
Screening and diagnosis of cardiovascular disease	Added a detailed section		
Management of high cardiovascular disease risk	Added a detailed section		
Management of cardiovascular diseases	Added a detailed section		
(myocardial infection and stroke)			
Chronic respiratory diseases screening, diagnosis	Added a detailed section		
and management			
Cervical cancers	Added a detailed section		
Breast cancers	Added a new section		
Oral cancers	Added a new section		
Chronic kidney disease diagnosis, management and follow-up	Added a new section		
Mental health	Added a new section		
E. Elderly care and disability care	Added a new section		
Elderly care	Added a new section		
Physiotherapy	Added a new section		
Occupational therapy	Added a new section		
Speech and language therapy	Added a new section		
Prosthetic and orthotic services	Added a new section		
F. Gender based violence care centres	Added a new section		
G. Surgery			
Surgical services	Adapted to Sri Lankan setting		
Blood transfusion	Adapted to Sri Lankan setting		
Section 6: Diagnostics	Adapted to Sri Lankan setting		
Section 7: Medicines and commodities	Adapted to Sri Lankan setting		
Supply chain	Not included		
Section 8: Interviewer's observations	No change in the content		

The complete tool is included in Annexure D.

Auxiliary Tables

group (n=402), auxiliary indicators, Sri Lanka 2017

Facility Type	Gliclazide tablet or glipizide tablet
Sri Lanka*	61%
Public sector	58%
Public Tertiary Care Hospitals	100%
National Hospital	100%
Teaching Hospitals	100%
Provincial General Hospitals	100%
District General Hospitals	100%
Public Secondary Care Hospitals	93%
Base Hospitals (A & B)	93%
Public Primary Care Facilities	54%
Divisional Hospitals (type A, B & C)	62%
Primary Medical Care Units	45%
Public Clinics	
TB clinics	-
STD (HIV) clinics	-
MOH clinics	-
Regional Malaria Offices	-
Healthy Lifestyle Centers	-
Private sector	82%
Private Hospitals ≥50 beds	96%
Private Hospitals <50 beds	79%

Table 95 Percentage availability of contraceptives without stock out among health facilities that are expected to provide the family planning services, by facility type and group (n=399), auxiliary indicators, Sri Lanka 2017

Facility Type	No stock out of male condoms	No stock out of implants	No stock out of emergency contraceptive
Sri Lanka*	58%	44%	9%
Public sector	60%	48%	5%
Public Tertiary Care Hospitals	82%	76%	15%
National Hospital	-		
Teaching Hospitals	83%	83%	25%
Provincial General Hospitals	67%	67%	0%
District General Hospitals	84%	74%	11%
Public Secondary Care Hospitals	66%	59%	5%
Base Hospitals (A & B)	66%	59%	5%
Public Primary Care Facilities	38%	19%	2%
Divisional Hospitals (type A, B & C)	38%	19%	2%
Primary Medical Care Units			
Public Clinics			
TB clinics	-		-
STD (HIV) clinics	-		-
MOH clinics	87%	85%	7%
Regional Malaria Offices	-	-	-
Healthy Lifestyle Centers	-	-	-
Private sector Private Hospitals ≥50 beds	44% 49%	17% 27%	34% 38%
Private Hospitals <50 beds	42%	14%	32%

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

Table 96 Percentage availability of drugs in the previous 3 months for offering basic obstetric and newborn care services among facilities that are expected to provide the service, by facility type and group (n=323), auxiliary indicators, Sri Lanka 2017

Facility Type	Oxytocin injection	Misoprostol 200µg tablets	Magnesium sulphate injection	Gentamicin injection	Procaine benzylpenicillin injection	Ceftriaxone injection	Betamethasone injection	Dexamethasone injection
Sri Lanka*	59%	7%	25%	58%	19%	27%	7%	54%
Public sector	65%	5%	20%	57%	18%	20%		54%
Public Tertiary Care Hospitals	91%	52%	88%	88%	39%	88%	6%	88%
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	82%	64%	73%	82%	55%	82%	0%	82%
Provincial General Hospitals	100%	33%	100%	100%	67%	100%	33%	100%
District General Hospitals	95%	47%	95%	89%	26%	89%	5%	89%
Public Secondary Care Hospitals	93%	19%	79%	88%	50%	83%	9%	81%
Base Hospitals (A & B)	93%	19%	79%	88%	50%	83%	9%	81%
Public Primary Care Facilities	59%	0%	6%	50%	12%	6%	2%	48%
Divisional Hospitals (type A, B & C)	59%	0%	6%	50%	12%	6%	2%	48%
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	-	-	-	-	-	-	-	-
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	41%	13%	40%	60%	20%	49%	19%	54%
Private Hospitals ≥50 beds	83%	35%	76%	87%	32%	80%	22%	75%
Private Hospitals <50 beds	45%	12%	44%	73%	23%	58%	24%	67%

		Human	Stock-outs (in past 3 months)					
Facility Type	Measles vaccine	papilloma virus vaccine	No Stock out of Measles vaccine	No Stock out of DPT- Hib+HepB vaccine (Pentavalent)	No Stock out of Oral polio vaccine	No Stock out of BCG vaccine	No Stock out of IPV	No Stock out of MMR vaccine
Sri Lanka	35%	0%	34%	96%	98%	47%	92%	93%
Public sector	35%	0%	34%	96%	98%	47%	92%	93%
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	-
National Hospital	-	-	-	-	-	-	-	-
Teaching Hospitals	-	-	-	-	-	-	-	-
Provincial General Hospitals	-	-	-	-	-	-	-	-
District General Hospitals	-	-	-	-	-	-	-	-
Public Secondary Care Hospitals	-	-	-	-	-	-	-	-
Base Hospitals (A & B)	-	-	-	-	-	-	-	-
Public Primary Care Facilities	-	-	-	-	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	-
Primary Medical Care Units	-	-	-	-	-	-	-	-
Public Clinics								
TB clinics	-	-	-	-	-	-	-	-
STD (HIV) clinics	-	-	-	-	-	-	-	-
MOH clinics	35%	0%	34%	96%	98%	47%	92%	93%
Regional Malaria Offices	-	-	-	-	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-	-	-	-	-
Private sector	-	-	-	-	-	-	-	-
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	-
Private Hospitals <50 beds	-	-	-	-	-	-	-	-

Table 97 Percentage availability of immunization services among MOH clinics (n=76), auxiliary indicators, Sri Lanka 2017

		Percentage availability						
Facility Type	Energy source 24x7 for the refrigerator	Having a contingency plan for cold chain maintenance in an emergency	Availability of functioning thermometer for the refrigerator	Availability of continuous temperature recorder/logger	temperature of the refrigerator monitored twice daily	temperature log been completed for the last 30 days	temperature been within the range 2 to 8 ° C inclusive in the last 30 days	
Sri Lanka*	100%	89%	100%	96%	99%	85%	81%	
Public sector	100%	89%	100%	96%	99%	85%	81%	
Public Tertiary Care Hospitals	-	-	-	-	-	-	-	
National Hospital	-	-	-	-	-	-	-	
Teaching Hospitals	-	-	-	-	-	-	-	
Provincial General Hospitals	-	-	-	-	-	-	-	
District General Hospitals	-	-	-	-	-	-	-	
Public Secondary Care Hospitals	-	-	-	-	-	-	-	
Base Hospitals (A & B)	-	-	-	-	-	-	-	
Public Primary Care Facilities	-	-	-	-	-	-	-	
Divisional Hospitals (type A, B & C)	-	-	-	-	-	-	-	
Primary Medical Care Units	-	-			-		-	
Public Clinics								
TB clinics	-	-	-	-	-	-	-	
STD (HIV) clinics	-	-	-	-	-	-	-	
MOH clinics	100%	89%	100%	96%	99%	85%	81%	
Regional Malaria Offices	-	-	-	-	-	-	-	
Healthy Lifestyle Centers	-	-	-	-	-	-	-	
Private sector	-	-	-	-	-	-	-	
Private Hospitals ≥50 beds	-	-	-	-	-	-	-	
Private Hospitals <50 beds	-	-	-	-	-	-	-	

Table 98 Percentage availability of facilities to maintain cold chain in providing immunization services among MOH clinics (n=76), auxiliary indicators, Sri Lanka 2017

Table 99 Percentage availability of tracer items for offering child prevention and curative care services among facilities that are expected to provide the service, by facility type and group (n=482), auxiliary indicators, Sri Lanka 2017

		Stock outs						
Facility Type	No stock out of Amoxicillin (dispersible tablet 250 or 500 mg or syrup/suspension)	No stock out of Oral rehydration salts (ORS)	No stock out of Zinc sulphate tablets	No stock out of Zinc sulphate syrup or dispersible tablets				
Sri Lanka*	69%	70%	12%	9%				
Public sector	67%	68%	7%	4%				
Public Tertiary Care Hospitals	97%	97%	47%	28%				
National Hospital	-		-	-				
Teaching Hospitals	100%	100%	57%	29%				
Provincial General Hospitals	100%	100%	67%	67%				
District General Hospitals	95%	95%	37%	21%				
Public Secondary Care Hospitals	89%	98%	36%	26%				
Base Hospitals (A & B)	89%	98%	36%	26%				
Public Primary Care Facilities	88%	83%	6%	3%				
Divisional Hospitals (type A, B & C)	92%	89%	10%	5%				
Primary Medical Care Units	84%	76%	2%	0%				
Public Clinics								
TB clinics	-	-	-	-				
STD (HIV) clinics	-	-	-	-				
MOH clinics	1%	18%	0%	0%				
Regional Malaria Offices	-	-	-	-				
Healthy Lifestyle Centers	-	-	-	-				
Private sector	84%	85%	55%	60%				
Private Hospitals ≥50 beds	81%	84%	38%	72%				
Private Hospitals <50 beds	85%	85%	60%	57%				

*Value given for Sri Lanka is a weighted average of all public and private facilities that are expected to provide the relevant service

Service Availability and Readiness Assessment Sri Lanka 2017

Table 100 Percentage availability of advanced TB diagnostics among health facilities that are expected to provide the service, in by facility type (n=136), auxiliary indicators, Sri Lanka 2017

Facility Type	Conduct GeneXpert test onsite
Sri Lanka*	3%
Public sector	10%
Public Tertiary Care Hospitals	14%
National Hospital	100%
Teaching Hospitals	17%
Provincial General Hospitals	67%
District General Hospitals	0%
Public Secondary Care Hospitals	-
Base Hospitals (A & B)	-
Public Primary Care Facilities	-
Divisional Hospitals (type A, B & C)	-
Primary Medical Care Units	-
Public Clinics	
TB clinics	4%
STD (HIV) clinics	-
MOH clinics	-
Regional Malaria Offices	-
Healthy Lifestyle Centers	-
Private sector	0%
Private Hospitals ≥50 beds	0%
Private Hospitals <50 beds	0%

Table 101 Percentage availability of a dedicated rabies post exposure treatment unit among health facilities that are expected to provide the service (n=324), auxiliary indicators Sri Lanka 2017

Facility Type

Dedicated rabies PET unit

Sri Lanka*	6%
Public sector	6%
Public Tertiary Care Hospitals	56%
National Hospital	100%
Teaching Hospitals	64%
Provincial General Hospitals	100%
District General Hospitals	42%
Public Secondary Care Hospitals	11%
Base Hospitals (A & B)	11%
Public Primary Care Facilities	2%
Divisional Hospitals (type A, B & C)	2%
Primary Medical Care Units	-
Public Clinics	
TB clinics	-
STD (HIV) clinics	-
MOH clinics	-
Regional Malaria Offices	-
Healthy Lifestyle Centers	-
Private sector	5%
Private Hospitals ≥50 beds	7%
Private Hospitals <50 beds	5%

Facility Type	Nursing officers trained in diabetes screening and diagnosis	Diagnose diabetes using HbA _{1c}
Sri Lanka*	33%	80%
Public sector	36%	80%
Public Tertiary Care Hospitals	78%	80%
National Hospital	100%	100%
Teaching Hospitals	56%	78%
Provincial General Hospitals	100%	-
District General Hospitals	84%	-
Public Secondary Care Hospitals	62%	-
Base Hospitals (A & B)	62%	-
Public Primary Care Facilities	29%	-
Divisional Hospitals (type A, B & C)	29%	-
Primary Medical Care Units	-	-
Public Clinics		
TB clinics	-	-
STD (HIV) clinics	-	-
MOH clinics	-	-
Regional Malaria Offices	-	-
Healthy Lifestyle Centers	-	-
Private sector	22%	-
Private Hospitals ≥50 beds	48%	-
Private Hospitals <50 beds	16%	-

Table 102 Percentage availability Diabetes screening and diagnosis services, among facilities that are expected to provide the service, by facility type and group, (n=322), auxiliary indicators, Sri Lanka 2017

Table 103 Percentage availability of screening and diagnosis of cardiovascular disease among health facilities that are expected to provide this service, by facility type and group (n=591), auxiliary indicators, Sri Lanka 2017

Facility Type	ECG	Troponin
Sri Lanka*	59%	20%
Public sector	56%	9%
Public Tertiary Care Hospitals	97%	81%
National Hospital	100%	100%
Feaching Hospitals	100%	89%
Provincial General Hospitals	100%	100%
District General Hospitals	95%	74%
Public Secondary Care Hospitals	98%	34%
Base Hospitals (A & B)	98%	34%
Public Primary Care Facilities	51%	0%
Divisional Hospitals (type A, B & C)	78%	0%
Primary Medical Care Units	23%	-
Public Clinics		
TB clinics	-	-
STD (HIV) clinics	-	-
MOH clinics	-	-
Regional Malaria Offices	-	-
Healthy Lifestyle Centers	-	-
Private sector	80%	62%
Private Hospitals ≥50 beds	94%	71%
Private Hospitals <50 beds	76%	60%

Table 104 Percentage availability of services for management of myocardial infarction and stroke among health facilities that are expected to provide the service, by facility type and group (n=591), auxiliary indicators, Sri Lanka 2017

Facility Type	Pulse oxymeter	Dedicated unit/beds for patients with stroke
Sri Lanka*	81%	12%
Public sector	80%	12%
Public Tertiary Care Hospitals	97%	69%
National Hospital	100%	100%
Teaching Hospitals	100%	78%
Provincial General Hospitals	100%	100%
District General Hospitals	95%	58%
Public Secondary Care Hospitals	95%	32%
Base Hospitals (A & B)	95%	32%
Public Primary Care Facilities	77%	5%
Divisional Hospitals (type A, B & C)	77%	5%
Primary Medical Care Units	<u>-</u>	-
Public Clinics		
TB clinics		-
STD (HIV) clinics		-
MOH clinics	<u> </u>	-
Regional Malaria Offices	-	-
Healthy Lifestyle Centers		-
Private sector	86%	9%
Private Hospitals ≥50 beds	100%	39%
Private Hospitals <50 beds	83%	1%

Table 105 Percentage availability of chronic obstructive pulmonary disease (COPD) services among health facilities that are expected to provide the service, by	
facility type and group (n=430), auxiliary indicators, Sri Lanka 2017	

Facility Type	Received training on Smoking cessation in the last two years	Pulse oxymeter	Salmeterol fluticasone inhaler	Budesonide formoterol inhaler
Sri Lanka*	12%	51%	35%	16%
Public sector	11%	46%	32%	9%
Public Tertiary Care Hospitals	39%	97%	85%	36%
National Hospital	0%	100%	0%	0%
Teaching Hospitals	40%	100%	90%	40%
Provincial General Hospitals	33%	100%	100%	67%
District General Hospitals	42%	95%	84%	32%
Public Secondary Care Hospitals	30%	95%	81%	31%
Base Hospitals (A & B)	30%	95%	81%	31%
Public Primary Care Facilities	9%	41%	25%	6%
Divisional Hospitals (type A, B & C)	11%	77%	35%	6%
Primary Medical Care Units	6%	4%	14%	6%
Public Clinics				
TB clinics	19%	30%	74%	26%
STD (HIV) clinics	-	-	-	-
MOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	20%	86%	64%	63%
Private Hospitals ≥50 beds	25%	100%	87%	83%
Private Hospitals <50 beds	19%	83%	58%	57%

Table 106 Percentage availability of staff trained in elderly care in health facilities that are expected to provide the service, by facility type and group (n=157), auxiliary indicators, Sri Lanka 2017

	Categories of staff trained i	n elderly care on the training m	odule of Directorate of Youth Ele	derly and Disabled (YED)
Facility Type	Medical officers including specialists	Nursing officers	Attendants	Labourers
Sri Lanka*	7%	7%	4%	4%
Public sector	12%	10%	4%	4%
Public Tertiary Care Hospitals	18%	18%	8%	8%
National Hospital	0%	0%	0%	0%
Teaching Hospitals	19%	19%	13%	13%
Provincial General Hospitals	0%	0%	0%	0%
District General Hospitals	21%	21%	5%	5%
Public Secondary Care Hospitals	8%	5%	3%	3%
Base Hospitals (A & B)	8%	5%	3%	3%
Public Primary Care Facilities	-	-	-	-
Divisional Hospitals (type A, B & C)	-	-	-	-
Primary Medical Care Units	-	-	-	-
Public Clinics				
TB clinics	-	-	-	-
STD (HIV) clinics	-	-	-	-
MOH clinics	-	-	-	-
Regional Malaria Offices	-	-	-	-
Healthy Lifestyle Centers	-	-	-	-
Private sector	4%	4%	4%	4%
Private Hospitals ≥50 beds	11%	11%	11%	7%
Private Hospitals <50 beds	3%	3%	3%	3%

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Annexure D

Questionnaire

Number	Question		Result			Numbe	Question	Result	
SECTION	1: COVER PAGE to be	filled for all f	acilities			007	Type of facility	NATIONAL HOSPITAL	1
	WER VISITS							TEACHING HOSPITAL	2
								PROVINCIAL GENERAL HOSPITAL	3
001	Facility number (to be fille Technical Group of SARA							DISTRICT GENERAL HOSPITAL	4
	collection of data)	anter the						BASE HOSPITAL A	5A
002		ion shool of a						BASE HOSPITAL B	5B
002	facility?	is a supervisor validation check of a itv?			CCECCMENIT 1			DIVISIONAL HOSPITAL A	6A
	idenity.		DATA COLLECTION FOR FACILITY ASSESSMENT 1					DIVISIONAL HOSPITAL B	6B
			DEACCECCA		2			DIVISIONAL HOSPITAL C	6C
			REASSESSMENT					PRIMARY MEDICAL CARE UNIT	7
					FINAL VISIT			MEDICAL OFFICER OF HEALTH	8
	1		2	3				HEALTHY LIFESTYLE CENTRE	
							TB CLINIC	10	
Date					DAY			STD/AIDS CLINIC	11
					MONTH			MALARIA CLINIC	12
					YEAR			MAJOR PRIVATE HOSPITAL (>50 BEDS)	13
nterviewe	er				INT. NUMBER			MINOR PRIVATE HOSPITAL (<50 BEDS)	14
Name								OTHER (SPECIFY)	96
						008	Managing Authority	LINE MINISTRY	1
FACILITY	IDENTIFICATION							PROVINCIAL	2
003	Name of facility							PRIVATE	
000	Nume of facility					009	Urban/Rural	IN A MUNICIPAL COUNCIL AREA	1
	A dalaman af the facility :				······································			IN A URBAN COUNCIL AREA	2
004	Address of the facility							IN A PRADESHEEYA SABHA AREA	
005	Dura da es					010	Whether the institution is situated in an	YES	1
005	Province						Estate	NO	2
006	Regional Directorate of H	ealth Services				011	Services Provided	Outpatient only	1
000	D06 Regional Directorate of Health Services							Inpatient only	2
								Inpatient and Outpatient both	3
								Preventive care only	1

Number Question	Result	Number Question Result Skip
GEOGRAPHIC COORDINATES		GENERAL INFORMATION
COLLECT GEOGRAPHIC COORDI SET DEFAULT SETTINGS FOR GP	ATES INFORMATION FOLLOWING THE INSTRUCTIONS*.	FACILITY NUMBER INTERVIEWER CODE
2. SET "MAP DATUM" TO	AT TO DECIMAL DEGREES (hddd.ddddd ^o) VGS84 "ELEVATION" TO METERS "NORTH REF" TO MAGNETIC AND "ANGLE" TO DEGRE	FIND THE PERSON IN-CHARGE OF THE FACILITY, AND/OR THE COORDINATOR OF THE FACILITY (NOMINATED FROM THE INSTITUTION) WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING: E Good day! My name is We are here on behalf of the Ministry of Health, Nutrition
MOVE TO MAIN ENTRANCE OF VIEW TO THE SKY.	HE BUILDING. STAND WITHIN 30 METERS OF DOOR WHERE ENTRANCE IS IN PLAI	and indigenous Medicine and Department of Census and Statistics conducting a survey of health facilities to
6. GO TO THE "MENU" 7. GO TO "SATELLITE"	AS "hddd.dddd ^o " GS 84" AND MAP SPHEROID AS "WGS 84" E SIGNAL FROM AT LEAST 5 SATELLITES. WAIT UNTIL SIGNAL IS RECEIVED. IT"	Your facility was selected to participate in this study. We will be asking you questions about various health services. Information about your facility may be used by the Ministry of Health, Nutrition and indigenous Medicine, organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services. Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report. Still, we are asking for your help to ensure that the information we collect is accurate. You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information. At this point, do you have any questions about the study? Do I have your agreement to proceed?
BE SURE TO COPY THE WAYPOI YOU ARE ENTERING THE CORRE	T NAME (FACILITY NUMBER) FROM THE WAYPOINT LIST PAGE TO VERIFY THAT T WAYPOINT INFORMATION ON THE DATA FORM	INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED DAY MONTH YEAR
012 Waypoint number		016 May I begin the interview? YES1 NO
013 Altitude	Mete	
014 Latitude	North DEGREES/DEC a b	

b

East

DEGREES/DEC a

015

Longitude

Indicator code	Number	Question	Result				Skip	Indicator code	Number	Question	Result	Skip
		MODULE 1: SER	VICE AVAILA	BILITY						MODULE 2:	SERVICE READINESS	
	SECTION	2: STAFFING							SECTION	14: INFRASTRUCTURE		
	200	I have a few questions on staffing for this facility. Please tell me how many staff with each of the following qualifications are		ent the T S)						on will focus on questions related to in	nfrastructure.	
		currently assigned to, employed by, or seconded to this facility. Please count each staff member only once, on the basis of the highest technical or professional qualification.	IME ition)	B) Visiting* * If there is no permanent staff for HLCs, include the staff here	C) PART TIME (skip for Government institutions)	RETAINERS (skip for Government institutions)	→300	15	400	Does this facility have a <u>functioning</u> <u>land line telephone</u> that is available to call outside at all times client services are offered?	YES1 NO2	
		For doctors, I would also like to know, of the total number, how many are part-time in this facility.	A) FULL TIME (In position)	B) Visit * If ther staff fo staff he	C) PAR Govern	RETAI		15	401	Does this facility have a <u>functioning</u> <u>cellular telephone or a private</u> <u>cellular phone</u> that is supported by	YES1 NO2	
S4	01	Specialist Medical Officers								the facility?		
S4	02	Medical Officers and Dental Surgeons (EXCLUDE the staff of PMCUs for MOH)					15	402	Does this facility have a <u>functioning</u> short-wave radio for radio calls?	YES1		
S4	03	Registered Medical Officers/ Assistant Medical Officers (EXCLUDE the staff of PMCUs for MOH)						16	403	Does this facility have <u>a functionina</u>	NO2	
S4	04	Nursing Officers, Ward Sisters and PHNS (EXCLUDE Special Grade Nursing Officers)								<u>computer?</u>	YES1 NO2	
	05	Pharmacists/Dispensers (EXCLUDE the staff of PMCUs for MOH)						16	404	Is there access to email or internet within the facility today?	YES1	
	06	Medical Laboratory technologists									NO2	
S4	07	Public Health Inspectors and SPHI							AMBULA	NCE/TRANSPORT FOR EMERGENCIES		
S4	08	Public Health Midwives and SPHM								·····		.
	SECTION	3: INPATIENT AND OBSERVATION BED	<u>)S</u>						Skip for P	MCU, HLC, Medical Officer of Health (MO	H), TB Clinics, STD Clinics, Malaria Clinics	→408
52	Skip for PN 300	ACU, HLC, MOH, TB Clinics, STD Clinics, Malari Excluding any delivery beds, how many inpatient beds in total does this facility have, both for adults and children? THIS DOES NOT INCLUDE EXAMINATION BEDS (BOTH IN OPD AND WARDS), BEDS IN THE RADIOLOGY DEPARTMENT (SUCH AS THE					→400	17	405	Does this facility have a <i>functional</i> <u>ambulance</u> or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility?	YES1 NO2	
		BEDS USED FOR ULTRASOUND SCANS), STAFF REST ROOMS						17	406	Does this facility have access to an	YES	
S3	301	Of the inpatient beds in this facility, how many are dedicated maternity beds (antenatal and postnatal both)? THIS DOES NOT INCLUDE DELIVERY BEDS	v many are dedicated maternity beds tenatal and postnatal both)?							ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility in near proximity?	NO2	

Indicator code	Number	Question	Result	Skip	Indicator code	Number	Question	Result	Skip
17	Skip for PN 407	energency vehicle available today:	ia Clinics YES1 NO2	→408	11	412	During the past 7 days, was electricity available at all times from the main or any backup source when the facility was open for services?	ALWAYS AVAILABLE (NO INTERRUPTIONS)	
	POWER S					413	CHECK Q410 AND Q411: FACILITY HAS A GENERATOR ("2" CIRCLED FOR Q410 and "C" CIRCLED FOR Q411)	FACILITY DOES NOT HAVE A GENERATOR ("2" NOT CIRCLED FOR Q410 and "C" NOT CIRCLED FOR Q411)	→ 416
11	408	Does your facility have electricity supply for lighting & communication with occasional interruption of power less than 2 hours per day from any source (e.g. electricity grid, generator, or other) including for stand-alone devices (EPI cold chain)?	YES1 NO2	→417		414	Is the generator functional?	YES	→416 →416
						415	Is there fuel or a charged battery available today?	YES	
11		What is the electricity used for, in the facility?	ONLY STAND-ALONE ELECTRIC MEDICAL DEVICES/APPLIANCES (e.g. EPI cold room, refrigerator, suction apparatus, etc.)1 LIGHTING (EXCLUDING FLASHLIGHTS) AND COMMUNICATIONS2				CHECK Q410 AND Q411: FACILITY HAS A SOLAR SYSTEM "3" CIRCLED FOR Q410 and "D" CIRCLED FOR Q411)	FACILITY DOES NOT HAVE A SOLAR SYSTEM ("3" NOT CIRCLED FOR 410 AND "E" CIRCLED FOR Q411)	→ 417
			LIGHTING, COMMUNICATIONS, AND 1 TO 2 OPERATE MEDICAL DEVICES/ APPLIANCES.3 ALL ELECTRICAL NEEDS OF FACILITY4			416	Is the solar system functional?	YES, FUNCTIONING	
	410	What is the facility's main source of electricity?	NATIONAL GRID1			BASIC CLI	ENT AMENITIES	DON'T KNOW	
			GENERATOR (FUEL OR BATTERY OPERATED GENERATOR)			417	On average, how many hours per day is this facility open?	UP TO 4 HOURS	
	411	Other than the main or primary source, does the facility have a secondary or backup source of electricity?	NO SECONDARY SOURCE A NATIONAL GRID B GENERATOR (FUEL OR BATTERY OPERATEDGENERATOR) C						
		IF YES: What is the secondary source of electricity? (MULTIPLE ANSWERS ARE ACCEPTABLE)	SOLAR SYSTEM D OTHER E (SPECIFY)						

Indicator code	Number	Question	Result	Skip	Indicator code	Number	Question			Result	_		Skip
12	418	What is the <i>most commonly used</i> source of water for the facility <i>at this</i>	PIPED INTO FACILITY1	→420		PROCESS	ING OF EQUIPMENT FOR REUSE						
		time?	PIPED ONTO FACILITY GROUNDS2 PUBLIC TAP/STANDPIPE	→420		423	Please tell me if the following items used for processing of equipment for reuse are available and functional in	A	AVAILAB	LE	B)FL	JNCTIONING	i
		OBSERVE THAT WATER IS AVAILABLE FROM THE SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G. CHECK THAT THE PIPE IS	PROTECTED DUG WELL				the facility today. IF AVAILABLE, ASK TO SEE IT AND INDICATE IF IT IS FUNCTIONING OR NOT	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO KNOV	
		FUNCTIONING.	PROTECTED SPRING7 UNPROTECTED SPRING8		18	01	Electric autoclave (pressure & wet heat)	1 → B	2 → B	3→02	1	2 8	
			RAINWATER COLLECTION9 BOTTLED WATER10	→420	18	02	Non-electric autoclave	1 → B	2 → B	3→03	1	2 8	
			CART W/SMALL TANK/DRUM11	→420	18	03	Electric dry heat sterilizer	1 → B	2 → B	3→04	1	2 8	
			TANKER TRUCK 12 SURFACE WATER 13	→ 420		04	Electric boiler or steamer (no pressure)	1 → B	2 → B	3→05	1	2 8	
			OTHER 96 (SPECIFY)			05	Non-electric pot with cover for boiling/steam	1 → B	2 → B	3→06			
12	419	Is water available from this source	NO WATER SOURCE00 YES, INSIDE THE FACILITY1	→420	18	06	Heat source for non-electric equipment	1 → B	2 → B	3→424	1	2 8	
13	420	Is there a room with auditory and visual privacy available for patient consultations (anywhere in this facility to be used if necessary)? CAN HAVE MULTIPLE CHOICES SUCH AS A AND B	FACILITY										
14	421	Are there adequate latrine facilities for clients? IF YES: What type of toilet? IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE OBSERVE THAT THE TOILET (LATRINE) IS ACCESSIBLE (UNLOCKED OR KEY AVAILABLE) AND FUNCTIONING	FLUSH TOILET 1 VENTILATED IMPROVED PIT LATRINE 2 (VIP) 2 PIT LATRINE WITH SLAB 3 NO FACILITIES ON PREMISES 8										
	INFECTIO	N CONTROL											
T1	422	Does this facility have any guidelines on standard precautions for infection prevention? IF YES, ASK TO SEE THE DOCUMENT	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO										

Indicator code	Number	Question	Result	Skip	Indicator code	Number	Question		Result					Skip	
	HEALTH C	ARE WASTE MANAGEMENT				426	CHECK Q424 AND Q425:								
19	424	questions about waste management practices for sharps waste, such as needles or blades. BURN INCINERATOR/ 2-CHAMBER INDUSTRIAL 1-CHAMBER DRUM/BRICK	BURN INCINERATOR/ 2-CHAMBER INDUSTRIAL (800-1000+° C) . 2 1-CHAMBER DRUM/BRICK				INCINERATOR USED (EITHER "2" OF CIRCLED)	ז "3"		RATOR NO 8" CIRCLED)		NEITHI	ER "2"	→500	
		How does this facility <i>finally</i> dispose of sharps waste (e.g., filled sharps boxes)?	HYDROCLAVE AND SHREDDER4 OPEN BURNING FLAT GROUND - NO PROTECTION5 PIT OR PROTECTED GROUND6		19 110	427	Is the incinerator functional today?)	NO	KNOW			2	→500 →500	
		PROBE TO ARRIVE AT CORRECT RESPONSE NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"	DUMP WITHOUT BURNING FLAT GROUND - NO PROTECTION		8	19 110	428	Is fuel or electricity supply for the incinerator available today?		NO	KNOW			2	
			PROTECTED GROUND OR PIT			BASIC EQ	EQUIPMENT								
			REMOVE OFFSITE STORED IN COVERED CONTAINER			500	basic equipment and supplies used in the provision of client		AVAILA	BLE	B) F				
			ENVIRONMENT	5			services are available and functional in this facility today. ASK TO SEE THE ITEMS	OBSERVED	REPORTED NOT SEEN NOT AVAILABLE	NOT AVAILABLE	YES	ON	DON'T KNOW		
110	425	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages.	SAME AS FOR SHARPS ITEMS1		E1	01	Adult weighing scale	1 → B	2 → B	3→02	1	2	8		
			BURN INCINERATOR 2-CHAMBER INDUSTRIAL (800-1000+° C) . 2		E2 E38	02	Child weighing scale- 250 gram gradation	1 → B	2 → B	3→03	1	2	8		
		How does this facility finally dispose of medical waste other than sharps hove?	1-CHAMBER DRUM/BRICK		E38	03	Infant weighing scale – 100 gram gradation	1 → B	2 → B	3→04	1	2	8		
		medical waste other than sharps boxes? PROBE TO ARRIVE AT CORRECT RESPONSE	OPEN BURNING FLAT GROUND - NO PROTECTION		E18	04	Measuring tape-height board/stadiometer	1 → B	2 → B	3→05	1	2	8		
		NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT	DUMP WITHOUT BURNING FLAT GROUND - NO PROTECTION		E3	05	Thermometer	1 → B	2 → B	3→06	1	2	8		
		RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"	COVERED PIT OR PIT LATRINE	:	E4	06	Stethoscope	1 → B	2 → B	3→07	1	2	8		
			PROTECTED GROUND OR PIT10 REMOVE OFFSITE		E5	07	Blood pressure apparatus (may be digital or manual sphygmomanometer)	1 → B	2 → B	3→08	1	2	8		
			STORED IN COVERED CONTAINER		E6	08	Light source (flashlight acceptable)	1 → B	2 → B	3→09	1	2	8		
			STORED UNPROTECTED		M27	09	Intravenous infusion kits	1 → B	2 → B	3→10	1	2	8		
	NEVER H4	(SPECIFY) NEVER HAS MEDICAL WASTE95		E334	10	Ophthalmoscope	1 → B	2 → B	3→11	1	2	8			
					E19	11	Peak flow meter	1 → B	2 → B	3→12	1	2	8		

12 Spirometer

E335

 $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 13$ 1 2 8

Indicator code	Number	Question		Result					Skip
E336	13	Nebulizing machine	1 → B	2 → B	3→14	1	2	8	
E20	14	Spacers for inhalers	1 → B	2 → B	3→15	1	2	8	
E330	15	Infusion pump	1 → B	2 → B	3→16	1	2	8	
E337	16	Pulse oximeter	1 → B	2 → B	3→17	1	2	8	
E44	17	Speculum	1 → B	2 → B	3→18	1	2	8	
E307	18	Spatula	1 → B	2 → B	3→19	1	2	8	
E331	19	Colposcope	1 → B	2 → B	3→20	1	2	8	
E338	20	Cardiac Monitor	1 → B	2 → B	3→21	1	2	8	
E321	21	Defibrillator	1 → B	2 → B	3→22	1	2	8	
E45	22	Oxygen concentrators	1 → B	2 → B	3→23	1	2	8	
E45	23	Oxygen cylinders	1 → B	2 → B	3→24	1	2	8	
E45	24	Central oxygen supply	1 → B	2 → B	3→25	1	2	8	
E45	25	Flowmeter for oxygen therapy (with humidification)	1 → B	2 → B	3→26	1	2	8	
E45	26	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → B	2 → B	3→501	1	2	8	
E45	501	At any time during the past 3 months has oxygen been unavailable for any reason?							
	INFECTIO	N CONTROL PRECAUTIONS							
	600	Please tell me if the following resources/supplies used for infection control are available in the general outpatient area of this facility today. ASK TO SEE THE ITEMS	OBSERVED		REPORTED NOT SEEN			NOT AVAILABLE	
115	01	Clean running water (piped, bucket with tap, or pour pitcher)	1		2		3		
115	02	Hand-washing soap/liquid soap	1		2		3		
115	03	Alcohol based hand rub	1		2		3		
116	04	Disposable latex gloves	1		2		3		
112	05	Waste receptacle (pedal bin) with lid and plastic bin liner (appropriate storage of infectious waste)	1		2		3		

Indicator code	Number	Question		Result		Skip
111	06	Sharps container ("safety box") (appropriate storage for sharp waste)	1	2	3	
113	07	Environnemental désinfectant(e.g., chlorine, alcohol)	1	2	3	
114	08	Single use Disposable syringes with disposable needles	1	2	3	
114	09	Auto-disable syringes	1	2	3	
	DAY CARE	FACILITIES FOR INFANTS OF HI	EALTH STAI	<u>FF</u>		
1114	620	Does this facility offer day care facilities for infants and/or children of health staff				

Indicator code	Number	Question	Result		Skip
	SECTION	5: AVAILABLE SERVICES			
	This sectio	n will focus on questions related to availa	able services.		
	A. REPRO	DUCTIVE, MATERNAL AND NEWBORN	<u>NHEALTH</u>		
	FAMILY PL	ANNING SERVICES			
	Rehabilita	ational Hospital, Eye hospital, LRH, Sirim tion hospital, National Institute for Men HLCs, TB Clinics, STD Clinics, Malaria clin	tal Health, National Res		→800
S7	700	Does this facility offer family planning services?	YES NO	_	→800
		BE SHOWN THE LOCATION IN THE FACILI N MOST KNOWLEDGEABLE ABOUT FAMII EXPLAIN THE PURPOSE OF THE	LY PLANNING SERVICES I	N THE FACILITY. INTRODUCE Y	
	701	Does this facility provide or prescribe any of the following modern methods of family planning:	YES	NO	
\$7_01	01	Combined oestrogen progesterone oral contraceptive pills	1	2	
\$7_04	02	Progestin-only injectable contraceptives	1	2	
\$7_05	03	Male condoms	1	2	
\$7_07	04	Intrauterine contraceptive device (IUD)	1	2	
S7_08	05	Implants	1	2	
S7_10	06	Emergency contraceptive pills	1	2	

ndicator code	Number	Question	Result					Skip	Indicator code	Number	Question	Result					Skip
		Skip for Divisional Hospital-ABC, PMC	J and MOH	linic				→702		708	Does this facility stock contraceptive	VES				1	
\$7_11	07	Male sterilization	:	L		2]		commodities at this service site?						→ 710
S7_12	08	Female sterilization	:	1		2				709	Are any of the following medicines		ERVED		NO	T OBSERVE	D
S7_100	702	Does this facility offer emergency management for adverse reactions related to contraceptive methods?	:	L		2					and commodities available in this service site today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID		.e T A	NOT VAILABLE TODAY	NEVER AVAILABL
		Skip for Divisional Hospital-ABC, PMC	J and MOH	linic				→705	M15	01	Combined oestrogen progesterone						
S7_101	703	Does this facility offer Seminal Fluid Analysis for sub-fertile couples?				2]		oral contraceptive pills	1	2	3		4	5
S7 102	704	Does this facility offer Intra-Uterine		•		-			M17	02	Male condoms	1	2	3		4	5
	704	Insemination services for sub-fertile							M16	03	Injectable Contraceptives	1	2	3		4	5
	705	couples? Please tell me if the following	:	L		2			M108	04	Implant (e.g. levonorgestrel, etonogestrel)	1	2	3		4	5
	703	documents are available in the facility today: IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSE		5, REPORTE NOT SEEN	D	NO		M109	05	Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)	1	2	3		4	5
T2	01	National family planning guidelines on methods	1		2		3		M105	06	Intrauterine contraceptive device (IUD)	1	2	3		4	5
T100	02	Flash cards on Family Planning	1		2		3		M62_FP	07	Adrenaline (Injectable)	1	2	3		4	5
T101	03	Medical eligibility criteria wheel	1		2		3			710	I would like to know if the following basic equipment items are available		A) AVAILAE	BLE		B) FUNC	TIONING
	706	Have you or any provider(s) of family planning services:	Ņ	'ES	NO		DO NOT KNOW				in this service area today. For each equipment or item, please tell me if it is available today and functioning. ASK TO SEE THE ITEMS	OBSERVED	REPORTED NOT SEEN		E YES	NO	DON'T KNOW
Т3	01	Received any family planning training (2 or 3 day course) in the past 5		1	2		3		E29_FP	01	Ambu bag and face mask	1 → B	2 → B	3→02	1	2	8
		years?							E45_FP		Oxygen concentrators	1 → B	2 → B	3→03	1	2	8
T102	02	Received training on emergency management for adverse reactions								02							
		related to contraceptive methods in		1	2		3		E45_FP	03	Oxygen cylinders	1 → B	2 → B	3→04	1	2	8
	707	the past 2 years Let me know whether the following							E45_FP	04	Oxygen delivery apparatus (key connecting tubes and mask/nasal	1 → B	2 → B	3→ 711	1	2	8
		equipment are available in the clinic facility today? IF YES, ASK TO SEE THE	A)	AVAILABLE		B) FUN		i		Skip for PN	prongs)						€
		EQUIPMENT								-	For each of the following items,	STOCK	NO STOCK		PRODUCT	FACILITY	ONLINE
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABL	E YI	ES NO	DON'T KNOW		711	please check in the facility records if there has been a stock-out in the past	OUT IN THE PAST 3	OUT IN PAST 3 MONTHS	INDICATED	NOT OFFERED	RECORD NOTAVAIL/ BLE	SYSTEM. RECORD IS N RETRIEVABL
E52	01	Blood pressure apparatus	1 → B	2 → B	3→02	:	1 2	8			3 months:	MONTHS					(ONLY FOR PRIVATE HOSPITALS
E100	02	Instrument pack for IUCD insertion	1 → B	2 → B	3→03		1 2	8	M17_A	01	Male condoms	1	2	3	4	5	HOSPITALS 6
E101		Instrument neek for Hermon-							M108_A	02	Implants	1	2	3	4	5	6
2101	03	Instrument pack for Hormone Implant insertion	1 → B	2 → B	3→708		1 2	8	M109_A	03	Emergency contraceptive	1	2	3	4	5	6

ndicator code	Number	Question Result				Skip	Indicator code	Number	Question Resu	ilt				Skip
	ANTENAT	AL CARE SERVICES						804	Let me know whether the following					
		tional Hospital, Eye hospital, LRH, Sirimavo Ban					-		equipment are available in the clinic facility (If yes, ask to see the equipment)		YES	, i	NO	
		ehabilitation Hospital, Mental Health Hospital, I LCs, TB Clinics, STD Clinics, Malaria clinics	National Respirato	ry Diseases Ho	spital	→ 900	E5_ANC	01	Blood pressure apparatus		1		2	
S8	800	Does this facility offer antenatal care (ANC)	YES		1		E1_ANC	02	Adult weighing scale (Beam balance type)		1		2	
		services?	NO			→ 900	E102	03	Pinnard		1		2	
		E SHOWN THE LOCATION IN THE FACILITY WHEF					-	805	Let me know whether the following drugs ar	-	ED AVAILA	BLE	NOT OBS	ERVED
		I MOST KNOWLEDGEABLE ABOUT ANTENATAL C EXPLAIN THE PURPOSE OF THE SURVEY				OURSELF,	_		available in the clinic today (Check to see if a least one of each medicine is valid)	At Least One Valid	Availa ble Non	Reported Available But Not Seen	Not Available Today	Never Availab
	801	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services?	YES		NO		M18_A NC	01	Iron tablets	1	Valid 2	3	4	5
S8_05	01	Monitoring for hypertensive disorder of pregnancy	1		2		M19_A NC	02	Folic acid tablets	1	2	3	4	5
S8_01	02	Iron supplementation	1		2		M20_A NC	03	Tetanus toxoid vaccine	1	2	3	4	5
S8_02	03	Folic acid supplementation	1		2		M200_A	04	Calcium tablets	1	2	3	4	5
S8_04	04	Tetanus toxoid immunization	1		2		NC	DREVENT	ON OF MOTHER-TO-CHILD TRANSMISSIO		-			
58_100	05	Provision of Calcium supplementation	1		2		┨┝───	PREVENTI	Ask only from Teaching Hospitals, Provincial		nitale Die	trict Conoral	Hospitals	
58_101	06	Monitoring for blood sugar in pregnancy	1		2				Base Hospitals, Major Private Hospitals, Min					
S8_102	07	Monitoring of weight in pregnancy	1		2				Skip for the other facilities, National Hospita Health, Rehabilitation Hospital, National Res					L
	802	Please tell me if the following documents are available in the facility today: IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED	YES, REPORTED NOT SEEN	NO				Hospital, Lady Ridgeway Hospital, Sirimavo I Karapitiya					▶1000
_	Skip for PM	CU and MOH clinics	,			→ 02	S20	900	Does this facility offer services for the prevention of mother-to-child transmission o	F YES			1	
T103	01	National Guidelines for Maternal Care (3 volumes)	1	2	3			ASK TO BE	HIV (PMTCT)? SHOWN THE LOCATION IN THE FACILITY WHEF			E PROVIDED.		→1000 ERSON MC
		Skip for TH, PGH, DGH, BH, DH, Major Pvt hos	pitals, Minor Privat	te Hospitals		→803	-	KNOWLEE	DGEABLE ABOUT PMTCT SERVICES IN THE FACI SURVEY AND ASK THE				N THE PURF	POSE OF TH
T104	02	Guidelines on Maternal Care Package for Field Health Staff	1	2	3			901	As part of PMTCT services, please tell me if th facility provides the following services to		4025110			
	803	Have you or any provider(s) of Antenatal Care services:	YES		NO		S20 01		clients:	_	YES	r	NO	
	Skip for PM	ICU and MOH clinics	115			→02	520_01	01	Provide HIV testing and counselling services t HIV positive pregnant women for PMTCT	D	1		2	
T105	01	Received any training On the National Guidelines for Maternal Care in the last 2	1		2				Ask only from STD Clinics. Skip for the other facilities					→ 05
		years					_				YES	· ·	NO	
T106	Skip for TH,	PGH, DGH, BH-AB, DH-ABC, Major Pvt hospital Received any ANC training on the Maternal Care Package in the last two years?	s, Minor Private Ho	ospitals		→804	\$20_02	02	Provide HIV counselling and testing services t infants born to HIV positive pregnant women for PMTCT		1		2	
		Care Fackage III the last two years?	1		2		S20_03	03	Provide ARV prophylaxis to HIV positive pregnant women for PMTCT		1		2	
							S20_04	04	Provide ARV prophylaxis to new born of HIV		1		2	

ndicator code	Number	Question Result				Skip	Indicator code	Number	Question	Resu	lt		Skip
		Ask only from Teaching Hospitals, Provincial Ge						OBSTETR	IC AND NEW-BORN C	ARE SERVICES			
		Base Hospitals, Major Private Hospitals, Minor	Private Hospital	ls, MOH and	STD Clinics.			BASIC OBST	ETRIC AND NEW BORN	CARE			
		Skip for the other facilities				→1000		Skip for Nat	ional Hospital, Eye hos	pital, LRH, SIRIMAVO BA	ANDARANAIKA HOSI	PITAL FOR CHILDREN,	
			YES		NO					pital, National Institute MOH, HLCs, TB Clinics,	,	• •	→1100
S20 05	05	Provide infant and young child feeding	123		NO		S9	1000	Does this facility offer				
		counselling for PMTCT	1		2				normal delivery, basic care, and/or compreh	emergency obstetric ensive emergency		1	→1100
S20_06	06	Provide nutritional counselling for HIV positive pregnant women and their infants for PMTCT	1		2				obstetric care) and/or services?	new-born care			
S20_07	07	Provide family planning counselling to HIV positive pregnant women for PMTCT	1		2			ARE PROV	IDED. FIND THE PERSO	ON MOST KNOWLEDGEA	BLE ABOUT OBSTET	NEWBORN CARE SERVICES RIC AND NEWBORN CARE THE SURVEY AND ASK THE	
	902	Please tell me if the following guidelines are available in the facility today:	YES,	YES, REPORTED					IG QUESTIONS. Please tell me if the fo				
		IF AVAILABLE, ASK TO SEE THE DOCUMENT	OBSERVED	NOT SEEN	NO			1001	are <u>routinely</u> carried o	0			
T37	01	National guidelines for PMTCT 2016	1	2	3				delivery services in th	is facility:	YES	NO	
T38	02	Guidelines for infant and young child feeding counselling	1	2	3		S9_13	01	Administration of oxy immediately after birt prevention of post-pa	h to all women for the	1	2	
	903	Have you or any provider(s) of PMTCT services:	YES		NO		S9_14	02	Monitoring and mana partograph	gement of labour using	1	2	
T39	01	Received any training in PMTCT in the last two years?	1		2		\$9_15	03		ive breastfeeding	1	2	
T40	02	Received any training in infant and young child feeding in the last two years?	1		2		S9_16	04	Hygienic cord care (cu apply disinfectant to t application of other su		1	2	
124	904	Is the PMTCT service room or area a private room/area with auditory and visual privacy?					\$9_17	05	Thermal protection (d immediately after birt		1	2	
					JAL PRIVACY3		S9_100	06	Lactation managemer	nt services	1	2	
			NO PRIVACY		4		S9_101	1002		y centre in this facility?	VES		
		Ask only from STD Clinics. Skip for the other facilities				→1000			ASK TO BE SHOWN THE FACILITY WHERE THE MO	OTHER-BABY CENTRE IS		2	
D7	905	Does this unit has provisions for conducting Dried Blood Spot (DBS) filter paper test for diagnosing HIV in newborns	YES, OFF SITE			→1000		1003	Please tell me if any o interventions for the r complications during a and childbirth have be last 12 months by pro	management of and after pregnancy een carried out in the			
D7	906	Does this facility has Filter paper for collecting	Yes. At least o	one valid	1				services as part of the		YES	NO	
		Dried Blood Spot			2		S9_01	01		tion of antibiotics (IV or			
			Reported avai		ot seen3		S9_18 S26_03		IM) for mothers		1	2	
			Never available	-			\$9_02 \$9_18	02		tion of oxytocic for tum haemorrhage (IV	1	2	
							S26_03		or IM)				
							S9_03 S9_18	03	Parenteral administra sulphate for managen		1	2	
							S26_03		and eclampsia(IV or IN		1	۷	

ndicator code	Number	Question Resul	lt			Skip	Indicator code	Number	Question R	esult					Skip
		Skip for DH-ABC				→1003_07		1006	I would like to know if the following basic equipment items are available in this servi		A) AVAIL	ABLE		B) FUNC	TIONING
S9_04 S9_18 S26_03	04	Assisted vaginal delivery	1		2				area today. For each equipment or item, please tell me if it is available today and functioning.						
S9_05 S9_18 S26_03	05	Manual removal of placenta	1		2				ASK TO SEE THE ITEMS	OBSERVE	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOV
	06	Removal of retained products of conception					E7	01	Examination light (flashlight ok)	1 → B	2 → B	3→02	1	2	8
S9_18 S26_03			1		2		E8	02	Delivery pack	1 → B	2 → B	3→03	1	2	8
S9_07 S9_19 S26_03	07	Neonatal resuscitation with bag and mask	1		2		120	03	Disposable latex gloves	1 04	2 04	3→04			
S9_09 S9_19	08	Antibiotics for preterm or prolonged PROM (premature rupture of membranes) to	1		2		E13	04	Blank partograph	1 05	2 05	3→05			
S9_10	09	prevent infection Corticosteroids in preterm labour	1		2		E37	05	Delivery bed	1 → B	2 → B	3→06	1	2	8
\$9_19 \$9_11 \$9_19	10	KMC (Kangaroo mother care) for	1		2		E12 E43	06	New-born bag and mask size 1 for term babies (for new-born resuscitation)	1 → B	2 → B	3→07	1	2	8
\$9_19 \$9_12 \$9_19	11	premature/very small babies Injectable antibiotics for neonatal sepsis	1		2		E12 E43	07	New-born bag and mask size 0 for pre-terr babies (for new-born resuscitation)	n 1 → B	2 → B	3→08	1	2	8
00_10		Skip for DH-ABC				→1004	E9 E43	08	Electric suction pump (for suction apparat	JS) 1 → B	2 → B	3→09	1	2	8
S9-102	12	Phototherapy for new born with Jaundice	1		2								-	-	Ŭ
	1004	Are the following documents available in the facility today:		YES,			E9 E43	09	Suction catheter (for suction apparatus) for suctioning new-born	r 1→B	2 → B	3→10	1	2	8
		IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED	REPORTED NOT SEEN	NO		E51	10	Infant weighting scale	1 → B	2 → B	3→11	1	2	8
T66	01	National New born care guidelines	1	2	3		E52	11	Blood pressure apparatus (may be digital o manual sphygmomanometer with	ır 1→B	2 → B	3→12	1	2	8
T107	02	Guidelines on lactation management	1	2	3				stethoscope)				1	2	0
T108	03	Formats for new born	1	2	3		125	12	Clean running water (piped, bucket with ta or pour pitcher)	p, 1→13	2→13	3→13			
	1005	Have you or any provider(s) of delivery services:	YES		NO		125	13	Hand-washing soap/liquid soap OR alcoho based hand rub	1→14	2→14	3→14			
T109	01	Received training in National Newborn care	1		2		18		Sterilization equipment	1 → B	2 → B	3→15	1	2	8
		guidelines in the last two years	1		2		E104	15	Ophthalmoscope for new-born care	1 → B		3→16	1	2	8
T65	02	Received training in newborn resuscitation using the newborn bag and mask in the last two years	1		2		E45_OB S E45_OB		Oxygen cylinders	1→17	2→17	3→17			
T110	03	Received training in lactation management in the last two years	1		2		S	17	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)		2 → B	3→1007	1	2	8

Indicator code	Number	Question Re	sult				Skip	Indicator code	Number	Question Re	sult					Skip
	1007	Are any of the following medicines and commodities available in this service site		•	SERVED	B) NOT	DBSERVED	S26_102	02	Exchange transfusions for new born with Jaundice?	1	L		2		
		today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILA BLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	S26_103	03 1025	Cooling for asphyxiated new born? Do you have the national guidelines for Comprehensive Emergency Obstetric		RVED				
M26	01	Skin disinfectant	1	2	3	4	5			Care (CEmOC) available in this facility today?	,		SEEN			
M27	02	Normal saline IV solution	1	2	3	4	5			IF AVAILABLE, ASK TO SEE THE DOCUMENT						
M27	03	Ringers lactate IV solution	1	2	3	4	5	T118	4026	la des National avidation fan annadal						
M27	04	5% dextrose IV solution	1	2	3	4	5	1110	1026	Is the National guideline for neonatal comprehensive care available in the	,					
		Skip for DH ABC					→1008			facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT			SEEN			
M201	05	Cefuroxime injection	1	2	3	4	5	T52	1027	Have you or any provider(s) of delivery	NU				.5	
	1008	Does this facility have the following medicines (with valid expiration date) in stock in this service site today? CHECK TO SEE IF VALID (NOT EXPIRED)	YES, OBSER\		YES, REPORTED NOT SEEN	NO			1027	Service received any training in Comprehensive Emergency Obstetric Care (CEMOC) in the last two years?						
M22_0 BS	01	Oxytocin injectable	1		2	3		T120	1028	Have any provider(s) of delivery services received training in neonatal						
M24_0 BS	02	Magnesium Sulphate	1		2	3				comprehensive care (ENCC) in the last two years?	NO				.2	
	CAESARE	AN SECTION AND NEW BORN CARE														
		ENSIVE OBSTETRIC AND NEW BORN CARE	Bandaranaya	ke Childr	en's Hospital, C	ancer		Т53	1029	Does this facility have a health professional who can perform caesarean section present in the facility or on call 24 hours a day (including weekends and on public holidays)?						
		Rehabilitation hospital, National Institute for Velisara, DH-ABC, PMCU, MOH, HLCs, TB Clin				Diseases	→1100	T54	1020							
	1020	Does the institution provide Comprehensive emergency obstetric care?					→1100	154	1030	Does this facility have an anaesthetist (or doctor with anaesthetics training) present in the facility or on call 24 hours a day (including weekends and on public holidays)?						
S26_02 S26_03	1021	Does the institution have facilities to provide blood transfusion?					→1100		1031	I would like to know if the following		A) AVAIL				
S26_01 S26_03	1022	Does the institution offer caesarean section?					→1100			equipment items are available and functioning in this service area today. For each equipment or item, please tell me if it available and functioning today.	s	REPORTED	NOT			
S26_100	1023	Is there a Special care Neonatal unit providing neonatal care in the facility?						E50	01	ASK TO SEE THE ITEMS Resuscitation table (with heat source) (for	OBSERVED $1 \rightarrow B$	NOT SEEN $2 \rightarrow B$	AVAILABLE 3→02	YES	NO 2	DON'T KNOW
	1024	Please tell me if the following	YES		NC					new-born resuscitation)						
		interventions are carried out by providers of delivery services in this						E30 E12_CN	02 03	Incubator New born bag and mask size 1 for term	$1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$	3→03 3→04	1	2	8
S26_101	01	facility:			2			E43_CN		babies (for new born resuscitation)						
320_101	01	Neonatal ventilation for new born in an emergency?	1		2			E12_CN E43_CN	04	New born bag and mask size 0 for pre-term babies (for new born resuscitation)	1 → B	2 → B	3→05	1	2	8
								E45_CN	05	Oxygen	$1 \rightarrow B$	$2 \rightarrow B$	3→06	1	2	8

ndicator code	Number	Question	Result						Skip	Indicator code	Number	Question	Result			Sk
45_CN	06	Oxygen delivery apparatus (key conr tubes and mask/nasal prongs)	necting 1	→ B 2	2 → B	3→07	1	2	8			Ask only from MOH Skip for other institutions				→110
322_C N	07	Multi Para Monitor	1	→ B 2	2 → B	3→08	1	2	8	S10_10B	1104	How often does this facility offer	WEEKIY		1	
2_CN	08	Glucometer	1	→ B 2	2 → B	3→09	1	2	8	\$10_10F \$10_10C		routine full child immunization services as outreach at fixed post				
2_CN	09	Glucometer test strips (compatible to glucometer and with valid expiration	ouie	→ B 2	2 → B	3→10	1	2	8	тв		only?	MONTHLY		3	
	1032	Are any of the following medicines a commodities available in this service	nd	A) OBSE	SERVED A	VAILABLE		B) NOT (OBSERVED	18	1105	Is the national immunization guidelines available in this facility today?	· ·	OT SEEN		
		today?				REPORTED				T126	1106	IF AVAILABLE, ASK TO SEE THE DOCUMENT Is the national immunization	-		-	
		CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIN			NON VALID	AVAILABLE BUT NOT SEEN		AVAILABLE ODAY	NEVER AVAILABLE	1120	1100	schedule displayed in the	· ·	OT SEEN		
/1202	01	Caffeine (injectable) - for new-born of	care 1	2	2	3		4	5			facility? IF AVAILABLE, ASK TO SEE THE DOCUMENT	NO		3	
VI203	02	Intravenous feeding (total or partial) new-born care	- for 1	2	2	3		4	5		1107	Have you or any provider(s) of	YES, FORMAL	YES,	NO TRAINING	
	IMMUNIZ	ATION									1107	immunization service delivery	TRAINING	SUPPORTIVE	NO MAINING	
	Diseases He	tional Hospital, Eye hospital, Cancer ospital Welisara, National Institute fo and Malaria clinics							→1200			received any training in any of the following child immunization services in the last two years?		SUPERVISION		
	1100	Based on the guidelines does this facility require to have an immunization clinic?	YES NO						→1200			IF YES: Please specify if it was through formal training or through supportive supervision				
S10	1101	Does this facility offer routine	YES				1			Т9	01	Immunization service delivery	1	2	3	
		immunization services?							→1200	Т9	02	Vaccine management/handling and cold chain	1	2	3	
		ASK TO BE SHOWN THE LOCATIO ARE PROVIDED. FIND THE PERSC SERVICES IN THE FACILITY. INTF SURVEY AND A	N MOST KNO RODUCE YOUI	WLEDG RSELF, E	GEABLE AI EXPLAIN T	BOUT IMMU THE PURPOS	NIZAT	ION		Т9	03	Data reporting and monitoring of service delivery (e.g. Data Quality Self-Assessment (DQS))	1	2	3	
	1102	Does this facility provide any of	BOTH IN		N THE	OUTREACH	S	ERVICE		Т9	04	Disease surveillance and reporting	1	2	3	
		the following immunization services in the facility only, as OUTREACH AT FIXED POST only,	THE FACILITY AND AS		CILITY ONLY	AT FIXED POST ONLY		NOT FFERED		Т9	05	Injection safety and waste management	1	2	3	
		or both?	OUTREACH AT FIXED POST							Т9	06	Training on new vaccine prior to introduction	1	2	3	
10_07	01	Birth doses (e.g. hepB0, BCG, OPV0,)	1		2	3		4			1108	I would like to know if the following items for immunization are available in this service area	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
L0_08	02	Infant vaccines (under 1 year)	1		2	3		4				today. For each item, please tell				
10_09	03	Adolescent/adult vaccines (e.g. HPV, Tetanus)	1		2	3		4				me if it is available today. ASK TO SEE THE ITEMS				
.0_10B	1103	How often does this facility offer	WEEKLY				1			E14	01	Cold box/vaccine carrier with ice packs	1	2	3	
.0_10F		routine full child immunization	BIMONTHL	Y			2			121	02	Sharps container/safety box	1	2	3	
10_10C		services at the facility?	L LONTING				3				02		1	2	3	

Indicator code	Number	Question	Result			Skip	Indicator code	Number	Question	Result						Skip
E49 E47 E327	04	Adequate refrigerator temperature maintained between 2-8 °C Clinic Immunization Register	1	2	3		-	1114	Which of the following devices for monitoring refrigerator temperature are available and functioning in the refrigerator today:		A) AV	AILABLE		E	3) FUNCT	rioning
M204	07	Emergency tray contains basic needs to address anaphylactic					 		ASK TO SEE THE ITEMS	OBSERVE	D F	REPORTED	NOT	YES	NO	DON'T KNOW
		reaction: adrenaline (injectable), 1 ml syringe, hydrocortisone (injectable), 2ml syringe, distilled water, paediatric oxygen mask,	1	2	3		E39 E47	01	Thermometer	1 → B		NOT SEEN L → B	AVAILABLE 3 →02	1	2	8
		paediatric ambu bag, portable oxygen) ALL ITEMS MUST BE PRESENT					E39 E47	02	Continuous temperature recorder/logger	1 → B	2	B	3 → 1115	1	2	8
M62_IM	08	Adrenaline (injectable) CHECK TO SEE IF VALID (NOT EXPIRED)	1	2	3		E49 E47	1115	Is the temperature of the refrigerator monitored twice daily?				NOT SEEN			
E42	09	Duly updated vaccine movement register (with entries as of the last day of previous month)	1	2	3				IF YES: PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE	NO .					3	→ 1118
E47	1109	Is the cold chain maintained during storage, transportation and at the time of vaccination?	YES, OBSERVED YES, REPORTED NO NO	OT SEEN	2 3		E49 E47	1116	Has the temperature log been completed for the last 30 days? PLEASE REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED 2 TIMES /	YES,	PARTIAL	LY			2	
E15 E47	1110	Does this facility have a refrigerator available and functioning for the storage of	AVAILABLE AND FI AVAILABLE NOT FI AVAILABLE DON'T	UNCTIONAL					DAY DURING THE LAST 30 DAYS)							→ 1118
		Vaccines? NOTE: FOR A REFRIGERATOR TO BE FUNCTIONAL IT MUST HAVE SUFFICIENT CAPACITY TO ACCOMMODATE ALL NEEDED VACCINES.	FUNCTIONING			⇒1118	E49 E47	1117	Has the temperature been out of the range 2 to 8 °C inclusive in the last 30 days? PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE	REP	ORTED IN OF RAN	N RANGE IGE	BUT NOT SE	EN	2 3	
E40 E40_A	1111	What type of energy source is used for the vaccine	ELECTRICITY (GRID SOLAR (WITH OR V	WITHOUT BATTERI	ES) 2				TEMPERATURE FOR THE LAST 30 WORKING DAYS INORDER TO ANSWER THE QUESTION							
E40_B E40_C E40_D E40_E E40_F		refrigerator?	GAS KEROSENE MIXED (ELECTRIC ' OTHER	WITH GAS KEROSE	4 NE) 5			1118	CHECK Q1101 AND Q1110: FACILITY IS OFFERING IMMUNIZATION SERVICES TODAY (Q1101 ="1") OR HAS A FUNCTIONNING REFRIGERATOR	TODAY (Q1	101 = "2 AL REFRI	2") AND E IGERATO	MMUNIZATI DOES NOT HA R FOR THE S OR "4")	AVE A		
E40_1	1112	Does this energy source supply power to the refrigerator for 24 hours a day and for 7 days in the week?	YES NO						FOR THE STORAGE OF VACCINES						>	→1120
E40 E47	1113	Let me know whether there is a documented contingency plan displayed for the maintenance of the cold chain in an emergency? (IF AVALABLE, ASK TO SEE THE DOCUMENT)	YES, OBSERVED YES, REPORTED NO NO		2			1119	Are any of the following vaccin available in this service site <u>toc</u> select ONE OF EACH VACCINE AT RANDC CHECK IF THE VACCINE IS VALID-1. VIAL N (VVM) ON THE VACCINE VIAL HAS NOT T 2. THE EXPIRY DATE HAS NOT PASSED	lay? DM AND MONITOR	AT LEAST ONE	SERVED A	REPORTED AVAILABLE BU NOT SEEN	T NOT A) NOT OI VAILABLE DDAY	NEVER AVAILABLE
							M28	01	Measles vaccine and diluents		1	2	3		4	5
							M29	02	DPT+Hib+HepB (pentavalent)			2	3		4	5
							M30	03	Oral polio vaccine			2	3		4	5
							M31	04	BCG vaccine and diluents			2	3		4	5
							M142	05	IPV (Inactivated polio vaccine)		1	2	3		4	5

M143 M205 M28_A M29_A	06 07 1120	HPV (Human papillomavirus vaccine) MMR vaccine In the past three months were you unable	1	2												
M28_A		In the past three months were you unable	1		3	4	5		1202	Please tell me if the following						
-	1120		-	2	3	4	5			documents are available in the fac today:	ility		YES, REPORTED			
-			YES, STOCK	NO STOCK	NOT INDICATED	PRODUCT NOT OFFERED	FACILITY RECORD NOT			IF AVAILABLE, ASK TO SEE THE DOCUMENT	r YES,	OBSERVED	NOT SEEN		NO	
-		to give any of the vaccines listed below because of unavailable stock?	OUT	OUT		NOTOTICKED	AVAILABLE	T11	01	National guidelines for growth monitoring		1	2		3	
-		FOR EACH OF THE FOLLOWING ITEMS, PLEASE CHECK IN THE FACILITY RECORDS IF THERE HAS BEEN A STOCK-OUT IN THE PAST 3 MONTHS						T127	02	Guidelines/Protocols on Pediatric management prepared by the Col	lege	1	2		3	
M29_A	01	Measles vaccine and diluents	1	2	3	4	5	T128		of Paediatricians of Sri Lanka				_		
	02	DPT+Hib+HepB (pentavalent) vaccine	1	2	3	4	5	1128	03	Guidelines on treatment of Childh TB	ood	1	2		3	
M30_A	03	Oral polio vaccine	1	2	3	4	5		1203	Have you or any provider(s):						
M31_A	04	BCG vaccine and diluents	1	2	3	4	5					YES		NO		
M142_A	05	IPV (Inactivated polio vaccine)	1	2	3	4	5	T13	01	Of growth monitoring services for children received any training in g		1		2		
M205_A	06	MMR Vaccine	1	2	3	4	5			monitoring in the last two years?	rowth	1		2		
		1							Skip for MC)H						→1204
<u>c</u>	CHILD PRE	VENTATIVE AND CURATIVE CARE SERVICE	<u>s</u>					T129	02	Of child care curative care service	s for					
N		ional Hospital, Eye hospital, Cancer hospital, l lth, National Respiratory Diseases Hospital W								sick children received any training paediatric management the last to years?		1		2		
\$11	1200	Does this facility offer preventative							1204	Please tell me if the following		A) AVAILABL	E		B) FUNC	TIONING
		and/or curative care services for children under 5?					➡1300			basic equipment items are available and functional in this service area today.	OBSERVED	NOT SEE		YES	NO	DON'T KNOW
		ASK TO BE SHOWN THE LOCATION IN THE F								ASK TO SEE THE ITEMS						
		SERVICES IS PROVIDED. FIND THE PERSON CURATIVE CARE SERVICES IN THE FACILIT SURVEY AND AS	y. intro	DUCE YOU	JRSELF, EXPLA			E16	01	Length/height measuring equipment Child and infant scale	1 → B	2 → B	3→ 02	1	2	8
	1201	Please tell me if this facility provides the						E38	02		1 → B	2 → B	3→ 03		2	8
		following services:		YES	NO			E3	03	Thermometer	1 → B	2 → B	3→ 04	-	2	8
S11_01	01	Diagnose and/or treat child malnutrition		1		2		E4 E17	04	Stethoscope Growth charts	1 → B 1→1300	2 → B 2→1300	3→ 05 3→1300	-	2	8
S11_02	02	Provide vitamin A supplementation		1		2										
S11_03	03	Provide iron supplementation		1		2										
S11_04	04	Provide ORS to children with diarrhoea		1		2										
S11_05	05	Child growth monitoring		1		2										
e	Skip for MO				1		→1202									
\$11_04		Provide zinc supplementation to children with diarrhoea		1		2										
s	Skip for DH,	PMCU					→ 08									
S11_06	07	Treatment of pneumonia		1		2										
s	Skip for PM	cu					→1202									
S11_08	08	Treatment of malaria in children		1		2										

Indicator code	Number	Question	Result		Skip	Indicator code	Number	Question	Result			Skip
	ADOLESCE	NT HEALTH SERVICES					1305	Does this facility have the		YES	NO	
			ital, Cancer hospital, Rehabilitation hos B Clinics, STD Clinics, Malaria clinics	pital, National	→1400			following modern contraceptive methods available in the service site today to give to adolescents				
S12	1300	Does this facility offer adolescent health services?	YES NO		→1400]		receiving services? IF YES, ASK TO SEE THE ITEMS				
			TY WHERE ADOLESCENT HEALTH SERVIC			M17_AD C M109_A DC	01	Male condoms Emergency contraceptive pills		1	2	
			HE SURVEY AND ASK THE FOLLOWING QU				HIV COUN	SELLING & TESTING	I			
S12_100	1301	Does this facility have a separate Youth Drop -in Centre 'Yowun Piyasa'?	YES NO					Ask only for STD/HIV Clinics Skip for the other facilities				→1550
	1302	Does this facility provide or prescribe any of the following modern methods of family planning for unmarried adolescents:	YES	NO		S17	1400	Does this facility offer HIV counseli testing services? SHOWN THE LOCATION IN THE FACILI		NO		→ 1550
S12_02 S12_03	01	Combined oestrogen progesterone oral contraceptive	1	2			FIND TH	IE PERSON MOST KNOWLEDGEABLE A RODUCE YOURSELF, EXPLAIN THE PUI	BOUT HIV C	COUNSELLING AN HE SURVEY AND A	D TESTING SERVICES IN TH ASK THE FOLLOWING QUES	E FACILITY.
S12_02	02	pills Male condoms	1	2			1401	Please tell me whether this facility the following services:	provides	YES	NO	
\$12_04 \$12_02	03	Emergency contraceptive pills	1	2		\$17_100	01	HIV pre-test counseling		1	2	
512_06 T14	1303	Do you have the national guidelines for service provision to adolescents available in this	YES, OBSERVED YES, REPORTED NOT SEEN	1		\$17_101	02	HIV testing		1	2	
		facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	NO			S17_102	03			1	2	
	1304	Have you or any providers:				150	1402	Do you have the National HIV testin guidelines available in this facility to	oday?			
T15	01	provision of adolescent health	YES NO					IF AVAILABLE, ASK TO SEE THE DOCUMENT		NO	NOT SEEN 2 3	
T16	02	services in the last two years? Of adolescent health services received any training on the adolescent sexual and	YES NO			T31	1403	Have any providers of HIV testing a counseling services received any tra- HIV counseling and testing in the la years?	aining on		1	
		reproductive health in the last two years?				123	1404	Is the HIV counseling room or area room/area with auditory and visual	privacy?		ACY ONLY 1	
T17 T42	03	Of STI/HIV testing and counselling services trained in STI/HIV & AIDS prevention, care, and management for adolescents	YES					IF AVAILABLE, ASK TO SEE THE ROOM/ARE.	`	BOTH AUDITORY	ONLY	
						D6	1405-01	Does this facility have HIV rapid tes (with valid expiration date) in stock service site today? CHECK TO SEE IF VALID (NOT EXPIRED)	in this	YES, REPORTED I		

ndicator code	Number	Question Resul	t					Skip	Indicator code	Number	Question	Result					Skip
D6 D23	1405-02	Does this facility conduct HIV antibody testing by ELISA ON SITE OR OFF SITE IF AVAILABLE, ASK TO SEE THE ROOM/AREA		YES, ON SITE 1 YES, OFF SITE 2 NO				→1407 →1407	T35 T36	1503	for antiretroviral therapy available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT Have you or any provider(s) of ART received any training in ART prescription and		YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3 YES 1 NO 2				
	1406	I would like to know if the following general equipment items are available and functional today. ASK TO SEE THE ITEMS	A) AVAILABLE B)FUNCTIO				ONING										
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	Q	MONX T'NO		1505	Does this facility stock any antiretroviral medicines?		YES				
D6 D23	01	01 ELISA washer		$1 \rightarrow B$ $2 \rightarrow B$ ³		1	2	8		1506	Are any of the following ARVs available toda in this facility?		y OBSERVED AVAILABLE			NOT	OBSERVED
D6 D23 D6	02	ELISA reader	$1 \rightarrow B$		3 → 03	1	2	8			CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SFEN	NOT AVAILABLE TODAV	NEVER AVAILABLE	
D6 D23 D6	03	Incubator Specific assay kit- HIV antibody testing by	1 → B	2 → B	$3 \rightarrow 04$ $3 \rightarrow$	1	2	8	M47					₹ Z 2		4	
D23	04	ELISA	$1 \rightarrow B$	$2 \rightarrow B$		1	2	8	M47 M45 M48	01			1	2	3	4	5
M91	1407	Does this facility have condoms available in this service site today to give to clients receiving services? IF YES, ASK TO SEE CONDOMS		YES, OBSERVED					M45 M48	03	Efavirenz (EFV)		1	2	3	4	5
									M45 M48	04	Abacavir		1	2	3	4	5
	HIV/AIDS Antiretroviral prescription and client management									05	Lamivudine + Abacavir (3TC + ABC)	1	2	3	4	5
		Ask only for STD/HIV Clinics Skip for the other facilities							M45 M48	06	Lopinavir 400mg + Ritonavir 100m	g	1	2	3	4	5
S19	1500	Does this facility offer HIV & AIDS		YES1				2 1000	M45 M48	07	Lopinavir 100mg + Ritonavir 25mg	1	1	2	3	4	5
		antiretroviral prescription or antiretroviral treatment follow-up services?	NO 2				→ 1550	M45 M48	08	Zidovudine + Lamivudine (AZT + 3	TC)	1	2	3	4	5	
									M45	09	Atazanavir (as Sulphate) 300mg Ca	ар	1	2	3	4	5
									M45	10	Darunavir 600mg Tab		1	2	3	4	5
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND TH PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXP THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.									11	Ritonavir 100mg Tab		1	2	3	4	5
	1501	Do providers in this facility:		YES		NO			M45 M48	12			1	2	3	4	5
S19_01	01	Prescribe ART		1		2		-	M45 M48	13	Tenofovir + Emtricitabine (TDF + F	TC)	1	2	3	4	5
512_09	02	Prescribe ART to adolescents	1 2				M45 M48	14	Tenofovir + Emtricitabine + Efavire	enz (TDF +	1	2	3	4	5		
519_02	1502	Does this facility provide treatment follow- up services for persons on ART, including providing community-based services?		YES 1 NO					M45 M48	15	- /		1	2	3	4	5

Indicator code	Number Qu	estion Result					Skip	Indicator code	Number Que	estion Result			Skip
	HIV POST EXPO	DSURE PROPHYLAXIS							HIV CARE AND	SUPPORT SERVICES			
		Ask only from National Hospital, Teaching Hosp District General Hospitals, Base Hospitals, Majo Hospitals and STD Clinics.			•					Ask only from STD Clinics. Skip for the other facilities			⇒1700
		Skip for the other facilities, Eye Hospital, Nation Rehabilitation Hospital, Chest Hospital, Lady Ri Bandaranayake Hospital for Children, Castle Str Maternity Hospital, Cancer Hospital, TH Mahan	dgeway Ho eet Hospit	ospital, S	Sirimavo	yza	→ 1600	S18	1600	Does this facility offer HIV & AIDS care and support services, including treatment of opportunistic infections and provisions of palliative care?			
S17_103	1550	Does this facility offer HIV & AIDS antiretroviral prescription or antiretroviral treatment follow-up services as post exposure prophylaxis of HIV					→1600		THE PERSON YC	WN THE LOCATION IN THE FACILITY WHERE I MOST KNOWLEDGEABLE ABOUT HIV CARE / DURSELF, EXPLAIN THE PURPOSE OF THE SUR	AND SUPPORT SERV	VICES IN THE FACILITY. INT FOLLOWING QUESTIONS.	
		HOWN THE LOCATION IN THE FACILITY WHERE H							1601	Please tell me if this facility provides the following services for HIV/AIDS clients:	YES	NO	
T111		N MOST KNOWLEDGEABLE ABOUT HIV POST EXP (OURSELF, EXPLAIN THE PURPOSE OF THE SURVE	Y AND ASK	THE FO		ESTIONS.	RODUCE	\$18_01	01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical	1	2	
T35	1551	antiretroviral therapy or the Government Circular on Post prophylaxis exposure to HIV available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, REP	ORTED	NOT SEEN			\$18_02	02	fungal infections. Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated	1	2	
T112	1552	Have you or any provider(s) received any training on post exposure prophylaxis to HIV in the last two years?						\$18_03	03	clients? Provide systemic intravenous treatment of	1	2	
	1553	Does this facility stock antiretroviral medicines for managing post exposure prophylaxis of HIV?	YES				→1600			specific fungal infections such as cryptococcal meningitis jointly with an inward facility			
	1554	Is the following ARV available today in this	L		VAILABLE		DBSERVED	\$18_04	04	Provide treatment for Kaposi's sarcoma	1	2	
	1554	facility? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAI LABLE	S18_05	05	Provide nutritional rehabilitation services? e.g., client education and provision of nutritional supplements?	1	2	
			LID SI	LUD BLE	릭ᄩ	A BE	B R	\$18_07	06	Care for paediatric HIV/AIDS patients?	1	2	
M48_HIV	01	Tenofovir + Emtricitabine + Efavirenz (TDF+FTC+EFV)	1	2	3	4	5	S18_100	07	Refer HIV/AIDS patients for preventive treatment for TB?	1	2	
								S18_09	08	Primary preventive treatment for opportunistic infections, such as co- trimoxazole preventive treatment (CPT)?	1	2	
	Ask only from Skip for the oth						→1600	S18_10	09	Provide or prescribe micronutrient supplementation, such as vitamins or iron?	1	2	
		Is the following ARV available today in this facility?	OBS	ERVED A	VAILABLE		DBSERVED	\$18_11	10	Family planning counselling for HIV/AIDS clients?	1	2	
		CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	\$18_12	11	Provide condoms for preventing further transmission of HIV?	1	2	
M48_HIV	02	Tenofovir + Emtricitabine + Lopinavir + Ritonavir (TOF+FTC+LPV+RTV)	1	2	3	4	5						

ndicator code	Number	Question	Resu	lt					Skip	Indicator N	umber Qu	estion	Resul	t			Skip
D14	1602	clients for scr	in this facility refer HIV eening and diagnosis of TB? EE A REGISTER OR RECORD OF HIV								TUBERCU TB Diagno						
		POSITIVE CLIENT	S TESTED FOR TB	YES,					.3 .4		Street Ho	ve Hospital, National Institu spital for Women, De Soyza aria Clinics					→1900
		SEXUALLY TRAN	SMITTED INFECTIONS							\$16							
		Ask only from ST Skip for the other	r facilities						→1800	516	1800	Does this facility offer scru referral, diagnosis, treatm prescription or treatment	ient	YES NO			→1900
\$21	1700	Does this facility of treatment of STIs							→1800	\$16_01	1801	tuberculosis? Do providers in this facilit	y diagnose TB?	YES		1	
				. INTROE	UCE YO	URSELF, EX								NO			→ 1870
S21_01	1701		nis facility diagnose STIs?	YES	1 2 VICES ARE PROVIDED. FIND THE PERSOLUCE YOURSELF, EXPLAIN THE PURPOSE GOUESTIONS. 1 2 3 2 SERVED 1 2 3 1 2 AVAILABLE NOT SEEN NOT SEEN NOT SEEN NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE			ARE PRO SERVICES	E SHOWN THE LOCATION IN VIDED. FIND THE PERSON N 5 IN THE FACILITY. INTRODU AND ASK THE FOLLOWING Q	1OST KNOWLED CE YOURSELF, E	GEABLE ABOUT	TUBERCUL	DSIS				
S21_02	1702	Do providers in th treatment for STI	nis facility prescribe s?					1802	Which of the following mu used at this facility for dia		YES		NO				
T41	1703		national guidelines for the atment of STIs available in ?	1 1						\$16_03	01	By Clinical symptoms		1		2	
		IF AVAILABLE, ASK TO	SEE THE DOCUMENT	NO				3			Skip for	MOH, STD clinics and Malar	ia clinics				→ 1803
T42	1704	received any train	provider(s) of STI services ning in STI diagnosis and n the last two years?							\$16_02 \$16_04	02	By Sputum smear microso examination	сору	1		2	
	1705		ow if this facility have a					- 1				Skip for DH, PMCU & MO	н				→ 1803
		Nitrogen Gun ava today. ASK TO SEE THE ITEM	ilable and functional		REPORTED NOT	NOT	YES	Í	DON'T KNOW	\$16_02 \$16_07	03	By Chest X-ray		1		2	
E105	01			$1 \rightarrow B$	2 → B	1706			8	\$16_02 \$16_06	04	By Rapid test (GeneXpert (onsite or offsite)	MTB/RIF)	1		2	
D100	1706 01	Please tell me wh provides the follo		YES, ONSITE	YES,		CONE	DUCT THE		\$16_02 \$16_05	05	By Culture (onsite or offsi	te)	1		2	
D100	01			1						_	1803	Please tell me if the follow are available in the facility		YES, OBSERVED	YES, REPORTED NOT SEEN	NO	
												IF AVAILABLE, ASK TO SEE THE	DOCUMENT				
										T134	01	National Manual for TB co on 2015	ontrol issued	1	2	3	
										T135	02	PMDT guidelines issued in infection control	2015 for TB	1	2	3	
										T136	03	Paediatric Guidelines (chi facility)	ld health	1	2	3	

Indicator Nun code	nber Que	stion Result					Skip	Indicator Num code	ber Que	estion Resul	t				Skip
	Skip for N	IOH, STD clinics and Malaria clinics	1				→1804	M41	05	Isoniazid+Rifampicin+Ethambutol (RHE) (3FDC)	1	2	3	4	5
T137 T138	04 1804	SOP on Sputum Microscopic procedures Have any medical officers providing TB	1 YES		2	3		M41	06	Isoniazid+Rifampicin+Ethambutol+Pyrazi namide (4FDC)	1	2	3	4	5
		services at this facility received modular training in TB in the last two years?						M208	07	Streptomycin Injectable	1	2	3	4	5
	TB Treatm	ent and follow-up						M209	08	PAED 2FDC-RH	1	2	3	4	5
	Skip for all	facility types except for TB Clinics				-	→ 1900			Co-infection in TB					
	1850	Does this facility offer treatment prescription, or treatment follow-up of			í					facility types except for TB Clinics					→1900
		tuberculosis through the staff of this facility? MARK AS 'NO' IF THE DISTRICT TUBERCULOSIS CLINIC CONDUCTS AN OUT REACH CLINIC IN THIS FACILITY WITH THEIR STAFF. ASK TO BE SHOWN THE LOCATION IN THE FACILITY V ARE PROVIDED. FIND THE PERSON MOST KNOWLED SERVICES IN THE FACILITY. INTRODUCE YOURSELF, E SURVEY AND ASK THE FOLLOWING QUESTIONS.			2	•	→ 1870	D13	1870	Do providers in this facility screen or test TB patients for HIV or have a system for Diagnosis of HIV among TB patients?	YES, REF		IT SEEN		
	ARE PROV	IDED. FIND THE PERSON MOST KNOWLED IN THE FACILITY. INTRODUCE YOURSELF, EX	GEABLE AB	OUT TUBEF	CULOSIS					IF YES, ASK TO SEE A REGISTER OR RECORD OF TB CLIENTS TESTED FOR HIV	MAINTA	INED			→ 1900
S16_08	1851	Does this facility prescribe drugs for TB patients?					T27	1871	Does this facility have staff trained on management of HIV and TB co-infection in the last two years?						
S16_09	1852	Does this facility provide drugs to TB patients?						D6 D23	1872	Does this facility conduct HIV antibody testing by ELISA offsite?					
\$16_10	1853	Does this facility manage and provide treatment follow-up for TB patients?													
	1854	Are any of the following medicines available in this service site today?	OBSERVED	AVAILABLE	NOT OBSER	RVED									
		CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABL E NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABL E TODAY	NEVER AVAILABLE								
M41	01	Ethambutol	1	2	3	4	5								
M41	02	Isoniazid	1	2	3	4	5								
M41	03	Pyrazinamide	1	2	3	4	5								
M41	04	Rifampicin	1	2	3	4	5								

	MALARIA					T20_PHLT	1910	Have any PHLTs providing services for	VES			1	
	•	st Hospital, Eye Hospital, Cancer hospital, Na spiratory Diseases Hospital, Rehabilitation Ho			➔1940			malaria received any training in malaria diagnosis in the last two years?				2	
S15	1900	Does this facility offer diagnosis or treatment of malaria?	YES	1	→1940	T20	1911	Have any Medical officers providing services for malaria received any training in malaria treatment in the last two years?					
		SHOWN THE LOCATION IN THE FACILITY WHERE M						Skip for Divisional Hospital-ABC and PMCU	_				→ 1940
	MOST KNOW	LEDGEABLE ABOUT MALARIA SERVICES IN THE FAC OF THE SURVEY AND ASK THE FC		SELF, EXPLAIN THE PI	JRPUSE	T59 D35	1912	Does this facility have an					
\$15_01	1901	Do providers in this facility diagnose malaria?	YES	1		035		accredited/certified microscopist for malaria testing?	NO			2	
			NO	2	→ 1906			Skip for Major and Minor Private Hospitals					→1940
	1902	Which of the following methods are used at this facility for diagnosing malaria:	YES	NO			1913	Are any of the following malaria medicines and commodities available		ERVED ILABLE	NC	T OBSER	VED
\$15_100	01	History and/or Clinical symptoms	1	2				today in this facility OR has the capability of obtaining the drugs on demand?	٥	щO	0 4	щ	щ
\$15_02 \$15_06	02	Rapid diagnostic testing (RDT)	1	2				CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SFEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
\$15_02 \$15_07	03	Microscopy (onsite or off site)	1	2		M81 M37	01	ACT	1	2	3	4	5
		CHECK Q1902_02: IF FACILITY CONDUCTS MALARIA RDTS:	IF FACILITY DOES NOT	CONDUCT		M138	02	Chloroquine (oral)	1	2	3	4	5
			MALARIA RDTS:			M140	03	Primaquine (oral)	1	2	3	4	5
		×		<u> </u>	Q1906	M139_IV	04	Quinine (Intravenous)	1	2	3	4	5
D3 D34 D36	1903	Does this facility have malaria rapid diagnostic test kits (with valid expiration date) in stock in this service site today?	YES, OBSERVED YES, REPORTED NOT S			M82	05	Artesunate rectal or injection dosage forms	1	2	3	4	5
		CHECK TO SEE IF VALID (NOT EXPIRED)	NO	3		M37_A	1914	Has there been a stock-out of ACT in the past 4 weeks?					
D36_A	1904	Has there been a stock-out of malaria RDT kits in the past 4 weeks?	YES NO		→1906	M37_B	1915	How many days of stock-out of ACT?	-				→1916
D36_B	1905	How many days of stock-out?	LESS THAN 7 DAYS								'S		
			7 TO 14 DAYS MORE THAN 14 DAYS.			M138_A	1916	Has there been a stock-out of Chloroquine in the past4 weeks?					→1918
		Skip for Divisional Hospital-ABC and PMCU			➡1907		1917	How many days of stock-out of	LESS THA	N 7 DAYS		1	
\$15_03	1906	Do providers in this facility prescribe treatment for malaria?	YES NO			M138_B		Chloroquine?			'S		
T18	1907	Do you have the national guidelines for the diagnosis and treatment of malaria available in this facility today?	YES, OBSERVED			M140_A	1918	Has there been a stock-out of Primaquine in the past4 weeks?					→1920
		IF AVAILABLE, ASK TO SEE THE DOCUMENT	NO	3			1919	How many days of stock-out of Primaguine?					
T20_MO	1908	Have any Medical officers providing services for malaria received any training	YES			M140_B		Prinaquiner	MORE TH	IAN 14 DAY	Ś	3	
T20_NO	1909	in malaria diagnosis in the last two years? Have any nursing officers providing	YES			M139_A	1920	Has there been a stock-out of I/V Quinine the past4 weeks?					→1940
		services for malaria received any training in malaria diagnosis in the last two years?	NO			M139_B	1921	How many days of stock-out of I/V Quinine?					
						W122_D				IAN 14 DAY			

	DENG	UE				1946	Are any of the following commodities available in this service site today?	OBSERVED A	VAILABLE		NOT OBSERV	/ED
	Ask from	IE VECTOR SURVEYS AND INTEGRATE	D VECTOR MANAGEMENT FOR DENGUE	<u>=</u> →1949			CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	IE VALID	DN VALID	E BUT NOT SEEN	LE TODAY	ILABLE
	1940	Does this facility conduct routine vector surveys and/or integrated vector management (IVM)?	YES1 NO2	→1949				AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT	NOT AVAILABLE TODAY	NEVER AVAILABLE
	FIND TH	BE SHOWN THE LOCATION IN THE FACILITY W IE PERSON MOST KNOWLEDGEABLE ABOUT D DUCE YOURSELF, EXPLAIN THE PURPOSE OF TH ONS.	ENGUE SERVICES IN THE FACILITY.		M210	01		1	2	3	4	5
\$65_01	1941	Does this facility conduct routine vector surveys?	YES1 NO2		M211 \$66_01	02 1947	Larvaecide (e.g. temephos) Does this facility carry out activities to prevent the occurrence of outbreaks of Dengue in the community?		2			5 → 1949
565_02	1942	management (IVM)?	YES1 NO2			1948	Does this facility have a printed copy of the following available in the facility today:?	YES, OBSERVED	YES, REPORTED NOT SEEN			
146	1943	Does this facility have a printed copy of the National Guidelines for Aedes vector surveillance and control available in the facility today:? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED		S66_02 S66_03	01	IF AVAILABLE, ASK TO SEE THE DOCUMENT Dengue outbreak mitigation plan for 2017 Action plan for Dengue preventive activities in the community for 2017	1	2		3	
328	1944	Is there an MOH staff trained in vector survey and IVM for dengue in the past 2 years? Does this facility have Fogging machine available:	YES			Hospita Hospita Skip for Hospita	y from National Hospital, Teaching Hospitals, Is, Base Hospitals, Divisional Hospitals, PMCI Is. • other facilities and Eye Hospital, National In I, Chest Hospital, Castle Street Hospital for W I, TH Mahamodara	U, Major Priva stitute for Me	te Hospitals ntal Health,	and Mino Rehabilita	r Private tion	→1955
					S67	1949	Does this facility offer diagnosis of dengue?					→1955
						FIND TH	BE SHOWN THE LOCATION IN THE FACILITY W HE PERSON MOST KNOWLEDGEABLE ABOUT D JUCE YOURSELF, EXPLAIN THE PURPOSE OF TH ONS.	ENGUE SERVIO	CES IN THE FA	ACILITY.		
					\$67_01	1950	Does this facility offer clinical diagnosis of dengue?					
							Skip for PMCU					→1953
					\$67_02	1951	Does this facility offer lab confirmation for dengue?					

S67_03	1952	Does this facility provide FBC diagnostic service 24 x 7?						1959	Does this facility have the following available?	AVAILAB	LE		FUN	CTION	IING
		2477	NO		2				CHECK TO SEE IF AT LEAST ONE OF EACH COMMODITY FOR ITS FUNCTIONING CAPACITY	OBSERVE D	REPOR TED NOT SEEN	NOT AVAILABL E	YES	NO	DON'T KNOW
	1953	Does this facility have a printed copy of the following available in the facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED	YES, REPORTED NOT SEEN	NO		E329		Hematocrit machine	$1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$	3 → 02	1	2	8
T148	01	National guidelines on dengue clinical case management - Adult	1	2	3		E35_DEN	02	Portable ultrasound for use in management of Dengue	175	2 7 5	→ 1960	1	2	0
T149	02	National guidelines on dengue clinical case management - Pediatric	1	2	3			1960	Are any of the following commodities available in this service site today?	OBSERVEI AVAILABL		NOT OBSE	RVED		
T150	1954	Have any provider(s) of delivery services received training in dengue diagnosis and/or clinical case management in the past 2 years							CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)			EREPORTEE AVAILABLIA BUT NOT SEEN	VAILABI	_	AVAILABL
							M212	01	Dextran 40 Injections	1	2	3	4		5
					ict General		M213	02	IV cannula	1	2	3	4		5
	Skip for	Skip for other facilities and Eye Hospital, National Institute for Mental Health, Rehabilitation Hospital, Chest Hospital, Castle Street Hospital for Women, De Soyza Maternity Hospital, Cancer Hospital, TH			ıl,	M214	03	Chlorpheniramine injections	1	2	3	4		5	
	Chest Ho Mahamo		yza Maternity H	ospital, Cancer	Hospital, TH	➡1975	M215	04	Promethazine injections	1	2	3	4		5
S68	1955	<i>i i</i>	YES		1		M61_DEN	05	Hydrocortisone Injection	1	2	3	4		5
		management services for dengue?	NO		2	➡1975		1961	Does this facility have the following available?	AVAILAE	LE		FUN	CTION	IING
	FIND TH	E PERSON MOST KNOWLEDGEABLE ABOUT DENG	GUE SERVICES IN	THE FACILITY.					CHECK TO SEE IF AT LEAST ONE OF EACH COMMODITY FOR ITS FUNCTIONING CAPACITY	OBSERVE D	REPOR TED NOT SEEN	NOT AVAILABL E	YES	NO	DON'T KNOW
	QUESTIC				•		E29_DEN_ 01	01	Laryngoscope handle and blade- adult or paediatric	1 → B	2 → B	3 →02	1	2	8
S68_01	1956	Ilowing available in the facility today? AVAILABLE, ASK TO SEE THE DOCUMENT OBSERVED NOT SEEN REPORTED NOT SEEN attional guidelines on dengue clinical case anagement - Adult 1 2 3 attional guidelines on dengue clinical case anagement - Pediatric 1 2 3 we any provider(s) of delivery services ceived training in dengue diagnosis and/or inical case management in the past 2 years YES	E29_DEN_ 02	02	Endotracheal tube adult or pediatric	1 → B	2 → B	3 → 03	1	2	8				
		management services for dengue?	NO		2		E322_DEN	03	Multipara Monitors	1 → B	2 → B	3 → 04	1	2	8
S68_02	1957	services for patients with Dengue					E330	04	Infusion pumps	1 → B	2 → B	³ ➔1962	1	2	8
	1958	Does this facility have a high dependency unit for dengue?					M212_A	1962	In the past three months were you unable to give IV Dextran 40 because of unavailable stock? PLEASE CHECK IN THE FACILITY RECORDS IF THERE	NO STOC	к оит				2
S68_03								1	HAS BEEN A STOCKOUT IN THE PAST 3 MONTHS						
S68_03										PRODUC	T NOT OF	FERED			4

	<u>RABIES</u>						
	RABIES PO	DST EXPOSURE TREATMENT					
	General Hos Hospitals ar Skip for the Hospital, Ch	m National Hospital, Teaching Hospitals (includi spitals, District General Hospitals, Base Hospitals Id Minor Private Hospitals. other facilities and Eye Hospital, National Instit uest Hospital, Castle Street Hospital for Women, I Mahamodara	, Divisiona ute for Me	ll Hospital	ls, Major Priv h, Rehabilita	ation	→1990
	1975	Does this facility provide rabies post exposure treatment (PET)?					→ 1990
	PROVIDED.	SHOWN THE LOCATION IN THE FACILITY WHERE I FIND THE PERSON MOST KNOWLEDGEABLE ABO CILITY. INTRODUCE YOURSELF, EXPLAIN THE PURI QUESTION	UT RABIES POSE OF TH	POST EXP	OSURE TREA	TMENT	SERVICE IN
S63_01	1976	Does this facility provide Rabies PET 24 hours 7 days a week	1	L	2		
S63_02	1977	Does this facility send/make arrangements to send human brain samples to a reference laboratory for laboratory testing?	1	L	2		
T143	1978	Is a printed copy of the national guidelines on rabies PET available at this facility? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, REP	ORTED NO	DT SEEN	2	
T144	1979	Have you or any provider of Rabies PET received any in-service training on rabies PET within last two years?			1		
S63_03	1980	Is a dedicated rabies PET unit available at this facility?					
	1981	Does this facility stock anti rabies commodities?					→1990
	1982	Are any of the following anti rabies commodities available in the facility today? CHECK TO SEE IF AT LEAST ONE OF EACH COMMODITY IS VALID (NOT EXPIRED)	OBSI AT LEAST ONE VALID	AVAILA BLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAIL ABLE TODA Y	OBSERVED NEVER AVAILABLE
M206	01	anti-rabies vaccine (ARV)	1	2	3	4	5
	Skip for Div	isional Hospitals					→1990
M207	02	anti-rabies serum (at least ERIG)	1	2	3	4	5

	DOG VA	CCINATION AND DOG POPULATION C	CONTROL	
	Ask only fr Skip for all	rom MOH other facility types		→2000
	1990	Does this facility facilitate dog vaccination and/or sterilization services?	YES1 NO2	→ 2000
S64_01	1991	Does this facility facilitate dog vaccination?	YES1 NO2	
S64_02	1992	Does this facility facilitate dog sterilization?	YES1 NO2	
T145	1993	Does this facility have a printed copy of the national dog vaccination guidelines? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED1 YES, REPORTED NOT SEEN2 NO3	

	NON-CO	MMUNICABLE DISEASES					DIABETES	S MANAGEMENT			
	Diabetes	screening and diagnosis						H, Sirimavo Bandaranayake Hospital for			→2050
		Skip for LRH, Sirimavo Bandaranayake Ho Maternity Hospital, Castle Street Hospita Hospital, National Hospital for Respirator	l, National Institute fo	or Mental Health, Cancer	→2006			et Hospital, National Institute for Mental tory diseases Welisara, TH Mahamodara HLCs			
		TH Mahamodara, TB Clinics, STD/HIV Clir	nics, and Malaria Clinio	CS		S69	2006	Does this facility have a medical or diabetes clinic to manage patients with diabetes?			→2050
S22	2000	Does this facility offer services for the screening or diagnosis of diabetes?	-	1	→2006	_		ASK TO BE SHOWN THE LOCATION IN THE F FIND THE PERSON MOST KNOWLEDGEA INTRODUCE YOURSELF, EXPLAIN THE PUI	BLE ABOUT DIABETES SEI	RVICES IN THE FACILITY.	
		ASK TO BE SHOWN THE LOCATION IN THE FA FIND THE PERSON MOST KNOWLEDGEAB INTRODUCE YOURSELF, EXPLAIN THE PUR QU	BLE ABOUT DIABETES SEI	RVICES IN THE FACILITY.			2007	Q Please tell me if this facility provides the following services for diabetes patients:	YES	NO	
	2001	Which of the following methods are used at this facility to screen or diagnose diabetes?	YES	NO			01	Monitoring of blood sugar levels, either the lab test was done in this facility or another facility	1	2	
D2_DM	01	Blood glucose by capillary blood	1	2		S69_02				-	
		Skip for PMCU, MOH and HLC			→2002			Blood pressure monitoring	1	2	
D102	02	Blood glucose by venous blood	1	2		\$69_03	03	Lipid profile monitoring, either the lab test was done in this facility or another	1	2	
		Ask for national hospital and teaching h	ospitals; skip for all o	ther facility types	→2002			facility			
D103_A	03	HbA1c	1	2		S69_04	04	Nutrition advice or counselling for	1	2	
		Skip for Divisional Hospitals, PMCUs, M	DHs, and HLCs		→2003			diabetes management			
T43	2002	Do you have the Guideline for	YES, OBSERVED	1		\$69_05	05	Smoking cessation advice and support	1	2	
		Management of Diabetes available in this facility today? This guideline could	YES, REPORTED NO	T SEEN 2		\$69_06	06	Foot care and examinations	1	2	
		have been prepared by the HSDP	NO			\$69_07	07	Screening for retinopathy	1	2	
		project or by the professional colleges. IF AVAILABLE, ASK TO SEE THE DOCUMENT.				\$69_08	08	Screening for diabetic nephropathy	1	2	
			nitala Bravinsial Can		→2004	\$69_09	09	Screening for peripheral neuropathy	1	2	
		Skip for National Hospital, Teaching Hos General Hospitals and Base Hospitals			72004	T151	2008	Do you have the Guideline for Nutrition or Food based dietary guideline published by Nutrition			
T153	2003	Do you have the Guideline for Management of Cardiovascular Risk for Primary Health Care Providers available in this facility today? IF AVAILABLE, ASK TO	YES, REPORTED NO					division available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT.	NO	3	
r44_mo	2004	SEE THE DOCUMENT. Has any medical officer in the medical wards or clinics received any training in	YES			T152_MO	2009	Has any medical officer in the medical wards or clinics received any training in the management of diabetes in the			
		the diabetes screening and diagnosis in the last 2 years?						last 2 years?			
		Skip for PMCU, MOH and HLC			→2006		Skip for PM	ICU			→205
T44_A	2005	Has any nursing officer in the medical wards or clinics received any training in the diabetes screening and diagnosis in the last 2 years?	-	1		T152_NO	2010	Has any nursing officer in the medical wards or clinics received any training in the management of diabetes in the last 2 years?		1	

	SCREENIN	G AND DIAGNOSIS OF CARDI	OVASCULAR DISEASE			D102	02	Regular blood sugar monitoring,		_	
		, Sirimavo Bandaranayake Hospita stle Street Women's Hospital, Nati			→2100			either the lab test was done in this facility or another facility	1	2	
		ory Diseases, Rehabilitation Hospi (HIV) Clinics, and Malaria Clinics.	al, Cancer Hospital, TH Ma	hamodara, MOH, TB	2100	\$70_101		Blood pressure monitoring	1	2	
S23	2050	Does this facility offer services for screening and/or diagnosis of				D104	04	Lipid profile monitoring, either the lab test was done in this facility or another facility	1	2	
		cardiovascular diseases?	NO	2	→2100	\$70_102	05	Nutrition advice or counseling	1	2	
		ASK TO BE SHOWN THE LOCATION				\$70_103	06	Smoking cessation advice and support	1	2	
		CARDIOVASCULAR DISEASES SERVICE	ND THE PERSON MOST KNOW ES IN THE FACILITY. INTRODUC /EY AND ASK THE FOLLOWING	CE YOURSELF, EXPLAIN THE		T156	2056	Has any medical officer in the medical wards, clinics or HLCs received any			
	2051	Please tell me if this facility provid the following cardiovascular disea		NO			2057	training in the management of cardiovascular diseases? Has any provider in the medical		2	
\$23_01	01	services: Cardiovascular risk assessment us	ing 1	2			2037	wards, clinics, or HLCs	YES	NO	
		the WHO ISH Chart				T157	01	Received any training on giving advice on smoking cessation	1	2	
		Skip for MOH and HLCs		1	→2052	T158	02	Received any training on giving advice			
S23_02	02	Diagnosis of acute ischaemic heart disease	1	2				on alcohol cessation	1	2	
S23_03	03	Diagnosis of acute stroke	1	2		T159	03	Received any training on giving advice on healthy diet	1	2	
T154	2052	2052 Has any medical officer in the medical wards or clinics YES1				T160	04	Received any training on giving advice on importance of physical activity	1	2	
		received any training in cardiovascular risk assessment	NO	Ζ				MENT OF CARDIOVASCULAR DISE	ASES (MYOCARDIA	AL INFARCTION AND	
		in the last 2 years?					STROKE)				
T155	2053	Do you have a CVD Risk Chart (WHO ISH chart) available in this facility today?	YES, OBSERVED				Hospital, Ca	I, Sirimavo Bandaranayake Hospital for C Istle Street Women's Hospital, National I I Mahamodara, PMCU, MOH, TB Clinics,	nstitute of Mental He	alth Hospital, Cancer	→2100
		IF AVAILABLE, ASK TO SEE THE CHART	NO	3		\$71	2058	Does this facility offer services for the	YES		
	MANAGE	MENT OF HIGH CARDIOVASC	ULAR DISEASE RISK					management of patients with myocardial infarction or stroke?	NO	2	→2100
		Skip for LRH, Sirimavo Bandarana Maternity Hospital, Castle Street Health Hospital, Cancer Hospital, Clinics, and Malaria Clinics	Women's Hospital, Nation	al Institute of Mental	→2058			ASK TO BE SHOWN THE LOCATION I DISEASES SERVICES ARE PROVIDED. ABOUT CARDIOVASCULAR DISEASE	FIND THE PERSON MC S SERVICES IN THE FA	ST KNOWLEDGEABLE CILITY. INTRODUCE	-72100
S70	2054	Does this facility offer services for management of patients with cardiovascular disease risk?		1 2	→2058		2059	YOURSELF, EXPLAIN THE PURPOSE QU QU Please tell me if this facility provides	OF THE SURVEY AND A JESTIONS.	SK THE FOLLOWING	
		ASK TO BE SHOWN THE LOCATION SERVICES ARE PROVIDED. FI CARDIOVASCULAR DISEASES SERVICI	ND THE PERSON MOST KNOW	LEDGEABLE ABOUT CE YOURSELF, EXPLAIN THE				the following services for the management of patients with cardiovascular diseases:	YES	NO	
	2055	PURPOSE OF THE SURV Please tell me if this facility provid		QUESTIONS.		D105	01	Monitoring of cardiac functions	1	2	
	2055	the following services for the management of high cardiovascul	YES	NO				isional Hospitals			→ 2059_ 3
		disease risk:				\$71_01		Thrombolysis	1	2	• • • •
570_100	01	Regular assessment of CVD using WHO ISH chart	the 1	2			Skip for Dis Hospitals	trict General Hospitals, Base Hospitals, D	ivisional Hospitals, an	d Minor Private	→2060
						S71 02		Coronary angioplasty or stenting	1	2	

T161	2060	Do you have the Guideline for the Management of Stroke and Heart Attack available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT.	YES, OBSERVED		T48_02	2103	Have you or any provider(s) of chronic respiratory disease services received training on Management of chronic respiratory diseases in the last two years?	YES1 NO2	→ 2150
T162	2061	Has any staff in the medical wards or clinics received any training on CPR in the last 2 years?	YES			District Ge Hospitals a	d only from National Hospital, Teaching Hospitals neral Hospitals, Base Hospitals, Divisional Hospita nd Minor Private Hospitals e other facilities		
1100	2062	Does this facility have a dedicated unit or beds for patients with stroke?	YES		T132	2104	Have any nurses of this facility been trained on the demonstration of inhaler usage	YES1 NO2	→ 2150
		RESPIRATORY DISEASES SCREENI	NG, DIAGNOSIS AND MANAGEMENT				techniques, with in the last five years? To be asked only from National Hospital, Teach Hospitals, District General Hospitals, Base Hosp Chest Clinics, Major Private Hospitals, Minor Private Hospi	pitals, Divisional Hospitals, PMCUs,	
	District Ger Private Hos Skip for the				T133	2105	Skip for the other facilities Have you or any provider(s) of chronic respiratory disease services received training on Smoking cessation with in the last two	YES NO	→ 2150
		r Women, De Soyza Maternity Hospital, C		→2150			years?		
S24_01	2100	Does this facility provide Chronic respira disease screening and diagnosis service:							
		Hospitals, District General Hospitals, Ba Chest Clinics, Major Private Hospitals a	al, Teaching Hospitals, Provincial General ase Hospitals, Divisional Hospitals, PMCUs, nd Minor Private Hospitals						
		Skip for the other facilities		→2102					
S24_02	2101	Does this facility provide Chronic respire disease management services?	YES1 NO2						
	DIAGNOS	SIS AND MANAGEMENT IS PROVIDED. FIN ORY DISEASE SCREENING, DIAGNOSIS AND	WHERE THE CHRONIC RESPIRATORY DISEASE S D THE PERSON MOST KNOWLEDGEABLE ABOUT D MANAGEMENT IN THE FACILITY. INTRODUCE /EY AND ASK THE FOLLOWING QUESTIONS.	CHRONIC					
	District Ger Private Hos	d only from National Hospital, Teaching H neral Hospitals, Base Hospitals, Divisional spitals, Minor Private Hospitals and e other facilities	• •	2 2102					
T48_01	2102	Have you or any provider(s) of chronic respiratory disease services received tra on screening and diagnosis of chronic respiratory diseases with in the last two	NO2	→2103					
	District Ger	d only from National Hospital, Teaching H neral Hospitals, Base Hospitals, Divisional nd Minor Private Hospitals	lospitals, Provincial General Hospitals,						
	Skip for the	e other facilities		→2150					

		CANCER	revincial Concerci Hospitale, District		\$72_06	2157	Does the facility offer an organized palliative care service for cervical		
	General Hos	m National Hospital, Teaching Hospitals, F spitals, Base Hospitals, Divisional Hospitals nd Minor Private Hospitals.					cancer? m Teaching Hospitals, Provincial General /IOH, HLCs, Major Private Hospitals and N		als, Base
			itute for Mental Health, Rehabilitation navo Bandaranayake Hospital for Children,	→ 2200		Skip for the	other facilities, National Hospital, Eye Ho on Hospital, Chest Hospital, Lady Ridgew	spital, National Institute for Men	
	2150	Does this facility offer services for cervical cancer screening, diagnosis, treatment or palliative care?	YES1 NO2	→2200			Please tell me if the following guidelines are available in the facility today IF AVAILABLE, ASK TO SEE THE DOCUMENT		
	THE PERSON		ERE CERVICAL CANCER SERVICES ARE PROVID L CANCER SERVICES IN THE FACILITY. INTROD D ASK THE FOLLOWING QUESTIONS.		T163	2158	National Guidelines for Prevention and Early Detection of Common Gynecological Cancer for Primary Care	YES, REPORTED NOT SEEN	2
	Skip for Nat	ional Hospital and Divisional Hospitals		→2157			Physicians?	NU	•
72_01	2151	Does this facility provide cervical cancer screening by PAP smear/VIA/HPV-DNA?	YES1 NO2		T164	2159	Has any Medical Officer (for hospitals, in the Gynaecology Unit) received in-	Hospital, National Institute for Mental Hea way Hospital, Sirimavo Bandaranayake es d VES, OBSERVED	
	Skip for MO	H, PMCU and HLCs		→ 2158			service training in PAP smear procedure within the last 2 years?	10	
72_02	2152	Does this facility provide colposcopy services?	YES1 NO2			Skip for MC	DH, PMCU and HLCs	NO .2 Hospitals, District General Hospitals, Basinor Private Hospitals. spital, National Institute for Mental Heal hydrogetal, Sirimavo Bandaranayake YES, OBSERVED YES, OBSERVED NO YES, REPORTED NOT SEEN NO YES YES YES YES YES	→2:
S29	2153	Does the facility provide cervical cancer diagnosis; including biopsy and a mechanism to obtain pathological	YES1 NO2		T165	2160	Has any VOG trained in colposcopy procedure?		
		diagnosis (pathology need not be onsite)?				Ask only fro	om MOH the other facility types		→2
72_03	2154	Does the facility provide surgical management for cervical cancer?	YES1 NO2		T166	2161	Are all PHNSs trained in PAP smear procedure?		
		m Teaching Hospitals, Provincial General I	lospitals, Major Private Hospitals and		-		P	NO2	
	Skip for all f Rehabilitati	te Hospitals acility types, National Hospital, Eye Hospit on Hospital, Chest Hospital, Lady Ridgewa Children, Castle Street Hospital for Wome	Hospital, Sirimavo Bandaranayake	→ 2157		General Ho	m National Hospital, Teaching Hospitals, spitals, Base Hospitals, Divisional Hospita		
72_04	2155	Does the facility provide chemotherapy for cervical cancer?	YES1 NO2				nd Minor Private Hospitals. other facilities Eye Hospital, National Ins	titute for Mental Health, Rehabili	ation →2
	Ask only fro	m Teaching Hospitals and Provincial Gene	ral Hospitals						r Children,
	Rehabilitati	acility types, National Hospital, Eye Hospi on Hospital, Chest Hospital, Lady Ridgewa Children, Castle Street Hospital for Wome		→ 2157		2200	Does this facility offer services for screening, diagnosis, management or palliative care of breast cancer?	YES1	→225
72_05	2156	Does the facility provide radiotherapy for cervical cancer?	YES1 NO2			PERSON MO		ICER SERVICES IN THE FACILITY. IN	
		Ask only from National Hospital, Teaching Hospitals, Provincial General Hospitals, District General Hospitals, Base Hospitals, Divisional Hospitals, Major Private Hospitals and minor Privat Hospitals.			\$73_01	2201	Does this facility provide clinical breast examination?	YES1	
	Skip for all other facility types, Eye Hospital, National Institute for Mental Health, Rehabilitation			→2158		Skip for Div	isional Hospitals, PMCU, MOH, HLCs		→2
	Hospital, Ch	est Hospital, Lady Ridgeway Hospital, Sirin	navo Bandaranayake Hospital for Children		\$73_02	2202	Does the facility provide ultrasound guided FNAC?	YES1	

S73_03	2203	Does the facility provide breast cancer diagnosis; including biopsy and a mechanism to obtain pathological diagnosis (pathology need not be onsite)?	YES1 NO2			General Ho Hospitals a	om National Hospital, Teaching Hospitals, spitals, Base Hospitals, Divisional Hospital nd Minor Private Hospitals.	s, PMCU, MOH, HLCs, Major Private	
	Skip for Bas	e Hospitals, Divisional Hospitals, PMCU, N	10H, HLCs	→2205			e other facilities Eye Hospital, National Inst hest Hospital, Lady Ridgeway Hospital, Siri	mavo Bandaranayake Hospital for Children.	→2250
S73_04	2204 Ask only fro	Does this facility provide mammography services? m National Hospital, Teaching Hospitals, f	YES1 NO2 Provincial General Hospitals. District				Please tell me if the following guidelines are available in the facility today. IF AVAILABLE, ASK TO SEE THE DOCUMENT		
	General Ho Skip for the	spitals, Base Hospitals, Major Private Hosp other facilities Eye Hospital, National Inst	itals and Minor Private Hospitals. itute for Mental Health, Rehabilitation	→2209	T167	2210	Guidelines for early detection of breast cancer for PHC staff	YES, OBSERVED1 YES, REPORTED NOT SEEN2 NO	
\$73_05	Hospital, Cr 2205	rest Hospital, Lady Ridgeway Hospital, Siri Does the facility offer surgery for breast cancer?	mavo Bandaranayake Hospital for Children. YES1 NO2		T168	2211	Guidelines for management of breast symptoms for primary care doctors and family physicians	YES, OBSERVED1 YES, REPORTED NOT SEEN2 NO3	
	Minor Priva Skip for all Rehabilitati	, m Teaching Hospitals, Provincial General I te Hospitals facility types, National Hospital, Eye Hospi on Hospital, Chest Hospital, Lady Ridgewa	tal, National Institute for Mental Health, y Hospital, Sirimavo Bandaranayake	→2209	T169_01	2212	Has any Medical Officer received in- service training in clinical breast examination procedure within the last 2 years?	YES1 NO2	
	Hospital for Mahamoda	^r Children, Castle Street Hospital for Wome ra	en, De Soyza Maternity Hospital, TH			Skip from P	MCU, MOH and HLCs	1	→2214
\$73_06	2206	Does the facility provide chemotherapy for breast cancer?	YES1 NO2		T169_02	2213	Has any nursing officer received in- service training in clinical breast examination procedure within the last 2 years?	YES1 NO2	
S73_07	2207	Does the facility provide hormone therapy for breast cancer?	YES1 NO2			Ask only fro	1 '		
	Ask only fro	m Teaching Hospitals and Provincial Gene				Skip for all	other facility types	-	→2216
	Skip for all f Rehabilitati Hospital for	facility types, National Hospital, Eye Hospi on Hospital, Chest Hospital, Lady Ridgewa	tal, National Institute for Mental Health,	→2209	T169_03	2214	Are all PHNSs trained in clinical breast examination procedure? Are all PHMs trained in clinical breast	YES1 NO2 YES1	
\$73_08	Hospitals 2208	Does the facility provide radiotherapy	YES1		1205_01	2213	examination procedure?	NO2	
		for breast cancer? m National Hospital, Teaching Hospitals, I	NO2 Provincial General Hospitals, District 5, Major Private Hospitals and minor Private			-	om National Hospital, Teaching Hospitals, spitals, Major Private Hospitals and Minor	• •	
	Hospitals. Skip for all	other facility types, Eye Hospital, National	Institute for Mental Health, Rehabilitation mayo Bandaranayake Hospital for Children	→2210			e other facilities Eye Hospital, National Inst hest Hospital, Lady Ridgeway Hospital, Siri Please tell me if the following	itute for Mental Health, Rehabilitation mavo Bandaranayake Hospital for Children.	→2250
S73_09	2209	Does the facility offer an organized palliative care service for breast cancer?	YES1 NO2				equipment/items are available in this service area today?		
					E332	2216	Mammography equipment	YES1 NO2	

	Hospitals. Skip for the	m National Hospital, Teaching Hospitals, f other facilities, Eye Hospital, National Ins test Hospital, Lady Ridgeway Hospital, Sirii		→2250		Minor Priva Skip for all f Rehabilitati	om Teaching Hospitals, Provincial General Ho ite Hospitals facility types, National Hospital, Eye Hospita ion Hospital, Chest Hospital, Lady Ridgeway children, Castle Street Hospital for Women	l, National Institute for Mental Health, Hospital, Sirimavo Bandaranayake	→ 2256
		Please tell me if the following tests are available in this facility today?			S74_04	2254	Does the facility provide chemotherapy for oral cancer?	YES1 NO2	
D107	2217	Test facilities for BRCA 1	YES1 NO2			Skip for all i Rehabilitati	m Teaching Hospitals and Provincial Genera facility types, National Hospital, Eye Hospita on Hospital, Chest Hospital, Lady Ridgeway	l, National Institute for Mental Health, Hospital, Sirimavo Bandaranayake	
D108	2218	Test facilities for BRCA 2	YES1 NO2			Hospital for Hospitals	r Children, Castle Street Hospital for Women	, De Soyza Maternity Hospital, All Privat	^e →2256
D109	2219	Test facilities for HER 2	YES1 NO2		\$74_05	2255	Does the facility provide radiotherapy for oral cancer?	YES1 NO2	
	ORAL CAN	ICER				General Ho	 om National Hospital, Teaching Hospitals, Pro spitals, Base Hospitals, Divisional Hospitals,		te
	Hospitals, D		ate Hospitals and Minor Private Hospitals.			Hospital, Ch	other facility types, Eye Hospital, National In 1est Hospital, Lady Ridgeway Hospital, Sirima 2t Hospital for Women and De Soyza Matern	avo Bandaranayake Hospital for Children	
	Rehabilitati	on Hospital, Chest Hospital, Lady Ridgewa Children, Castle Street Hospital for Wwor		→2300	\$74_06	2256	Does the facility offer an organized palliative care service for oral cancer?	YES1 NO2	
	2250 ASK TO BE S	Does this facility offer services for screening, diagnosis, management or palliative care of oral cancer? HOWN THE LOCATION IN THE FACILITY WH	YES1 NO2 ERE ORAL CANCER SERVICES ARE PROVIDED		-	Hospitals, D Skip for the	m Teaching Hospitals, Provincial General Ho Divisional Hospitals, MOH, HLCs, Major Privat other facilities, National Hospital,Eye Hospi ion Hospital, Chest Hospital, Lady Ridgeway	te Hospitals and Minor Private Hospitals tal, National Institute for Mental Health	
		E PURPOSE OF THE SURVEY AND ASK THE F	R SERVICES IN THE FACILITY. INTRODUCE YO OLLOWING QUESTIONS.	UKSELF,		Hospital for	Please tell me if the following guidelines		
		ional Hospital		→ 2256	-		are available in the facility today. IF AVAILABLE, ASK TO SEE THE DOCUMENT		
\$74 <u>01</u>	2251	Does this facility offer clinical examination of oral cavity for Oral Potentially Malignant Disorders (OPMD) and oral cancer?	YES1 NO2		T170	2257	National Guidelines for Management of OPMD	YES, OBSERVED1 YES, REPORTED NOT SEEN2 NO	
	Skip for MO	OH and HLCs		→2257	T171	2258	Has any Dental Surgeon received in-	YES1	
S74_02	2252	Does the facility provide oral cancer diagnosis; including biopsy and a mechanism to obtain pathological diagnosis (pathology need not be onsite)?	YES1 NO2				service training in clinical oral examination procedure within the last 2 years to detect OPMD and oral cancer?	NO2	
		om National Hospital, Teaching Hospitals, F spitals, Base Hospitals, Major Private Hosp	• •			Ask only fro Skip for all o	om MOH other facility types.		→2261
		other facilities Eye Hospital, National Inst nest Hospital, Lady Ridgeway Hospital, Sirin	tute for Mental Health, Rehabilitation navo Bandaranayake Hospital for Children.	→2256	T172_01	2259	Are all PHI trained in referral criteria for oral cancer according to the risk factor model	YES1 NO2	
S74_03	2253	Does the facility offer surgery for oral cancer?	YES1		T172_02	2260	Are all PHM trained in referral criteria for	YES1	

	Hospitals, D	m Teaching Hospitals, Provincial General H ivisional Hospitals, MOH, HLCs, Major Priva	ate Hospitals and Minor	Private Hospitals.			Hospitals	om National Hospital, Teaching Hospitals, M other facilities	ajor Private Hospitals an	d Minor Private	→ 230
		other facilities, National Hospital,Eye Hosp on Hospital, Chest Hospital, Lady Ridgeway Childron			→2300	S60_06		Renal transplantation m National Hospital, Teaching Hospitals, Pr	1	2	
	nospital for	Please tell me if the following basic equipment/items are available in this service area today?					Hospitals, B Hospitals.	other facilities			→ 230
E333	2261 <u>CHRONIC</u>	Dental mirror	YES	2		T119	2302	Do you have the Clinical Management Guideline - CKD and CKDu of Ministry of Health available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED YES, REPORTED NOT SE NO	EN 2	
	Hospitals, B Hospitals.	m National Hospital, Teaching Hospitals, Pr ase Hospitals, Divisional Hospitals, Major P other facilities and Eye Hospital, National I	rivate Hospitals and Min	nor Private	→ 2350	T121	2303	Have any providers of CKD services received any training on Clinical Management Guideline - CKD and CKDu of Ministry of Health in the last two years?	YES NO		
		est Hospital, Lady Ridgeway Hospital, Sirin t Hospital for Women, De Soyza Maternity Does this facility offer Chronic kidney		al, TH Mahamodara			Hospitals, B	om National Hospital, Teaching Hospitals, Pr ase Hospitals, Major Private Hospitals and other facilities	•	ls, District General	→23
		disease diagnosis or management	NO	2	→ 2350	T122	2304	Have any Medical Officers of CKD services received any training on haemodialysis	YES NO		
	MANAGEM	E SHOWN THE LOCATION IN THE FACILITY W ENT ARE PROVIDED. FIND THE PERSON MO AND/OR MANAGEMENT SERVICES IN THE F OF THE SURVEY AND ASK TI	ST KNOWLEDGEABLE AB ACILITY. INTRODUCE YO	OUT CHRONIC KIDNE DURSELF, EXPLAIN TH	Y DISEASES	T123	2305	after obtaining their basic qualifications Have any Nursing Officers of CKD services received any training on haemodialysis after obtaining their basic qualifications	YES		
	2301	Please tell me whether this facility provides the following services:	YES	NO				n National Hospital, Teaching Hospitals, Pr Najor Private Hospitals and Minor Private H	•	ls, District General	
\$60_01	01	Chronic kidney disease diagnosis	1	2			Skip for the	other facilities	-		→ 23
S60_02	02	CKD management and/or long-term patient follow-up	1	2		- T124	2306	Have any Medical Officers of CKD services received any training on peritoneal dialysis after obtaining their basic qualifications	YES		
\$60_03	03	Assessment of renal functions	1	2		T125	2307	Have any Nursing Officers of CKD services	YES		-
	Hospitals, B	m National Hospital, Teaching Hospitals, Pi ase Hospitals, Major Private Hospitals and other facilities			→05			received any training on peritoneal dialysis after obtaining their basic qualifications	NO	2	
S60_04	04	Haemodialysis	1	2							
	Hospitals, N	m National Hospital, Teaching Hospitals, Pi Iajor Private Hospitals and Minor Private H other facilities		als, District General	→ 06						
	· · · · ·				200		1		1		1

	Hospitals, B Hospitals.	m National Hospital, Teaching Hospitals, Pro ase Hospitals, Divisional Hospitals, Major Pri other facilities					eneral	→ 2309			Ask only from National Hospital, Teaching H District General Hospitals, Major Private Ho Skip for the other facilities	• •			•		→ 2311
	2308	I would like to know if the following						- 2309		2310	I would like to know if the following equipments needed for peritoneal dialysis	ļ	A) AVAILA	BLE	B)	FUNCT	IONING
	2308	general equipment items are available and functional today.	<u> </u>		B) F	UNCTIO	ONING ≥				are available and functional today. ASK TO SEE THE ITEMS	OBSERVE D	REPORTED NOT SEEN		YES	NO	DON'T KNOW
		ASK TO SEE THE ITEMS	OBSERVED	KEPUKLED NOT SEEN NOT AVAILABLE	YES	N	DON'T KNOW		1101	01	Space with a bed and table for peritoneal dialysis	$1 \rightarrow B$	2 → B	3 → 02	1	2	8
				- <u>₽</u> 3→			ā		E323	02	Dialysis bag	$1 \rightarrow B$	$2 \rightarrow B$	3 → 03	1	2	8
E4_CKD	01	Stethoscope	$1 \rightarrow B$ 2	$\rightarrow B \begin{array}{c} 3 \\ 02 \end{array}$	1	2	8		E324	03	Peritoneal Dialysis Solution	$1 \rightarrow B$	$2 \rightarrow B$	3 → 04	1	2	8
E5_CKD	02	Blood pressure apparatus	1 → B 2	$\rightarrow B_{02}$ $3 \rightarrow$	1	2	8		E325	04	Connecting tubes	$1 \rightarrow B$	$2 \rightarrow B$	3 → 05	1	2	8
E1_CKD	03	Adult weighing scale (digital)		$\rightarrow B 3 \rightarrow$	1	2	8		E326	05	Peritoneal Dialysis Catheter	$1 \rightarrow B$	$2 \rightarrow B$	3 → 2311	1	2	8
	General Ho	om National Hospital, Teaching Hospitals, Pro spitals, Base Hospitals, Major Private Hospitals other facilities					L	→ 2310			Ask only from National Hospital, Teaching Ho District General Hospitals, Base Hospitals, Div and Minor Private Hospitals. Skip for the other facilities						→ 2313
	2309	I would like to know if the following equipment's needed for hemodialysis are available and functional today.	OBSERVED	A) AVAILAI	NO		B) FUN		S60_07	2311	Does this facility provide follow up services for Continuous Ambulatory Peritoneal Dialysis (CAPD)						
E312	01	ASK TO SEE THE ITEMS Haemodialysis machines	1 → B	2 → B	3 →		1 2	-	S60_08	2312	Does this facility conduct a routine Medical Clinic with a consultant physician?						
E313	02	Dialysis chair/bed	1 → B	2 → B	3 →	03	1 2	2 8			Ask only from National Hospital, Teaching Ho	1					
E314	03	Reverse Osmosis Plant	1 → B	$2 \rightarrow B$	3 →	04	1 2	2 8			District General Hospitals, Major Private Hosp	•			•		
E315	04	Dialysis membrane Unit	$1 \rightarrow B$	$2 \rightarrow B$	3 →	05	1 2	2 8			Skip for the other facilities						→ 2350
E316	05	Arterial Catheters	$1 \rightarrow B$	2 → B	3 →	06	1 2	2 8	S60_09	2313	Does this facility conduct a routine Clinic with a consultant nephrologist?						
E317	06	Venous Catheters	$1 \rightarrow B$	$2 \rightarrow B$	3 →	07	1 2	8				NO					
E318	07	Arterial Needles	$1 \rightarrow B$	$2 \rightarrow B$	3 →	08	1 2	8									
E319	08	Venous Needles	$1 \rightarrow B$	$2 \rightarrow B$	3 →	09	1 2	8									
E320	09	Bicarbonate solution for dialysis	$1 \rightarrow B$	2 → B	3 →	10	1 2	8									
E34_CKD	10	ECG Monitor	$1 \rightarrow B$	$2 \rightarrow B$	3 →	11	1 2	8									
E321	11	Defibrillator	$1 \rightarrow B$	$2 \rightarrow B$	3 →	12	1 2	2 8									
E322	12	Multipara monitor	1 → B	$2 \rightarrow B$	3 → 2310		1 2	8									

	MENTAL	HEALTH					ELDERLY	CARE				
	Hospitals, B Skip for the	m National Hospital, Teaching Hosp ase Hospitals, Divisional Hospitals, other facilities and Eye Hospital, Re Women, De Soyza Maternity Hospi	Major Private Hospitals and Minor habilitation Hospital, Chest Hospita	Private Hospitals.	→ 2400		Hospitals, I	om National Hospital, Teaching Hospitals, P Jase Hospitals, Major Private Hospitals and e other facilities, Lady Ridgeway Hospital ar	Minor Private Hospitals	s.	d	
	2350	Does this facility offer any kind of Mental Health services?	YES		→2400		Children				-	→ 241
	THE PERS	HOWN THE LOCATION IN THE FACILITY ON MOST KNOWLEDGEABLE ABOUT ME URSELF, EXPLAIN THE PURPOSE OF THE	NTAL HEALTH SERVICES IN THE FACILITY	Y. INTRODUCE		S50_01	2400	Does this facility provide care for elderly patients?	YES NO		.2	2410
		Does this facility provide the following mental health services?	YES	NO				SHOWN THE LOCATION IN THE FACILITY WI WLEDGEABLE ABOUT ELDERLY CARE IN THE OF THE SURVEY AND ASK	FACILITY. INTRODUCE Y	OURSELF, EXPLAIN		
62_01	2351	Outpatient mental health services	1	2								
	Skip for PM	cu	1		→2360	\$50_02	2401	Does this facility has an Elderly Friendly Ward?	YES		.1	
62_02	2352	Referral of attempted suicide cases for psychiatric assessment	1	2		T113	2402	Have any service providers of elderly care	NO YES			
	Skip for Divi	isional Hospitals and PMCU			→ 2360			of this facility received training on elderly				→24
62_03	2353	Child & adolescent guidance services	1	2				healthcare of the training module designed by the Directorate of Youth, Elderly and Disabled unit of Ministry of				
62_04	2354	Services to address issues related to substance abuse	1	2				Health with in the last two years?				
62_05	2355	Services to address issues related to Gender Based Violence (GBV)	1	2			2403	Please tell me whether the following categories of staff received training on elderly healthcare of the training module	YES	NO		
62_06	2356	Services to address mental health issues of Elderly	1	2				designed by the Directorate of Youth, Elderly and Disabled unit of Ministry of Health with in the last two years?				
62_07	2357	Inward Psychiatric services	1	2		T113_01	01	Medical Officers including specialists	1	2		
62_08	2358	Electro Convulsive Therapy (ECT)	1	2		T113_02	02	Nursing officers	1	2		
	Skip for Bas	e Hospitals, Divisional Hospitals, PN	ICU and Private Hospitals		→2360	T113_03	03	Attendants	1	2		
62_09	2359	Forensic psychiatric services	1	2		T113_04	04	Labourers	1	2		
			YES	NO			2404	I would like to know if the following				
T139	2360	Does this facility have a medical officer trained in mental health?	1	2				equipments are available and functional today.	A) AVAILABLE	B) FUN	NCTION	ING
	Skip for Divi	isional Hospitals and PMCU			→2400			ASK TO SEE THE ITEMS	OBSERV REPORTED	VAILABLE YES	NO	DON
T140	2361	Does this facility have a nursing officer trained in mental health?	1	2					ED SEEN		no	KNO
T141	2362	Does this facility have an occupational therapist trained in mental health?	1	2		1106 E107	01	Beds with protective bars Trolleys with protective bars	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	-	2 2	8 8
	Skip for Divi	isional Hospitals, PMCU, Major Priva	ate Hospitals and Minor Private Ho	spitals	→2400	E108	03	Wheel chairs	$1 \rightarrow B 2 \rightarrow B 3 \rightarrow$	04 1	2	8
T142	2363	Does this facility have a	1	2		E109	04	Walkers	$1 \rightarrow B 2 \rightarrow B 3 \rightarrow$	05 1	2	8
		psychiatric social worker?	_			I110	05	Air mattresses	$1 \rightarrow B 2 \rightarrow B 3 \rightarrow 3$	2405 1	2	8

	2405	I would like to know if the following accessibility facilities are available and		A) AVA	AILABLE	B) F	UNCTIO	ONING	E125	12	Pelvic and cervical Traction Bed	$1 \rightarrow B$	$2 \rightarrow B$	3 → 13	1	2	8
		functional today.		T Í	щ				E126	13	Cervical traction apparatus	$1 \rightarrow B$	2 ightarrow B	3 → 14	1	2	8
		ASK TO SEE THE FACILITIES	OBSERVED	REPORTED NOT SEEN	AVAILABLE	YES	0N N	DON'T KNOW	E127	14	Static cycle	$1 \rightarrow B$	2 ightarrow B	3 → 15	1	2	8
			OBSE	REPG	VOT AV			DON	E128	15	Shoulder wheel	$1 \rightarrow B$	$2 \rightarrow B$	3 → 16	1	2	8
1111	01	Accessible ramps	1 → F	3 2 → B	-	1	2	8	E129	16	Wrist Roller	$1 \rightarrow B$	$2 \rightarrow B$	3 → 17	1	2	8
1112	02	Toilets with commodes and supporting			3 → 03				E130	17	Balance Board	$1 \rightarrow B$	$2 \rightarrow B$	3 → 18	1	2	8
		bars/rails	1 → 6	$3 2 \rightarrow B$		1	2	8	E131	18	Medicine balls	$1 \rightarrow B$	$2 \rightarrow B$	3 → 19	1	2	8
1113	03	Wide doorways (more than 900mm			3 → 2410				E132	19	Wheelchair and transfer board	$1 \rightarrow B$	$2 \rightarrow B$	3 → 20	1	2	8
		width)	1 → 1	3 2 → B		1	2	8	E133	20	Height-adjustable walker (Frame)	$1 \rightarrow B$	$2 \rightarrow B$	3 → 21	1	2	8
	PHYSIOTH	HERAPY_							E134	21	Selection of height adjustable walking aids	$1 \rightarrow B$	2 ightarrow B	3 → 22	1	2	8
	Ask only fro	om National Hospital, Teaching Hospitals, I	Provincia	l General	l Hospitals, D	istrict Gene	eral		E135	22	Axillary and elbow crutches	$1 \rightarrow B$	2 ightarrow B	3 → 23	1	2	8
		Base Hospitals, Major Private Hospitals and							E136	23	Quadruped	$1 \rightarrow B$	$2 \rightarrow B$	3 → 24	1	2	8
	· ·	e other facilities, Eye Hospital, National Ins n, De Soyza Maternity Hospital, TH Maham		Mental I	Health, Castle	e Street Ho	spital	→2420	E137	24	Tripod	$1 \rightarrow B$	$2 \rightarrow B$	3 → 25	1	2	8
	for women	, be soyza waternity hospital, in wanan	Juara						E138	25	Walking sticks	$1 \rightarrow B$	$2 \rightarrow B$	3 → 26	1	2	8
\$51	2410	Does this facility provide Physiotherapy							E139	26	Goniometer	$1 \rightarrow B$	$2 \rightarrow B$	3 → 27	1	2	8
		for the patients?	NO				2	→2420	E140	27	Timer with clock	$1 \rightarrow B$	$2 \rightarrow B$	3 → 28	1	2	8
									E141	28	Tape measure	$1 \rightarrow B$	$2 \rightarrow B$	3 → 29	1	2	
				DUIVELOT						20							8
		SHOWN THE LOCATION IN THE FACILITY WHNN MOST KNOWLEDGEABLE ABOUT PHYSIOT					IND		E142	29	Wedge	$1 \rightarrow B$	2 → B	3 → 30	1	2	8
	THE PERSON		HERAPY	IN THE FA	ACILITY. INTR	ODUCE	IND		E142 E143		Wedge Ambulation belt			$3 \rightarrow 30$ $3 \rightarrow 31$	1		
T114	THE PERSON YOURSELF,	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI	HERAPY DASK TH	IN THE FA	ACILITY. INTR WING QUESTI	ODUCE ONS.				29	<u> </u>	$1 \rightarrow B$	2 → B			2	8
T114	THE PERSON	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a	HERAPY DASK TH	IN THE FA	ACILITY. INTR	ODUCE ONS.	1		E143	29	Ambulation belt	$1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$	3 → 31	1	2	8
T114	THE PERSON YOURSELF,	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI	HERAPY DASK TH	IN THE FA	ACILITY. INTR WING QUESTI	ODUCE ONS.			E143 E144	29 30 31	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$	1 1 1	2 2 2 2 2	8 8 8 8
T114	THE PERSON YOURSELF,	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists?	HERAPY DASK TH YES NO	IN THE FA	ACILITY. INTR	ODUCE ONS.	1 2		E143 E144	29 30 31 32	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $A) AVAII$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE	1 1 1 B) FL	2 2 2 2 JNCTIO	8 8 8 8 NING
T114	THE PERSON YOURSELF, 2411	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists?	HERAPY DASK TH YES NO	IN THE FA	ACILITY. INTR WING QUESTI	B) FUNCTI	1 2 ONING	DON'T	E143 E144	29 30 31 32	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$	1 1 1	2 2 2 2 2	8 8 8 8
T114	THE PERSON YOURSELF, 2411	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are	HERAPY DASK TH YES NO OBSERVE	IN THE FA	ACILITY. INTR WING QUESTI AUDITION	ODUCE ONS.	1 2		E143 E144	29 30 31 32	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ OBSERVE	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE	1 1 1 B) FL	2 2 2 2 JNCTIO	8 8 8 8 NING DON'T
T114 E114	THE PERSON YOURSELF, 2411	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today.	HERAPY DASK TH YES NO OBSERVE	IN THE FA E FOLLOV A) AVAIL REPORTED	ACILITY. INTR WING QUESTIN LABLE NOT AVAILABLE 3 → 02	B) FUNCTI	1 2 ONING	DON'T	E143 E144 E145	29 30 31 32 2413 01	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today ASK TO SEE THE FACILITIES	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ OBSERVE D	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED NOT SEEN	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT AVAILABLE	1 1 1 B) FL YES	2 2 2 2 JNCTIOI NO	8 8 8 NING DON'T KNOW
E114 E115	THE PERSOT YOURSELF, 2411 2412	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS	HERAPY ASK TH YES NO OBSERVE D	A) AVAIL REPORTED NOT SEEN	ACILITY. INTR WING QUESTIN AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$	B) FUNCTI	1 2 ONING NO	DON'T KNOW	E143 E144 E145 E146	29 30 31 32 2413 01 02	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today ASK TO SEE THE FACILITIES Infra-red lamp	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ OBSERVE D $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED NOT SEEN $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT AVAILABLE $3 \rightarrow 02$	1 1 1 B) FL YES	2 2 2 2 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7	8 8 8 NING DON'T KNOW 8
E114 E115 E116	THE PERSOT YOURSELF, 2411 2412 01	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS Height-adjustable parallel bars	HERAPY DASK TH VES NO OBSERVE D $1 \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN 2 → B	ACILITY. INTR WING QUESTIN ABLE NOT AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$	B) FUNCTIN YES	1 2 ONING NO 2	DON'T KNOW 8	E143 E144 E145 E146 E147	29 30 31 32 2413 01 02	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today Ask TO SEE THE FACILITIES Infra-red lamp Hot and Cold packs	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $0 \rightarrow B$ $0 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT $AVAILABLE$ $3 \rightarrow 02$ $3 \rightarrow 03$	1 1 1 B) FL VES 1 1	2 2 2 2 2 2 2 2 0 0 0 0 0 2 2 2	8 8 8 NING DON'T KNOW 8 8
E114 E115 E116 E117	THE PERSON YOURSELF, 2411 2412 01 02	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY ANI Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS Height-adjustable parallel bars Wall bars	HERAPY DASK TH VES NO OBSERVE D $1 \rightarrow B$ $1 \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$	ACILITY. INTR WING QUESTIN AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$	ODUCE ONS. B) FUNCTI YES 1 1	1 2 ONING NO 2 2 2	DON'T KNOW 8 8	E143 E144 E145 E145 E146 E147 E148	29 30 31 2413 01 02 03	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today Ask to set THE FACILITIES Infra-red lamp Hot and Cold packs Paraffin Wax bath (large)	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ OBSERVE D $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$	1 1 8) FL YES 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 8 NING DON'T KNOW 8 8 8 8 8 8
E114 E115 E116 E117 E118	THE PERSON YOURSELF, 2411 2412 01 02 03	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY AND degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS Height-adjustable parallel bars Wall bars Exercise cage	HERAPY DASK TH NO OBSERVE D $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	ACILITY. INTR WING QUESTIN ABLE NOT AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$	B) FUNCTI YES 1 1	1 2 ONING NO 2 2 2 2 2	DON'T KNOW 8 8 8 8	E143 E144 E145 E145 E146 E147 E148 E149 E150	29 30 31 32 2413 01 02 03 03 04	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today Ask to see THE FACILITIES Infra-red lamp Hot and Cold packs Paraffin Wax bath (large) Paraffin Wax bath (Small)	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $0 \rightarrow B$ $0 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT $AVAILABLE$ $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$	1 1 8) FL VES 1 1 1	2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	8 8 8 8 NING DON'T KNOW 8 8 8 8
E114 E115 E116 E117 E118 E119	THE PERSON YOURSELF, 2411 2412 01 02 03 04	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY AND degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS Height-adjustable parallel bars Wall bars Exercise cage Suspension Therapy apparatus; springs	HERAPY DASK THVES NO0BSERVE D $1 \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	ACILITY. INTR WING QUESTIN ABLE NOT AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$	B) FUNCTI YES 1 1 1 1	1 2 ONING NO 2 2 2 2 2 2 2	DON'T KNOW 8 8 8 8 8 8	E143 E144 E145 E145 E146 E147 E148 E149	29 30 31 32 2413 01 02 03 03 04	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today ASK TO SEE THE FACILITIES Infra-red lamp Hot and Cold packs Paraffin Wax bath (large) Paraffin Wax bath (Small) Baker Small Fridge / Freezer (for making cold	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $0 \rightarrow B$ $0 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $A) AVAII$ REPORTED NOT SEEN $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT $AVAILABLE$ $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$	1 1 1 8) FL VES 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 NING DON'T KNOW 8 8 8 8 8 8 8
E114 E115 E116 E117 E118 E119 E120	THE PERSON YOURSELF, 2411 2412 01 02 03 04 05	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY AND Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS Height-adjustable parallel bars Wall bars Exercise cage Suspension Therapy apparatus; springs Quadriceps bench	HERAPY OASK TH VES NO $I \rightarrow B$ $I \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	ACILITY. INTR WING QUESTIN AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$	ODUCE ONS. B) FUNCTI YES 1 1 1 1 1 1 1	1 2 ONING 2 2 2 2 2 2 2 2 2 2 2	DON'T KNOW 8 8 8 8 8 8 8	E143 E144 E145 E145 E146 E147 E148 E149 E150	29 30 31 32 2413 01 02 03 03 04 05	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today Ask TO SEE THE FACILITIES Infra-red lamp Hot and Cold packs Paraffin Wax bath (large) Paraffin Wax bath (Small) Baker	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ OBSERVE D $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $A) AVAII$ REPORTED NOT SEEN $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT $AVAILABLE$ $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$	1 1 8) FL YES 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8 8 8 8 8 8
E114 E115 E116 E117 E118 E119 E120 E121	THE PERSOF YOURSELF, 2411 2412 01 02 03 04 05 06	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY AND Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. Ask TO SEE THE ITEMS Height-adjustable parallel bars Wall bars Exercise cage Suspension Therapy apparatus; springs Quadriceps bench Tilting bed Pulley and Rope System for ROM	HERAPY DASK THYES NOOBSERVE D $1 \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$	ACILITY. INTR WING QUESTIN AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$ $3 \rightarrow 07$	B) FUNCTI YES 1 1 1 1 1 1 1 1	1 2 DNING 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DON'T KNOW 8 8 8 8 8 8 8 8 8	E143 E144 E145 E145 E146 E147 E148 E149 E150	29 30 31 32 2413 01 02 03 03 04 05	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today ASK TO SEE THE FACILITIES Infra-red lamp Hot and Cold packs Paraffin Wax bath (large) Paraffin Wax bath (Small) Baker Small Fridge / Freezer (for making cold	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $0 \rightarrow B$ $0 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT $AVAILABLE$ $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$	1 1 1 8) FL VES 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 00N'T KNOW 8 8 8 8 8 8 8 8
E114 E115 E116 E117 E118 E119 E120	THE PERSON YOURSELF, 2411 2412 01 02 03 04 05 06 07	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY AND Does this facility have qualified (having a degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS Height-adjustable parallel bars Wall bars Exercise cage Suspension Therapy apparatus; springs Quadriceps bench Tilting bed Pulley and Rope System for ROM exercise Pulley and weight system for	HERAPY DASK TH VES NO OBSERVE D $1 \rightarrow B$ $1 \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$	ACILITY. INTR WING QUESTIN ABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$ $3 \rightarrow 07$ $3 \rightarrow 08$	ODUCE ONS. B) FUNCTI YES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Image: Constraint of the second sec	DON'T KNOW 8 8 8 8 8 8 8 8 8 8	E143 E144 E145 E145 E146 E147 E148 E149 E150 E151 E151	29 30 31 32 2413 01 02 03 03 04 05 06 06	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today ASK TO SEE THE FACILITIES Infra-red lamp Hot and Cold packs Paraffin Wax bath (large) Paraffin Wax bath (Small) Baker Small Fridge / Freezer (for making cold packs, ice) Heating unit	$\begin{array}{c} 1 \rightarrow B \\ 1 \rightarrow B \end{array}$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ A) AVAII REPORTED $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$ $3 \rightarrow 07$ $3 \rightarrow 08$	1 1 1 8) FL VES 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 00N'T KNOW 8 8 8 8 8 8 8 8 8
E114 E115 E116 E117 E118 E119 E120 E121	THE PERSOF YOURSELF, 2411 2412 01 02 03 04 05 06 07 08	N MOST KNOWLEDGEABLE ABOUT PHYSIOT EXPLAIN THE PURPOSE OF THE SURVEY AND degree or diploma in physiotherapy) physiotherapists? I would like to know if the following Exercise therapy equipments are available and functional today. ASK TO SEE THE ITEMS Height-adjustable parallel bars Wall bars Exercise cage Suspension Therapy apparatus; springs Quadriceps bench Tilting bed Pulley and Rope System for ROM exercise Pulley and weight system for strengthening exercises	HERAPY DASK TH VES NO OBSERVE D $1 \rightarrow B$ $1 \rightarrow B$	IN THE FA E FOLLOV A) AVAIL REPORTED NOT SEEN $2 \rightarrow B$ $2 \rightarrow B$	ACILITY. INTR WING QUESTIN AVAILABLE $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$ $3 \rightarrow 07$ $3 \rightarrow 08$ $3 \rightarrow 09$	B) FUNCTION YES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 DNING NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DON'T KNOW 8 8 8 8 8 8 8 8 8 8 8 8 8	E143 E144 E145 E145 E146 E147 E148 E149 E150 E151	29 30 31 32 2413 01 02 03 03 04 05 06	Ambulation belt Basins for hydrotherapy Exercise straps I would like to know if the following heat and cold therapy equipments are available and functional today Ask to set THE FACUTIES Infra-red lamp Hot and Cold packs Paraffin Wax bath (large) Paraffin Wax bath (Small) Baker Small Fridge / Freezer (for making cold packs, ice)	$\begin{array}{c} 1 \rightarrow B \\ 1 \rightarrow B \end{array}$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $A) AVAII$ REPORTED $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 31$ $3 \rightarrow 32$ $3 \rightarrow 2413$ ABLE NOT $AVAILABLE$ $3 \rightarrow 02$ $3 \rightarrow 03$ $3 \rightarrow 04$ $3 \rightarrow 05$ $3 \rightarrow 06$ $3 \rightarrow 07$	1 1 1 8) FL VES 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 00N'T KNOW 8 8 8 8 8 8 8 8 8

r	2414	I would like to know if the following electrotherapy equipments are		A) AVAIL	ADIE	B) FUNCTIO			E169	06	Assessment Kit Kings in Case	$1 \rightarrow B$	$2 \rightarrow B$	3 → 07	1	2	8	
			OBSERVE	REPORTED	NOT	YES	NO	DON'T	E170	07	Minnesota Manual Dexterity Test	$1 \rightarrow B$	$2 \rightarrow B$		1	2	8	
		ASK TO SEE THE FACILITIES	D	NOT SEEN		11.5	NO	KNOW	E171	08	Box and Block Test	$1 \rightarrow B$	$2 \rightarrow B$	3 → 09	1	2	8	
E154	01	Muscle Stimulator	$1 \rightarrow B$	$2 \rightarrow B$	3 → 02	1	2	8		09	Loewenstein Occupational Therapy Cognitive Assessment(LOCTA) 11 Battery	1 \ D	$2 \rightarrow B$	3 → 10	1	2	8	
E155	02	TENS apparatus	$1 \rightarrow B$	$2 \rightarrow B$	3 → 03	1	2	8	E172		Set	175	270		1	2	0	
E156	03	Ultrasound Therapy Unit	$1 \rightarrow B$	$2 \rightarrow B$	3 → 04	1	2	8	E173	10	Groove Peg Board	$1 \rightarrow B$	$2 \rightarrow B$	3 → 11	1	2	8	
E157	04	Short-wave Diathermy	$1 \rightarrow B$	$2 \rightarrow B$	3 → 05	1	2	8	E174	11	Upper extremity work station	$1 \rightarrow B$	$2 \rightarrow B$	3 → 12	1	2	8	
E158	05	Interferential Therapy Unit	$1 \rightarrow B$	$2 \rightarrow B$	3 → 06	1	2	8	E175	12	Hand, wrist and forearm table	$1 \rightarrow B$	$2 \rightarrow B$	3 → 13	1	2	8	
E159	06	Laser Therapy Unit	$1 \rightarrow B$	$2 \rightarrow B$	3 → 2415	1	2	8	E176	13	Limb balancer	$1 \rightarrow B$	$2 \rightarrow B$	3 → 14	1	2	8	
	2415	I would like to know if the following chest physiotherapy equipments are		A) AVAIL		B) FUNCTIO			E177	14	Tilt table with working tray	$1 \rightarrow B$	$2 \rightarrow B$	3 → 15	1	2	8	
			OBSERVE	REPORTED	NOT		1	DON'T	E178	15	Adaptive devices for ADL	$1 \rightarrow B$	$2 \rightarrow B$	3 → 16	1	2	8	
		ASK TO SEE THE FACILITIES	D	NOT SEEN		YES	NO	KNOW	E179	16	Strengthening balls	$1 \rightarrow B$	$2 \rightarrow B$	3 → 17	1	2	8	
E160	01	Couch with adjustments necessary for postural drainage	1 ightarrow B	$2 \rightarrow B$	3 → 02	1	2	8	E180	17	Handziser	$1 \rightarrow B$	$2 \rightarrow B$	3 → 18	1	2	8	
	02	Lung function machines	$1 \rightarrow B$	$2 \rightarrow B$	3 → 03	1	2	8	E181	18	Span game	$1 \rightarrow B$	$2 \rightarrow B$	3 → 19	1	2	8	
E161	02	Spirometer	1 → B		3 → 04	1	2	8	E182	19	Solitare game	$1 \rightarrow B$	$2 \rightarrow B$	3 → 20	1	2	8	
E335_PHY	03	Peak flow meters	$1 \rightarrow B$ $1 \rightarrow B$		3 → 2420	1	2	8	E183	20	Single curved shoulder arch	$1 \rightarrow B$	$2 \rightarrow B$	3 → 21	1	2	8	
E19_PHY	-		1 → B	ZAR	0 7 2 120	1	2	8	E184	21	Double curved shoulder arch	$1 \rightarrow B$	$2 \rightarrow B$	3 → 22	1	2	8	
		TIONAL THERAPY							E185	22	Functional forearm elevator	$1 \rightarrow B$	$2 \rightarrow B$	3 → 23	1	2	8	
		om National Hospital, Teaching Hospitals, P Base Hospitals, Major Private Hospitals and				istrict Gene	eral		E186	23	Hand exerciser	$1 \rightarrow B$	$2 \rightarrow B$	3 → 24	1	2	8	
	Skip for the	other facilities, Eye Hospital, Castle Street			•	a Maternit	y	→ 2430	E187	24	Hand master plus	$1 \rightarrow B$	$2 \rightarrow B$	3 → 25	1	2	8	
	• •	H Mahamodara							E188	25	Finger platter	$1 \rightarrow B$	$2 \rightarrow B$	3 → 26	1	2	8	
S52	2420	Does this facility provide Occupational therapy for the patients?	YES.				1		E189	26	Cando hand exerciser web	$1 \rightarrow B$	$2 \rightarrow B$	3 → 27	1	2	8	
			NO				2	→ 2430	E190	27	Mini massager	$1 \rightarrow B$	$2 \rightarrow B$	3 → 28	1	2	8	
	ASK TO B	E SHOWN THE LOCATION IN THE FACILITY W	HERE C	CCUPATIO	ONAL THERA	PY IS PROVI	DED. FI	ND THE	E191	28	Vertical ring tree	$1 \rightarrow B$	$2 \rightarrow B$	3 → 29	1	2	8	
		MOST KNOWLEDGEABLE ABOUT OCCUPATIO	ONAL TH	IERAPY IN	THE FACILIT	Y. INTRODU			E192	29	Jux-A-cisor arm exerciser	$1 \rightarrow B$	$2 \rightarrow B$	3 → 30	1	2	8	
		EXPLAIN THE PURPOSE OF THE SURVE							E193	30	Pronation/supination wheel	$1 \rightarrow B$	$2 \rightarrow B$	3 → 31	1	2	8	
T115	2421	Does this facility have qualified (having a	I YES.				1		LIJJ					0. 2. 00		2	8	
		degree or diploma in occupational					2		F194	31	· · ·	$1 \rightarrow B$	$2 \rightarrow B$	3 → 32	1			
		degree or diploma in occupational therapy) occupational therapists?					2		E194		Multi-functional work station		$2 \rightarrow B$ $2 \rightarrow B$		1 1	2	8	
	2422	therapy) occupational therapists? I would like to know if the following		D					E195	31	Multi-functional work station Ball hand piece accessory	1 → B		3 → 33		2	8	
	2422	therapy) occupational therapists?		D	ABLE	B)FUNCTIO	NING		E195 E196	31 32	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board	$1 \rightarrow B$ $1 \rightarrow B$	2 → B	$3 \rightarrow 33$ $3 \rightarrow 34$	1		-	
	2422	therapy) occupational therapists? I would like to know if the following Occupational therapy equipments are		D	ABLE		NING		E195 E196 E197	31 32 33	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board Arm skate - ball and hand piece Arm skate - all and hand piece and	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 33$ $3 \rightarrow 34$ $3 \rightarrow 35$ $2 \rightarrow 26$	1 1 1	2 2	8	
	2422	therapy) occupational therapists? I would like to know if the following Occupational therapy equipments are available and functional today.		D A) AVAII	ABLE	B)FUNCTIO	NING		E195 E196	31 32 33 34 35	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board Arm skate - ball and hand piece Arm skate - all and hand piece and accessory right	$1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$ $1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 33$ $3 \rightarrow 34$ $3 \rightarrow 35$ $3 \rightarrow 36$ $3 \rightarrow 37$	1 1 1	2 2 2	8 8 8	
E164	2422	therapy) occupational therapists? I would like to know if the following Occupational therapy equipments are available and functional today.		REPORTED NOT SEEN	ABLE NOT AVAILABLE	B)FUNCTIO	NING		E195 E196 E197	31 32 33 34	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board Arm skate - ball and hand piece Arm skate - all and hand piece and	$1 \rightarrow B$	$2 \rightarrow B$	$3 \rightarrow 33$ $3 \rightarrow 34$ $3 \rightarrow 35$ $3 \rightarrow 36$ $3 \rightarrow 37$	1 1 1	2 2 2 2 2	8	
E164		therapy) occupational therapists? I would like to know if the following Occupational therapy equipments are available and functional today. ASK TO SEE THE ITEMS	OBSERVED	A) AVAII GINDERE A) AVAII B 2 → B	ABLE NOT AVAILABLE	B)FUNCTION Salary	NING MONN L.NOQ		E195 E196 E197 E198	31 32 33 34 35	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board Arm skate - ball and hand piece Arm skate - all and hand piece and accessory right Arm skate - ball and hand piece and	$1 \rightarrow B$	$2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$ $2 \rightarrow B$	$3 \rightarrow 33$ $3 \rightarrow 34$ $3 \rightarrow 35$ $3 \rightarrow 36$ $3 \rightarrow 37$ $3 \rightarrow 38$	1 1 1	2 2 2	8 8 8	
E165	01	therapy) occupational therapists? I would like to know if the following Occupational therapy equipments are available and functional today. ASK TO SEE THE ITEMS Roder manipulative aptitude test Depth perception pegboard test	N(A) AVAII G AVAII C	ABLE NOT AVAILABLE NOT AVAILABLE	B)FUNCTION	NING MONY LNOD 8		E195 E196 E197 E198 E199	31 32 33 34 35 36	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board Arm skate - ball and hand piece Arm skate - all and hand piece and accessory right Arm skate - ball and hand piece and accessory left	$1 \rightarrow B$	$2 \rightarrow B$	$3 \rightarrow 33$ $3 \rightarrow 34$ $3 \rightarrow 35$ $3 \rightarrow 36$ $3 \rightarrow 37$ $3 \rightarrow 38$ $a \rightarrow 37$	1 1 1 1	2 2 2 2 2	8 8 8 8	
E165 E166	01 02 03	therapy) occupational therapists? I would like to know if the following Occupational therapy equipments are available and functional today. ASK TO SEE THE ITEMS Roder manipulative aptitude test Depth perception pegboard test O'connor finger dexterity test	$ \begin{array}{c} N(\\ \\ G) \\ S(\\ S(\\ G) \\ S(\\ G) \\ S(\\ G) \\ S(\\ S(\\ G) \\ S(\\ G) \\ S(\\ S(\\ G) \\ S(\\ G) \\ S(\\ S(\\ S(\\ S(\\ S(\\ G) \\ S(\\ S$	A) AVAII A) AVAII B $2 \rightarrow B$ B $2 \rightarrow B$ B $2 \rightarrow B$ B $2 \rightarrow B$	ABLE NOT AVAILABLE NOT AVAILA	B)FUNCTION 22 1 2 1 2 1 2 1 2	NING MONY L.NOD 8 8		E195 E196 E197 E198 E199 E200	31 32 33 34 35 36 37	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board Arm skate - ball and hand piece Arm skate - all and hand piece and accessory right Arm skate - ball and hand piece and accessory left E-Z Exer board Hand CPM Unit Maestra Portable Hand exerciser Tactile Form Balls	$1 \rightarrow B$	$2 \rightarrow B$	$3 \rightarrow 33$ $3 \rightarrow 34$ $3 \rightarrow 35$ $3 \rightarrow 36$ $3 \rightarrow 37$ $3 \rightarrow 38$ $3 \rightarrow 39$	1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	8 8 8 8 8 8	
E165	01	therapy) occupational therapists? I would like to know if the following Occupational therapy equipments are available and functional today. ASK TO SEE THE ITEMS Roder manipulative aptitude test Depth perception pegboard test	$ \begin{array}{c c} & & \\ & & \\ \hline & & \\ & & \\ \hline & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & $	A) AVAII A) AVAII B $2 \rightarrow B$ B $2 \rightarrow B$ B $2 \rightarrow B$	ABLE I 3189194 JUN I 3 → 04 I 3 → 05 I	B)FUNCTION 52 2 1 2 1 2	NING MONY LNOD 8 8 8		E195 E196 E197 E198 E199 E200 E201	31 32 33 34 35 36 37 38	Multi-functional work station Ball hand piece accessory Arm skate - Forearm based skate board Arm skate - ball and hand piece Arm skate - all and hand piece and accessory right Arm skate - ball and hand piece and accessory left E-Z Exer board Hand CPM Unit Maestra Portable	$1 \rightarrow B$	$2 \rightarrow B$	$3 \rightarrow 33$ $3 \rightarrow 34$ $3 \rightarrow 35$ $3 \rightarrow 36$ $3 \rightarrow 37$ $3 \rightarrow 38$ $3 \rightarrow 39$ $3 \rightarrow 40$ $3 \rightarrow 41$	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 8 8 8 8 8 8 8	

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E205	42	Depth perception peg board set			3 → 43	1	2	8		E224	09	Right Hemisphere language battery	$1 \rightarrow B$		3 → 10	1	2	8	
E206	43	Easy grip peg board			3 → 44	1	2	8		E225	10	Spoon, tongue depressor	$1 \rightarrow B$	$2 \rightarrow B$	3 → 11	1	2	8	
E207	44	Posture mirrors			3 → 45	1	2	8		E226	11	Voice recorder	$1 \rightarrow B$	$2 \rightarrow B$	3 → 12	1	2	8	
E208	45	Dominos shape colours & numbers	$1 \rightarrow B$	$2 \rightarrow B$	3 → 46	1	2	8		E227	12	Torch for oral motor examination	$1 \rightarrow B$	$2 \rightarrow B$	3 → 13	1	2	8	
E209	46	Jell ball hand exerciser	$1 \rightarrow B$	$2 \rightarrow B$	3 → 47	1	2	8		E228	13	Fogged mirror	$1 \rightarrow B$	$2 \rightarrow B$	3 → 14	1	2	8	
E210	47	Splinting bath with accessories needed for splinting	$1 \rightarrow B$	$2 \rightarrow B$	3 → 48	1	2	8		E229	14	Modified utensils for feeding	$1 \rightarrow B$	$2 \rightarrow B$	3 → 15	1	2	8	
E210	48	Heater gun	$1 \rightarrow B$	2 → B	3 → 49	1	2	8		E230	15	Indirect laryngoscope	$1 \rightarrow B$	$2 \rightarrow B$	3 → 16	1	2	8	
E212	49	Splint pattern maker	$1 \rightarrow B$	2 → B	3 → 50	1	2	8		E231	16	Video recorder	$1 \rightarrow B$	$2 \rightarrow B$	3 → 17	1	2	8	
	50	Tool and accessories neoprene sealing	<u> </u>	2 → B	3→51	1	2	8		E232	17	Mirror (small-up to chest level)	$1 \rightarrow B$	$2 \rightarrow B$	3 → 18	1	2	8	
E213		iron			2 2 52					E233	18	Special chair/feeding chairs	$1 \rightarrow B$	$2 \rightarrow B$	3 → 19	1	2	8	
E214	51	Deluxe Revolving Hole Punch	$1 \rightarrow B$	2 → B	$3 \rightarrow 52$ $3 \rightarrow$	1	2	8		E234	19	Dysphagia Laryngeal mirrors	$1 \rightarrow B$	$2 \rightarrow B$	3 → 20	1	2	8	
E215	52	Forma splinting bath	$1 \rightarrow B$	$2 \rightarrow B$	2430	1	2	8		E235	20	Digital sound level meter	$1 \rightarrow B$	$2 \rightarrow B$	3 → 21	1	2	8	
	SPEECH A	ND LANGUAGE THERAPY								E4_SPEECH	21	Stethoscope (adult)	$1 \rightarrow B$	$2 \rightarrow B$	3 → 22	1	2	8	
	Ask only fro	m National Hospital, Teaching Hospitals, Pro	ovincial	General	Hospitals.	Distr	ict Ge	neral		E237	22	Fibre optic endoscopic evaluation (FEES)	$1 \rightarrow B$	$2 \rightarrow B$	3 → 23	1	2	8	
	Hospitals, B	ase Hospitals, Major Private Hospitals and N	/linor Pi	rivate Ho	ospitals.					E238	23	Fiberoptic Laryngealscope	1 ightarrow B	2 ightarrow B	3 → 24	1	2	8	
		other facilities, Eye Hospital, Chest Hospital Iospital, TH Mahamodara	, Castle	Street H	lospital for	Won	nen, D	e Soyza			24		$1 \rightarrow B$	$2 \rightarrow B$	3 → 2440	1	2	8	
			_						→2440	E239	DROCTUS				2440				
S53	2430	Does this facility provide Speech and language therapy for the patients?	YES								PROSTHE	TIC AND ORTHOTIC SERVICES							
											A.I I. C.								
		language merapy for the patients.	NO									om National Hospital, Teaching Hospitals, Pro				Distri	ct Ge	neral	
								2	→ 2440		Hospitals, E	Base Hospitals, Major Private Hospitals and N	1inor Pr	ivate Ho	spitals.				
		E SHOWN THE LOCATION IN THE FACILITY WH	HERE SP	EECH AN	ND LANGUA	AGE TI	HERAF	2 PY IS PRO	→2440 VIDED.		Hospitals, E Skip for the		linor Pr ute for I	ivate Ho Mental I	ospitals. Iealth, Che				▶2450
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czsz 1 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 1 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td>7 1</td> <td>3 → 47</td> <td>1</td> <td>2</td> <td>2 8</td> <td>5</td>	7 1	3 → 47	1	2	2 8	5
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i i i i i i i i i i i i i i i i i i i	9 1	3 → 49	1	2	2 8	\$
15 Oscillating saw $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 18$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 18$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 18$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 18$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 18$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 18$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 12$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 21$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 21$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 22$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 22$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 22$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 22$ 1 2 8 $1 \rightarrow 6$ $2 \rightarrow 6$ $3 \rightarrow 22$ 1 2 8 $2 \rightarrow 6$ <th< td=""><td>) 1</td><td>3 → 50</td><td>1</td><td>2</td><td>2 8</td><td>3</td></th<>) 1	3 → 50	1	2	2 8	3
E356 16 Pneumatic grinder 1 + 8 2 + 8 3 + 10 1 2 8 288 5 5830/, fumming SUSSOF, fumming S		3 → 51	_	_	_	,
1257 17 Pneumatic welding gun 1 + B 2 + B 3 + 39 1 2 8 200 Antice-posterior measure 1 + B 2 + B 3 + 30 3 + 30 1 2 8 200 Antice-posterior measure 1 + B 2 + B 3 + 30 3 + 30 1 2 8 200 200 Control of the conception measure 1 + B 2 + B 3 + 30 3 + 30 1 2 8 200 200 Control of the conception measure 1 + B 2 + B 3 + 30 3 + 30 1 2 8 223 55 Control of the conception measure 1 + B 2 + B 3 + 30 3 + 30 1 2 8 223 55 Boits for orthotics aduit drop lock 10mm 1 + B 2 + B 3 + 30 3 + 30 1 2 8 223 3 + 30 1 + B 2 8 2 + B 3 + 30 1 2 8 2 + B 3 + 30 1 2 8 2 + B 3 + 30 1 2 8 2 + B 3 + 30 1 2 8 2 + B 3 + 30 1	2		-		-	
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zes1 sVacuum pump1 s2 s3 s3 s2 s3 s3 s2 s3 s3 s2 s3 s </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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E261 2.1 Welding iron 150W 1 + 9 2 + 9 1 + 2 8 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9 2 + 9	-					
E262Weiding mirror 280mm1 $\rightarrow 8$ 2 $\rightarrow 8$ 1 2 861 2 8E26323Battery charger for CRM 1531 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 25$ 1 2 87E26424Glove, heat protection, isothermal pair1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 25$ 1 2 87E26525Belt sander1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 25$ 1 2 871 2 8E26626Orbital sander1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 25$ 1 2 871 2 8E26626Orbital sander1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 25$ 1 2 871 2 8E26727Belt sander maintenance kit1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 25$ 1 2 871 2 8E26828Oven1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 33$ 1 2 871 2 8E26929Kit for oven1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 33$ 1 2 860E27030Vacuum pump CR 1000 tube, enveloping tormetals1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 33$ 1 2 8E27131Weiding "Intro 1.00 tube, enveloping tormetals1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 33$ 1 2 8E27131Weiding intro 2.100 tube, enveloping tormetals1 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 33$ 1 2 8E27332Oscillating electrical saw Fein 22231 $\rightarrow 8$ 2 $\rightarrow 8$ 3 $\rightarrow 33$ 1			-	_	_	
E253 2.3 Battery charger for CRM 153 1.4 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 2 8 2	-		-	-	_	
E264 Clove, heat protection, isothermal pair 1 + 8 2 + 8 1 + 2 8 1 + 2 8 1 + 8 2 + 8 1 + 8 2 + 8 1 + 8 2 + 8 1 + 8 2 + 8 1 + 8 2 + 8 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 61 1 + 8 2 + 8 3 + 62 1 + 8 2 + 8 3 + 62 1 + 8 2 + 8 3 + 62 1 + 8 2 + 8 3 + 62 1 + 8 2 + 8 3 + 63 1 + 8 2 + 8 3 + 63 1 + 8	-		-	2	2 8	-
E2626Orbital sander1 \rightarrow 82 \rightarrow 83 \rightarrow 28128E26626Orbital sander1 \rightarrow 82 \rightarrow 83 \rightarrow 28128E267277Belt sander maintenance kit1 \rightarrow 82 \rightarrow 83 \rightarrow 29128E26828Oven1 \rightarrow 82 \rightarrow 83 \rightarrow 201282E26929Kit for oven1 \rightarrow 82 \rightarrow 83 \rightarrow 301282E27030Vacuum pump CR 1000 tube, enveloping suction1 \rightarrow 82 \rightarrow 83 \rightarrow 33128E27131Welding "hot-jet" and kit1 \rightarrow 82 \rightarrow 83 \rightarrow 33128E27132Oscillating saw spare blade 160 teeth only for metals1 \rightarrow 82 \rightarrow 83 \rightarrow 33128E27333Oscillating saw spare blade 160 teeth only for metals1 \rightarrow 82 \rightarrow 83 \rightarrow 37128E27434Drill bench type, quick chuck 30 to 16mm CM21 \rightarrow 82 \rightarrow 83 \rightarrow 371286635Hand drill machine with percussion1 \rightarrow 82 \rightarrow 83 \rightarrow 371286735Hand drill machine with percussion1 \rightarrow 82 \rightarrow 83 \rightarrow 371286736371 \rightarrow 82 \rightarrow 83 \rightarrow 371286736371 \rightarrow 82 \rightarrow 83 \rightarrow 37	1	3 7 59	1	2	2 8	1
E266 Contrains ander Contrains	0 1	3 → 60	1	2	2 8	5
E26727Belt sander maintenance kit $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 22$ 1 2 8 2 8 2 8 2 8 2 8 2 8 2 8 2 8 2 8 3 3 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1	1 1	3 → 61	1	2	2 8	3
E26828Oven $1 \neq 8$ $2 \neq 8$ $3 \neq 30$ 1 2 8 1 2 8 1 2 8 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <th< td=""><td>2 1</td><td>3 → 62</td><td>1</td><td>2</td><td>, ,</td><td>2</td></th<>	2 1	3 → 62	1	2	, ,	2
E26929Kit for oven1 + 82 + 83 + 32128E301 0.01 2.5mm1 + 82 + 82 + 8E27030Vacuum pump CR 1000 tube, enveloping suction1 + 82 + 83 + 32128E301 0.01 2.5mm1 + 82 + 83 + 64E27131Welding "hot-jet" and kit1 + 82 + 83 + 33128E303663High speed stapler1 + 82 + 83 + 65E27232Oscillating electrical saw Fein 200Volts/180W1 + 82 + 83 + 33128E303663High speed stapler1 + 82 + 83 + 65E27333Oscillating saw spare blade 160 teeth only for metals1 + 82 + 83 + 351288664Surform (Round half round/flat)1 + 82 + 83 + 65E27434Drill bench type, quick chuck 30 to 16mm CM21 + 82 + 83 + 351288666Surform (Round half round/flat)1 + 82 + 83 + 68E27435Hand drill machine with percussion1 + 82 + 83 + 3312868666Surform (Round half round/flat)1 + 82 + 83 + 69E37435Hand drill machine with percussion1 + 82 + 83 + 3312868666Surform (Round half round/flat)1 + 82 + 83 + 69E37435<	2	3 -> 63	_	_	_	-
E270SuctionSuction $1 \rightarrow B$ $2 \rightarrow B$ $1 \rightarrow C$ $2 \rightarrow B$ $1 \rightarrow C$ $2 \rightarrow B$	1	5 7 05	1	2	2 8	1
E27131Welding "hot-jet" and kit $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 33$ 1 2 8 E27232Oscillating electrical saw Fein 220Volts/180W $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 33$ 1 2 8 E303 63 High speed stapler $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 65$ E27333Oscillating saw spare blade 160 teeth only for metals $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 35$ 1 2 8 E307 65 Spatula $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 65$ E27434Drill bench type, quick chuck 30 to 16mm CM2 $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 35$ 1 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 <td>4 1</td> <td>3 → 64</td> <td>1</td> <td>2</td> <td>2 8</td> <td>\$</td>	4 1	3 → 64	1	2	2 8	\$
E27232Oscillating electrical saw Fein 220Volts/180W $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 34$ 1 2 8 E27333Oscillating saw spare blade 160 teeth only for metals $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 35$ 1 2 8 E27434Drill bench type, quick chuck 30 to 16mm CM2 $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 36$ 1 2 8 B2 $\rightarrow 8$ $3 \rightarrow 36$ 1 2 8 $3 \rightarrow 36$ 1 2 8 B2 $\rightarrow 8$ $3 \rightarrow 36$ 1 2 8 $3 \rightarrow 36$ 1 2 8 B2 $\rightarrow 8$ $3 \rightarrow 36$ 1 2 8 $3 \rightarrow 36$ 1 2 8 B2 $\rightarrow 8$ $3 \rightarrow 36$ 1 2 8 $3 \rightarrow 36$ 1 2 8 B2 $\rightarrow 8$ $3 \rightarrow 36$ 1 2 8 $3 \rightarrow 36$ 1 2 8 B2 $\rightarrow 8$ $3 \rightarrow 36$ 1 2 8 $3 \rightarrow 36$ 1 2 8 B2 $\rightarrow 8$ $3 \rightarrow 37$ 1 2 8 666 Surform (Round half round/flat) $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 36$ B2 $\rightarrow 8$ $3 \rightarrow 37$ 1 2 8 666 8 8 8 $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 37$ B2 $\rightarrow 8$ $3 \rightarrow 37$ 1 2 8 666 8 8 8 8 $3 \rightarrow 37$ B2 $\rightarrow 8$ $3 \rightarrow 37$ 1 2 8 666 8 <t< td=""><td>5 1</td><td>3 → 65</td><td>1</td><td>2</td><td>2 8</td><td>;</td></t<>	5 1	3 → 65	1	2	2 8	;
E1733Oscillating saw spare blade 160 teeth only for metals $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 35$ 1 2 8 E307 65 Spatula $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 67$ E27334Drill bench type, quick chuck 30 to 16mm CM2 $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 35$ 1 2 8 $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 68$ E37435Hand drill machine with percussion $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 36$ 1 2 8 $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 68$ 35Hand drill machine with percussion $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 37$ 1 2 8 66 Surform (Round half round/flat) $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 69$ 35Hand drill machine with percussion $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 37$ 1 2 8 68 $1 \rightarrow a \rightarrow a$ $1 \rightarrow b \rightarrow a \rightarrow a$ $3 \rightarrow 70$	5 1	3 → 66	1	2	2 8	3
E273for metalsfor metalsfo	1	3 →67	1	2	2 8	\$
E274 34 CM2 $1 \rightarrow 8$ $2 \rightarrow 8$ 1 2 8 B $2 \rightarrow 8$ $3 \rightarrow 37$ 1 2 8 8 8 8 $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 69$ 35Hand drill machine with percussion $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 37$ 1 2 8 8 8 8 8 $1 \rightarrow 8$ $2 \rightarrow 8$ $3 \rightarrow 69$	⁸ 1	3 → 68	1	2	2 8	5
	1	3 →69	1	2	2 8	\$
	1	3 →70	1	2	2 8	ŝ
$\begin{array}{c} \hline \textbf{L} \textbf{L} \textbf{S} & \textbf{L} \textbf{S} \\ \hline \textbf{S} \textbf{G} & \textbf{Drilling machine VICE for column drilling machine VICE for column drilling 1 \rightarrow B 2 \rightarrow B 3 \rightarrow 38 1 2 8 \\ \hline \textbf{M} \textbf{M} \textbf{G} & \textbf{S} \textbf{S} \textbf{S} \textbf{S} \textbf{S} \textbf{S} \textbf{S} \textbf{S}$	1		1	2	8	
E277 37 Preumatic Chipping Hammer + set of chisels of various forms $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 39$ 1 2 8						
E278 38 Conical Sanding Arbor $1 \rightarrow B \ 2 \rightarrow B \ 3 \rightarrow 40$ 1 2 8						
E279 39 Deburring tool, changeable blade $1 \rightarrow B \ 2 \rightarrow B \ ^{3} \rightarrow 41$ 1 2 8						

	GENDER	BASED VIOLENCE CARE CENTRES		
			RH, Sirimavo Bandaranaika Hospital for Iospital, National Institute for Mental Health, 5, DH-ABC, PMCU, MOH, HLCs, TB Clinics, STD	→2500
S61	2450	Does this facility offer befriending services for GBV survivors? ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BEFRIENDING SERVICES FOR GBV SURVIVORS ARE PROVIDED.	YES	→ 2500
S61_01	2451	Does this facility refer GBV survivors to Health and non-health service providers?	YES	
T130	2452	Is the document on GBV Protocols available in the facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	Yes, observed1 reported yes, not seen2 not available3	
T131	2453	Have you or any provider(s) of delivery services received training in management of GBV survivors in the last two years?	YES 1 NO2	
M109_GB V	2454	Does this facility provide or prescribe Emergency contraceptives for GBV survivors?	YES 1 NO2	

	SURG	ERY			
	Gener	ly from National Hospital, Teaching Hospita al Hospitals, Base Hospitals, Major Private H or the other facilities and National Institute	lospitals and Minor Private Hosp	oitals.	→2600
	<u>SURGI</u>	CAL SERVICES			
S25 S28	2500	Does this facility offer any surgical services (including minor surgery such as suturing, circumcision, wound debridement, etc.), or caesarean section?	YES 1 NO2		→ 2600
	F	TO BE SHOWN THE LOCATION IN THE FACILI IND THE PERSON MOST KNOWLEDGEABLE A ITRODUCE YOURSELF, EXPLAIN THE PURPOS QUEST	BOUT SURGICAL SERVICES IN THE E OF THE SURVEY AND ASK THE F	E FACILITY.	
	2501	Please tell me if this facility provides the following services:	YES	NO	
S25_01	01	Incision and drainage of abscesses	1	2	
S25_02	02	Wound debridement	1	2	
S25_03	03	Acute burn management	1	2	
S25_04	04	Suturing	1	2	
S25_05	05	Closed repair of fracture	1	2	
S25_06	06	Cricothyroidotomy	1	2	
S25_07	07	Male circumcision	1	2	
S25_08	08	Hydrocele reduction	1	2	
S25_09	09	Chest tube insertion	1	2	
S25_10	10	Closed repair of dislocated joint	1	2	
S25_11	11	Biopsy of lymph node or mass or other	1	2	
\$25_12	12	Removal of foreign body (throat, eye, ear or nose)	1	2	
S28_01	13	Tracheostomy	1	2	
S28_02	14	Tubal ligation	1	2	
S28_03	15	Vasectomy	1	2	
S28_04	16	Dilatation & Curettage	1	2	
S28_05	17	Obstetric fistula repair	1	2	
S28_06	18	Episiotomy, cervical and vaginal laceration	1	2	
S28_07	19	Appendectomy	1	2	
S28_08	20	Hernia repair (strangulated)	1	2	
S28_22	21	Hernia repair (elective)	1	2	

S28_09	22	Cystostomy		1			2	2			nly from Teaching Hospitals, Provincial General Hospitals, District General Hospitals, Base
S28_10	23	Urethral stricture dilatation		1			1	2		•	tals, Major Private Hospitals and Minor Private Hospitals. or the other facilities and National Hospital, Eye Hospital, National Institute for Mental
S28_11	24	Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, intestinal		1				2		Health	h, Rehabilitation Hospital, Chest Hospital, Lady Ridgeway Hospital, Sirimavo Bandaranayake tal for Children, Cancer Hospital
		obstruction, perforation, injuries)							E29	10	Oropharyngeal airway- adult $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 11$ 182
S28_12	25	Congenital hernia repair		1			1	2	E29	11	Oropharyngeal airway- paediatric $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 12$ 182
S28_13	26	Neonatal surgery (abdominal wall defect,							E29	12	Magills forceps- adult $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 13$ 182
		colostomy imperforate anus, intussusceptions)		1			1	2	E29	13	Magills forceps- paediatric $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 14$ 1 8 2
									E29	14	Endotracheal tube neonatal – uncuffed size below $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 15$ 1 8 2
S28_23	29	Skin grafting		1			2	2	E29	15	Endotracheal tube paediatric- uncuffed sizes 3.0 to $1 \rightarrow B \ 2 \rightarrow B \ 3 \rightarrow 16 \ 1 \ 8 \ 2$
S28_17	30	Open reduction and fixation for fracture		1			1	2	E29	4.5	
S28_18	31	Amputation		1			-	2	E29	16	
S28_19	32	Cataract surgery		1			1	2		17	
S28_20	33	Club foot repair (casting or open club		1			1	2	E29	18	Laryngoscope handle and blade- paediatric $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 19$ 1 8 2
S28 21	24	foot release) Drainage of osteomyelitis-septic arthritis		1				2	E29	19	Laryngoscope handle and blade- neonatal $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 20$ 1 8 2
010_11		Please tell me if the following surgical						2 3)	E29	20	Anaesthesia machine $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 21$ 1 8 2
	2302	equipment and supplies are available and functional in this facility today.	A)) AVAIL				oning	E29	21	Tubings and connectors (to connect endotracheal tube) $1 \rightarrow B 2 \rightarrow B 3 \rightarrow 22 1 8 2$
		ASK TO SEE THE ITEMS	KED	D NOT		AILABLE YES	Q	MON	E29	22	Stylet $1 \rightarrow B \ 2 \rightarrow B \ 3 \rightarrow 23 \ 1 \ 8 \ 2$
			OBSERVED	REPORTED NOT SEEN		NOT AVAILABLE YES	z	DON'T KNOW	E32	23	Spinal needle $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 24$ 1 8 2
E29	01	Resuscitator bag and mask- adult					_	8	E29	24	Newborn bag and mask size 1 for term babies (for newborn resuscitation) $1 \rightarrow B 2 \rightarrow B 3 \rightarrow 25 1 8 2$
E27			1 → B		3 →02	1	2		E48	25	Oxygen concentrators $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 26$ 1 8 2
E29 E27	02	Resuscitator bag and mask- paediatric	1 → B	2 → B	3 →03	1	2	8	E48	26	Oxygen cylinders $1 \rightarrow B$ $2 \rightarrow B$ $3 \rightarrow 27$ 1 8 2
E21	03	Needle holder			3 →04			8	E48	27	Central oxygen supply $1 \rightarrow B 2 \rightarrow B 3 \rightarrow 28 1 8 2$
			1 → B	2 → B	5 7 6 1	1	2		E48	28	Flowmeter for oxygen therapy (with humidification) $1 \rightarrow B \ 2 \rightarrow B \ 3 \rightarrow 29 \ 1 \ 2$
E22	04	Scalpel handle with blades	1 → B	2 → B	3 →05	1	2	8	E48	29	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs) $1 \rightarrow B$ $2 \rightarrow B \xrightarrow{3}{2103}$ 1 2
E23	05	Retractor	1 → B	2 → B	3 →06	1	2	8	E48	2503	
E24	06	Surgical scissors	1 → B	2 → B	3 →07	1	2	8			YES 1
E25	07	Nasogastric tubes	1 → B	2 → B	3 →08	1	2	8			NO 2
E26	08	Tourniquet	1 → B	2 → B	3 →09	1	2	8			
E28	09	Suction pump (manual or electric) with catheter	1 → B	2 → B	3 →10	1	2	8			

		al Hospitals, Base Hospitals, Major Private Hospitals : r the other facilities and National Institute for Menta al.				•		→ 2505			Il Hospitals, Base Hospitals, Major or the other facilities and National al		•	•	→2600
	2504	Please tell me if any of the following materials or medicines are available in this service site today. I would like to see those that are available. CHECK TO SEE IF AT LEAST ONE OF EACH MATERIAL/MEDICINE IS VALID (NOT EXPIRED)	OBSER AVAIL	BLE		T OBSER			T49	2505	Do you have any material issued by a local or foreign professional college/organization on best practices, protocols etc. of surgical management available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, REF	SERVED	2	
			AT LEAST ONE VALID	AVAILARI F NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	ž		Т50	2506	Have you or any provider(s) of basic surgical services received any training on best practices, protocols of surgical management in the last two years?			1 2	
M63		Suture material (any type)	1	2	3	4	5		T57	2507	Does this facility have a staff	NEC.			
M26	02	Skin disinfectant	1	2	3	4	5				member trained in surgery, including caesarean section,				
M64	03	Ketamine (injection)	1	2	3	4	5				(Consultant Surgeon,				
M65	04	Lidocaine 1% or 2% (anaesthesia)	4	5				Consultant Obstetrician and Gynaecologist) present in the							
1148	05	Splints for extremities	1	2	3	4	5				facility or on call 24 hours a day				
1149	06	Material for cast	1	2	3	4	5				(including weekends and on public holidays)?				
M84	Base H Skip fo Health,	ly from Teaching Hospitals, Provincial General Hospi ospitals, Major Private Hospitals and Minor Private I r the other facilities and National Hospital, Eye Hosp , Rehabilitation Hospital, Chest Hospital, Lady Ridgev ranayake Hospital for Children, Cancer Hospital Thiopental (powder)	Hospitals. ital, Natio vay Hospi	nal In:	stitute	for Mer		→ 2505	T58	2508	Does this facility have a staff member trained in anaesthesia (Consultant Anaesthetist, or a Medical Officer undergone a special training in Anaesthesia) present in the facility or on call 24 hours a day (including weekends and on public holidays)?				
M85	08	Suxamethonium bromide	1	2	3	4	5			2509	Please tell me if the following	e	Ωz	ш	
106	09	Atropine (injection)	1	2	3	4	5				resources/supplies used for infection control are available	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
VI86	10	Diazepam (injection)	1	2	3	4	5				in this service area today. ASK TO SEE THE ITEMS	OBS	REP NO	AVA	
v186 V125		Halothane (inhalation)	1	2	3	4	5		I15	01	Clean running water (piped,				
	11		1	2	3	4	5			01	bucket with tap, or pour pitcher)	1	2	3	
M25	11 12	Bupivacaine (injection)	1						I15	02	Hand-washing soap/liquid soap	1	2	3	
M25 M87				2	3	4	5								
M25 M87 M88	12	Lidocaine 5% (heavy spinal solution)	1	2	3 3	4	5		I15	03	Alcohol based hand rub	1	2	3	
M25 M87 M88 M89 M62	12 13	Lidocaine 5% (heavy spinal solution)	1						I15 I16	03 04	Alcohol based hand rub Disposable latex gloves	1	2	3	
M25 M87 M88 M89	12 13 14	Lidocaine 5% (heavy spinal solution) Epinephrine/Adrenaline (injection) Ephedrine (injection)	1 1 1	2	3	4	5							-	

111	(a	harps container ("safety box") appropriate storage for sharp vaste)	1	2		3		E31	2604	Is the temperature of the refrigerator monitored at least once every 24 hours?	YES, LOG OBSERVED1 YES, LOG REPORTED NOT SEEN2	→2607
113		nvironnemental disinfectant e.g., chlorine, alcohol)	1	2		3				IF YES: PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE	NO3	→ 2607
I14		ingle use Disposable syringes vith disposable needles	1	2		3		E31	2605	Has the temperature log been completed for the last 30 days?	YES1 YES, PARTIALLY2	
I14	09 A	uto-disable syringes	1	2		3				PLEASE REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE	NO3	→ 2607
	BLOO	D TRANSFUSION								RECORDED AT LEAST ONCE EVERY 24 HOURS DURING THE LAST 30 DAYS)		
	Distric Hospi	nly from National Hospital, Te ct General Hospitals, Base Hos tals. r the other facilities.	•	• •		• •	→3000	E31	2606	Has the temperature been out of the range 2 to 6°C inclusive in the last 30 days? PLEASE CHECK THE TEMPERATURE	OBSERVED IN RANGE1 REPORTED IN RANGE BUT NOT SEEN2 OUT OF RANGE	
S27	2600	Does this facility offer blood transfusion services?					→3000			RECORD AND VERIFY THE TEMPERATURE FOR THE LAST 30 WORKING DAYS IN ORDER TO ANSWER THE QUESTION	RECORD NOT AVAILABLE4	
	KNO	D BE SHOWN THE LOCATION IN TI TESTED, STORED, OR HANDLED PI DWLEDGEABLE ABOUT BLOOD TR RSELF, EXPLAIN THE PURPOSE OF	RIOR TO TRA	NSFUSION. F SERVICES IN	IND THE PERS THE FACILITY.	ON MOST INTRODUCE	- 3000	Τ55	2607	Do you have any guidelines on the appropriate use of blood and safe transfusion practices? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED1 YES, REPORTED NOT SEEN2 NO3	
M66	2601	Have there been any interruptions in blood availability or blood supply during the last 3 months?						T56	2608	Have any provider(s) of blood transfusion services received any training in the appropriate use of blood and safe transfusion practices in the	YES1 NO2	
	2602	Please tell me if the blood that is transfused in the facility is "always", "sometimes", "rarely", or "never" screened for any of the following infectious diseases.	ALWAYS	SOMETIMES	RARELY	NEVER				last two years?		
M67	01	HIV	1	2	3	4						
M67	02	Syphilis	1	2	3	4						
M67	03	Hepatitis B	1	2	3	4		-				
M67	04	Hepatitis C	1	2	3	4						
M67_01	05	Malaria	1	2	3	4						
E31	2603	Does this facility have a refrigerator available and functioning in this service area for the storage of blood?	AVAILABLE AVAILABLE	NOT FUNCTI DON'T KNOV	ONAL ONAL V IF	2						
			NOT AVAIL	ABLE		4	→ 2607					

dicator code	Numb	per Question	F	Result	:				Skip	Indicator code	Num	ber Question		Result	t				Skip
	DIAGN	OSTICS								D3	02	Glass slides and cover slips							
	3000	Does this facility conduct any diagnostic testing including any rapid diagnostic testing?	YES NO						→4000	D10 D35 D8 D31 D32			1 → B	2 → B	3 →03	1	2	8	
	DATA (BE SHOWN THE MAIN LABORATORY OR LO COLLECTION. INTRODUCE YOURSELF AND E	XPLAIN THE PU QUESTIONS	URPOS	SE OF THE	SUR	VEY, THE	N ASK 1	THE FOLLOWING	032	03	Refrigerator	1 → B	2 → B	3 →04	1	2	8	
		like to know if the following diagnostic test	s and associat	ed equ	uipment a	are av	/ailable t	oday in											
	Skip fro	m STD Clinics, TB Clinics, Malaria Clinics							→3200	D2	04	Glucometer	1 → B	2 → B	3→05	1	2	8	
D4 D4		Does this facility offer Urine protein dipstick testing on-site?	YES NO						→3200	D2	05	Glucometer test strips (compatible to the glucometer and with valid expiration date)	1 → B	2 → B	3 3→06	1	2	8	
04	3101	Does this facility have Dipsticks for urine protein	AT LEAST ON AVAILABLE, I REPORTED A SEEN	NON V VAILA	ALID BLE. BUT	NOT	2			D1	06	Colorimeter or haemoglobinometer	1 → B	2 → B	3 →07	1	2	8	
			NOT AVAILA	BLE TO	DDAY		4			D1	07	Portable haemoglobin test machine	1 → B	2 → B	3 →08	1	2	8	
	3200	Does this facility conduct the following tests onsite or offsite?	YES, ONSITI	E	YES, OFFSITE		NOT CONDUCTING THE TEST			D3 D35	08	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g.	1 → B	2 → B	3 →09				
D2	01	Blood glucose tests using a glucometer	1		2		3					Field Stain A and B)							
D1	02	Haemoglobin testing	1		2		3			D106	09	95% Alcohol							
D10	03	General microscopy/wet-mounts	1		2		3						1 → B	2 → B	3 →10				
	Skip for	PMCU, MOH, TB Clinics, STD Clinics and H	LCs						→3201										
D3	04	Malaria smear tests	1		2		3			D37_01	10	Lugol's Iodine or Acetic Acid							
	3201	I would like to know if the following general equipment items are available	A) AVAILA	BLE) FUN		IG					1 → B	2 → B					
		and functional today. ASK TO SEE THE ITEMS	OBSERVED	REPORTED NOT SEEN	. AVAILABLE	YES	ON	DON'T KNOW							3202				
			OBSE	REPC	NOT AV			DON'T		T59 D35	3202	Does this facility have an accredited/certified microscopist?	YES NO						
D3											Skip for	PMCUs, MOH, HLCs, STD clinics, Malaria							→ 3401
D10 D35 D8	01	Light microscope	1 → B	2 → B	3→02	1	2	8		D8	3301	Does this facility do Ziehl-Neelsen testing for TB (AFB) onsite or offsite?	YES, ONSIT YES, OFFSI NO	TE			2		→3303 →3303
D31 D32											3302	I would like to know if the following equipment items for TB testing are	A) AVAI		B		TIONIN	G	-
D33												available and functional today. ASK TO SEE THE ITEMS	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	Q	DON'T KNOW	
										D8	01	Fluorescence microscope (FM)	1 → B	2 → B	z 3→02	1	2	8	

ndicator code	Num	ber Question		Resul	t				Skip	Indicator code	Num	ber Question		Result					Skip
D8	02	Ziehl-Neelsen stain								D31	18	Gram stain testing	1		2		3	;	
			1 → B	2 → B	3→03	1	2	8		D33	19	CSF/ body fluid counts	1		2		3	•	
50		Auramine Rhodamine stain for								D120	20	Troponin I or T	1		2		3	;	
D8	03	fluorescent microscopy	1 → B		3→330 3		2					CHECK Q3401: IF "YES, ONSITE" CIRCLED FOR ANY TEST		'YES, OFFS E CIRCLED					
	3303	Does this facility conduct Xpert MTB/RIF diagnostic testing for TB onsite or offsite?	YES, ONSIT YES, OFFSI NO	TE				2	→3401 →3401			<u>ل</u> با							→ 3403
	3304	Please tell me if the following equipment items for Xpert MTB/RIF	A) AVAI	LABLE	в)	FUN	CTION	ING			3402	Please tell me if the following equipment items and reagents are	۵	AVAILABL	F	B) FI	UNCTIO	NING	
		diagnostic testing for TB are available and functional today. ASK TO SEE THE ITEMS	OBSERVED	REPORTED NOT SEEN	AVAILABLE	VEC V	<u></u>	T KNOW				available and functional today. ASK TO SEE THE ITEMS	OBSERVED	REPORTED			NO	DON'T KNOW	
			OBS	REP	NOT A			DON'T		D18 D19	01	Biochemistry analyser	1 → B	2 → B	3→02	1	2	8	
D121	01	GeneXpert 4 module unit with laptop	1 → B	2 → E	3→02	1	1 2	2 8		D18	02	Centrifuge							
D122	02	TB rapid test cartridge	1 → B	2 → F	3→340	1 :	1 2	2 8		D19		-	1 → B	2 → B	3→03	1	2	8	
			1.0						_	D19	03	Specific assay kit(s)- liver function test	1 → B	2 → B	3→04	1	2	8	
	Skip for	r PMCUs, MOH, TB Clinic	1					!	→3600	D18	04	Specific assay kit(s)- renal function test	1 → B	2 → B		1	2	8	
	3401	Does this facility conduct the following tests onsite or offsite?	YES, ONSI	re y	ES, OFFSITI	E	COND	ON'T UCT THE 'EST		D110	05	Chemical Analyzer for Venous Blood			3→05		2	8	
D19	01	ALT testing	1		2			3				Glucose	1 → B	2 → B	3→06	1	2	0	
D19	02	Other liver function testing (such as bilirubin)	1		2			3		D111	06	Bio Chemistry analyzer for Lipid profile	1 → B	2 → B	3→07	1	2	8	
D18	03	Serum creatinine testing	1		2			3		D24	07	Specific assay kit- serum electrolyte test	1 → B	2 → B ³	3→08	1	2	8	
D18	04	Blood Urea	1		2			3					1.9	2 . 0		1	2	0	
D112	05	Urine Full Report	1		2			3		D17	08	Assay specific automated system for	1 → B	2 → B	3→	1	2	8	
D102	06	Venous Blood Glucose	1		2			3				estimating HIV viral load	1 0	2 0	09	-	2	Ŭ	
D113	07	Erythrocyte Sedimentation Rate (ESR)	1		2			3		D17 D24	09	Centrifuge	1 → B	2 → B	3→ 10	1	2	8	
D114	08	Renal Biopsy	1		2			3		D17	10	Vortex mixer			3→				
D115	09	Serum Calcium	1		2			3					1 → B	2 → B	11	1	2	8	
D116	10	Serum Phosphorous	1		2			3		D17	11	Pipettes	1 → B	2 → B	3→	1	2	8	
D117	11	Alkaline phosphatase	1		2			3		D24		a			12 3→				
D118	12	Serum total protein and albumin	1		2			3		D31	12	Gram stains	1 → B	2 → B	13	1	2	8	
D104	13	Lipid Profile	1		2			3											
D119	14	Serum bicarbonate	1		2			3											
D103_A	15	HbA1C	1		2			3			13	White blood counting chamber	1 → B	2 → B	3→ 3403	1	2	8	
D24	16	Serum electrolyte testing	1		2			3							3403				
D17	17	Molecular biological technique for HIV viral load or HIV early-infant diagnosis (PCR)	1		2			3											

dicator code	Numl	per Question		Resu	lt				Skip	D22	03	Cross-match testing by direct agglutination	1	2		3			
D15 D25	3403	Does this facility do full blood count a differential testing onsite or offsite?	YES, C YES, C	DNSITE DFFSITE			2		→3405 →3405	D22	04	Cross-match testing by indirect anti-globulin testing or other test with equivalent sensitivity	1	2		3			
D15 D25	01	Haematology analyzer (for full blood	OBSERVED 0BSERVED	NoT SEEN B 3 5 → B	NOT AVAILABLE	XES 1	Q 2	000 DON'T KNOW				CHECK Q3501 Blood typing and cross match: IF "YES, ONSITE" CIRCLED FOR ANY TEST	IF ONLY "YES	, OFFSITE" OR "I		RCLED			→3600
D15 D25	02	Stains for full blood count and	1 → F	3 2 → B	3→02	1	2	8			3502	Please tell me if the following equipment		AILABLE	B) FU		G		
D16	3405	differential Does this facility do CD4 count (absolute and percentage) testing onsite or offsite?	YES, O	NSITE			2		→3500 →3500			items and reagents for blood typing and cross match are available and functional today. ASK TO SEE THE ITEMS	OBSERVED	REPORTED	NOT AVAILABLE	YES	N	DON'T KNOW	
	3406	Please tell me if the following equipment items for CD4 testing are		• • • • • • •	0.5	-				D21 D22	01	Centrifuge	1 → B	2 → B	3→02	1	2	8	
		available and functional today.	ED	A) AVAILA	1	, ES				D22	02	37° C incubator	1 → B	2 → B	3→03	1	2	8	
			OBSERVED	REPORTED NOT SEEN	VOT AVAILABLE	ΥE	N	DON'T KNOW		D22	03	Grouping sera	1 → B	2 → B	3→3600	1	2	8	
D16	01	CD4 counter	1→6	3 2 → B	3→02	1	2	8			•	m Divisional Hospitals, PN	ICU, MOH, STE	Clinics, Malaria	a Clinics, HL	.Cs			→3600_04
D16	02	Specific assay kit- CD4 test	1 → F	3 2 → B	3→03	1	2	8			3600	Does this facility perform diagnostic x- rays, ultrasound, or							→3600_04
D17	03	Molecular biological technique for HI viral load or HIV early-infant diagnosi		2	3							computerized tomography?							2 3000_04
	Skin for	(PCR) STD Clinics							→4000		3601	Please tell me if the following imaging		A) AVAILAB	LE	FU	B) NCTIO		
D2 D2	1 3	500 Does this facility conduct blood group YES, o serology onsite or YES, o	FFSITE			2	→360	00				equipment items are available and functional today. ASK TO SEE THE ITEMS	BSERVED	REPORTED NOT SEEN		NOT AVAILABLE YFS	ON	DON'T KNOW	
	3	501 Does this facility								E33		X-ray machine	1 → B	2 → B		- >	2		
		conduct the following blood group serology				ON'T IDUCT				E35 E36		Ultrasound equipment CT scan	$1 \rightarrow B$ $1 \rightarrow B$	2 → B 2 → B		3→03 1 3→04 1			
	.4		NSITE	YES, OFFSIT		TEST						om MOH, STD Clinics, Mal		2 0			2	5	→4000
D2		01 ABO blood grouping testing	1	2		3				E34	04	ECG	1 → B	2 → B		3→40 00 1	2	8	
D2	1	02 Rhesus blood grouping testing	1	2		3						·							

icator code		Number Question			Result			Skip	M54	05	Thiazide (e.g. hydrochlorothiazide (HCT))	1	2	3	4	5	
	MEDI	CINES AND COMMODITIES							M55	06	Beta blocker (e.g.bisoprolol, metoprolol, carvedilol, atenolol)	1	2	3	4	5	
	4000	Does this facility stock medicines, vaccines, or	YES						M56	07	Calcium channel blocker (e.g. amlodipine)	1	2	3	4	5	
		contraceptive commodities?	NO					→5000	M57	08	Aspirin cap/tab	1	2	3	4	5	
	A.C.W	TO BE SHOWN THE MAIN LOCATION IN THE FACILITY				OTUS	.	75000	M59	09	Beclomethasone inhaler	1	2	3	4	5	
		PPLIES ARE STORED. FIND THE PERSON MOST KNOWLE							M60	10	Prednisolone cap/tab	1	2	3	4	5	
	MANA	GEMENT OF MEDICINES AND SUPPLIES IN THE FACILIT THE PURPOSE OF THE SURVEY AND ASK THE FO				LF, EXP	LAIN		M61	11	Hydrocortisone injection	1	2	3	4	5	
				QULU	10113.				M62	12	Adrenaline/Epinephrine injection	1	2	3	4	5	
	I would	d like to know if the following medicines are available	today in t	this faci	ility. I w	ould al	so		M114	13	Furosemide cap/tab	1	2	3	4	5	
		observe the medicines that are available. If any of the er location in the facility, please tell me where in the fa							M219	14	Frusemide injection	1	2	3	4	5	
	to veri		cinty it is	storeu	SOICA	i go the	ere		M10	15	Glibenclamide cap/tab	1	2	3	4	5	
									M115	16	Gliclazide tablet or glipizide tablet	1	2	3	4	5	
	4001	Are any of the following medicines for the treatment	OBSER		NOT	OBSER	VED		M116	17	Glyceryl trinitrate sublingual tablet	1	2	3	4	5	
		of infectious diseases available in the facility today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT	AVAIL						M95 M44	18	Ibuprofen tablet	1	2	3	4	5	
		EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE	NOT AVAILABLE	/ER Arif		M44	19	Diclofenac sodium	1	2	3	4	5	
			AT LE	AVAIL NON \	REPO AVAIL	NC	NEVER AVAILABLE		M118	20	Isosorbide dinitrate tablet (ISDN)	1	2	3	4	5	
M43	01	Contrimovogolo con/tab (Oral antibiatia)	1	2	3	4	5		M11	21	Omeprazole tablet or alternative such as	1	2	3	4	5	
M43	01	Co-trimoxazole cap/tab (Oral antibiotic) Fluconazole cap/tab	1	2	3	4	5		M38	22	pantoprazole, rabeprazole	1	2	3	4	5	
M35	02	Albendazole or Mebendazole cap/tab	1	2	3	4	5		M44	22	Paracetamol cap/tab (adult oral formulation)	1	2	3	4	5	
M49	03	Metronidazole cap/tab	1	2	3	4	5		M13	23	Salbutamol inhaler	1	2	3	4	5	
M2	04	Amoxicillin cap/tab	1	2	3	4	5		M14	24	Simvastatin tablet or other statin e.g. atorvastatin, pravastatin, fluvastatin	1	2	3	4	5	
M5	05		1	2	3	4	J		M147	25	Spironolactone tablets	1	2	3	4	5	
M23 M110	06	Ceftriaxone injection	1	2	3	4	5		M220	26	Salmetrol/fluticasone inhalor	1	2	3	4	5	
M6	07	Ciprofloxacin cap/tab	1	2	3	4	5		M221	27	Budesonide/formetrol inhalor	1	2	3	4	5	
M218	08	C. Penicillin	1	2	3	4	5		M222	28	Theophylline tab	1	2	3	4	5	
M244	09	Doxycycline	1	2	3	4	5		M223	29	Salbutamol tab	1	2	3	4	5	
	4002	Are any of the following medicines for the	OBSER	RVED	NOT	OBSER	VED		M224	30	Salbutamol nebulising solution	1	2	3	4	5	
		management of non-communicable diseases available in the facility today?	AVAIL	ABLE					M225	31	Ipratropium bromide nebulizing solution	1	2	3	4	5	
			U N	NON	DBUT	BLE	ш	4	M226	32	Aminophylline injection	1	2	3	4	5	
		CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)	AST C	ABLE I	ORTE		NEVER		M228	33	Angiotensin receptor blockers (e.g. losartan, olmesartan, telmisartan, and valsartan)	1	2	3	4	5	
		VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT	NOT AVAILABLE TODAY	N AVA		M229	34	Allopurinol	1	2	3	4	5	
M50	01	Metformin cap/tab	1	2	3	4	5		M230	35	Oral bicarbonate supplements (sodium bicarbonate)	1	2	3	4	5	
M51	02	Insulin regular injection	1	2	3	4	5			36	Vitamin D analogues (ergocalciferol (calciferol, vitamin D2), colecalciferol (vitamin D3), dihydrotachysterol,	1	2	3	4	5	
M52	03	Glucose 50% injection	1	2	3	4	5		M231		alfacalcidol (1a-hydroxycholecalciferol), and calcitriol (1,25-dihydroxycholecalciferol))						
M53	04	ACE inhibitor (e.g. enalapril, lisinopril, ramipril,	1	2	3	4	5		M232	37	(1,25-dinydroxycnolecalciferoi)) Perenteral iron/sucrose supplements	1	2	3	4	5	
NI23		perindopril)	-	-			-		M233	38	Perenteral iron/sucrose supplements Erythropoetin injections	1	2	3	4	5	
									M243	39	Erythropoetin injections Chlorpinaramine tablet/syrup	1	2	3	4	5	

	4003	Are any of the following maternal health medicines available in the facility today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE	OBSE AVAIL		NOT	OBSER	VED			Skip fo	r PMCU, MOH, HLC, STD Clinic, Malaria clinic, TB clinic						→ 4006
		ISVALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE	NOT AVAILABLE	NEVER AVAILABLE			4005	For each of the following items, please check in the facility records if there has been a stock-out in the past 3 months:	STOCK OUT IN THE PAST	5		PRODUCT NOT OFFERED		ONLINE SYSTEM. RECORD IS NOT RETRIEVABLE(ONLY FOR PRIVATE HOSPITALS)
M18	01	Iron tablets	1	2	3	4	5					OUTI	CK OI	ē	CT NO	Y D NOT	SYST SYST D IS N VABLI VATE NVATE ALS)
M19	02	Folic acid tablets	1	2	3	4	5					ST OCK	NO STOCK OUT IN PAST	NOT INDICATED	SODUC	FACILITY RECORD NOT	ALINE CORI OR PR
M18 M19	03	Iron and folic acid combined tablets	1	2	3	4	5										6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
M20	04	Tetanus toxoid vaccine	1	2	3	4	5		M22_A		Oxytocin injection	1	2	3	4	5	6
M69	05	Sodium chloride injectable solution	1	2	3	4	5		M74_A	02	Misoprostol 200µg tablets	1	2	3	4	5	6
M70	06	Calcium gluconate injection	1	2	3	4	5		M24_A	03	Magnesium sulphate injection	1	2	3	4	5	6
M24	07	Magnesium sulphate injectable	1	2	3	4	5		M72_A	04	Gentamicin injection	1	2	3	4	5	6
M71	08	Ampicillin powder for injection	1	2	3	4	5		M80_A	05	Procaine benzylpenicillin injection	1	2	3	4	5	6
M23 M72		Amplemin powder for injection							M5_A	06	Ceftriaxone injection	1	2	3	4	5	
M23 M110	09	Gentamicin injection	1	2	3	4	5		M78_A	07	Betamethasone injection	1	2	3	4	5	6
M141		- -							M78_B	08	Dexamethasone injection	1	2	3	4	5	→ 4011
M106	10	Hydralazine injection	1	2	3	4	5		Skip for STE		Malaria Clinics, TB Clinics and HLCs.						7 4011
M73	11	Metronidazole injection	1	2	3	4	5			4006	Are any of the following child health medicines available in the facility today?		RVED	NO	T OBSER	VED	
M74	12	Misoprostol 200µg tablets	1	2	3	4	5				CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)			7			
M75	13	Azithromycin cap/tab or oral liquid	1	2	3	4	5							T SEEN			
M76	14	Cefixime cap/tab	1	2	3	4	5					q	AUD	T NO	DDAY	щ	
M77	15	Benzathine benzylpenicillin powder for injection	1	2	3	4	5					NE V#	NON V	LE BU	AVAILABLE TODAY	NEVER AVAILABLE	
M78	16	Betamethasone injection	1	2	3	4	5					AST O	ABLE N	AILAB	AILAI	ER AV	
M78 M129	17	Dexamethasone injection	1	2	3	4	5					AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT	NOT AV	NEV	
M79	18	Nifedipine cap/tab (10mg)	1	2	3	4	5							REPOF			
M107	19	Methyldopa tablet	1	2	3	4	5		M80 M110	01	Procaine benzylpenicillin injection	1	2	3	4	5	
M22	20	Oxytocin injection	1	2	3	4	5		M32	02	Oral Rehydration Salts (ORS) sachets	1	2	3	4	5	
		IF OXYTOCIN IS OBSERVED AVAILABLE		TOCIN IS	NOT O	BSER\	/ED		M36	03	Zinc sulphate tablets	1	2	3	4	5	
		(Q4003 20 is "1" OR "2")	AVAILA	ABLE					M36	04	Zinc sulphate syrup or dispersible tablets	1	2	3	4	5	
			(Q40	03_20 i	s "3","4	",OR '	5″)		M34	05	Vitamin A (retinol) capsules	1	2	3	4	5	
		\checkmark			Γ	L		→4005	M216	06	Intra venous parental nutrition	1	2	3	4	5	
								74005	M202_01	07	Caffeine (injectable)	1	2	3	4	5	
			VEC				1		M217	08	Oral anti fungal syrup	1	2	3	4	5	
	4004	Is the oxytocin stored in cold storage?							M245	09	Antibiotic eye ointment/drops	1	2	3	4	5	
	-004	is the oxytochi stored in cold storage:							M7	10	Co-trimoxazole syrup/suspension	1	2	3	4	5	
									M12	11	Paracetamol syrup/suspension	1	2	3	4	5	
									M33	12	Amoxicillin 250 mg or 500 mg dispersible tablet or syrup/suspension	1	2	3	4	5	

		IF AMOXICILLIN DISPERSIBLE TABLETS ARE			N DISPER					10	Medical (surgical or procedural) masks	1	2	3	4	5	
		OBSERVED AVAILABLE (Q4006_12 is "1")	TABL	ETS NO	T OBSER				M63	11	Absorbable suture material	1	2	3	4	5	
		Ų					\Rightarrow	→ 4009	M63	12	Non-absorbable suture material	1	2	3	4	5	
	4007	Is the product stored so that identification labels and expiry dates and manufacturing dates are visible?	-						M64	13	Ketamine (injection)	1	2	3	4	5	
		expiry dates and manufacturing dates are visible:	NO				2		M65		Lidocaine 1% or 2% (anaesthesia)	1	2	3	4	5	
		Check the expiry dates of the stored product.	VES				1		M25			1	2	3	4	5	
	4008	Are they stored in first-to-expire, first-out (FEFO) order (i.e. the stock that will expire first is the closest							M40	16	Insecticide treated bed nets for patients or a facility to provide insecticide treated bed nets on demand	1	2	3	4	5	
		to the front)? CHECK THE EXPIRY DATES OF THE STORED PRODUCT AT THE FRONT AND AT THE BACK OF THE SHELF. IF THE PRODUCT AT THE FRONT EXPIRES FIRST, ANSWER "YES". IF THE PRODUCT AT THE BACK							M84	Hospita Childre Malaria	r the National Hospital, Eye Hospital, National Institute al, Chest Hospital, Lady Ridgeway Hospital, Sirimavo Ba an, Cancer Hospital, Divisional Hospitals, PMCU, MOH, I a Clinics,	andaran HLC, TB	nayake Clinics,	Hospita , STD Cli	l for	nd	→4011
		EXPIRES FIRST, ANSWER "NO".							-		Thiopental (powder)	1	2	3		5	
	4009		PAST	ST		Ð	NOT	ONLINE SYSTEM. RECORD IS NOT RETRIEVABLE (ONL Y FOR PRIVATE HOSPITALS)	M85		Suxamethonium bromide	1	2	3	4	5	
			111	N PAST	8	FER	ž g		M86		Atropine (injection)	1	2	3	4	5	
		For each of the following items, please check in the	OUT IN THE MONTHS	STOCK OUT IN 3 MONTHS	NOT INDICATED	10 LO	ABLE	EM. F VABI	M87	20	Halothane (inhalation)	1	2	3	4	5	
		facility records if there has been a stock-out in the past 3 months:	3 MOI	MOP MOP	N	N L	∠ RE	SYST TRIE	M88		Bupivacaine (injection)	1	2	3	4	5	
			STOCK (ST0 3	5	PRODUCT NOT OFFERED	FACILITY RECORD AVAILABLE	T RE	M89	22	Lidocaine 5% (heavy spinal solution)	1	2	3	4	5	
			STC	9 2		PRO	FA	S NO FOR	M62		Epinephrine/Adrenaline (injection)	1	2	3	4	5	
	01	Amoxicillin 250mg or 500mg dispersible tablet or	1	2	3	4	5		M90		Ephedrine (injection)	1	2	3	4	5	
M33_A	01	syrup/suspension	1	2	3	4	5	6		Skip fo	r PMCU, MOH, HLC, STD Clinic, TB Clinic, Malaria clinic						→4012
M32_A	02	Oral rehydration salts (ORS)	1	2	3	4	5	6		4011	Are any of the following mental health and neurological medicines available in the facility today?		ERVED	NOT	OBSER	₹VED	
M36_A	03	Zinc sulphate tablets	1	2	3	4	5	6			CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)						
M36_B	04	Zinc sulphate syrup or dispersible tablets	1	2	3	4	5	6			,	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT	NOT AVAILABLE TODAV	L H	
	Skip fo	r PMCU, MOH, HLC, STD Clinic, TB Clinic, Malaria clinic						→4011				EAST	LABLE	PORT	AVAII	NEVER	
	4010	Are any of the following other medicines and commodities available in the facility today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS		RVED	NOT	OBSERV	/ED					AT I	AVAI	RE	NOT	A	
			7.7													-	
		VALID (NOT EXPIRED)			F	щ	BLE		M1	01	Amitriptyline tablet	1	2	3	4	5	
					RTED LE BUT SEEN	ALABLE AY	AILABLE		M1 M119		Amitriptyline tablet Carbamazepine tablet		2	3 3	4	5	
					REPORTED AILABLE BUT NOT SEEN	NT AVAILABLE TODAY	ER AVAILABLE			02	. ,	1					
			AT LEAST ONE VALID		REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		M119	02 03	Carbamazepine tablet Chlorpromazine injection	1	2	3	4	5	
M27	01	VALID (NOT EXPIRED)			C REPORTED AVAILABLE BUT NOT SEEN	P NOT AVAILABLE TODAY	G NEVER AVAILABLE		M119 M120	02 03	Carbamazepine tablet Chlorpromazine injection	1 1 1	2	3	4	5	
M27 M27	-	VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID					M119 M120 M121	02 03 04 05	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes	1 1 1 1	2 2 2	3 3 3	4 4 4 4	5 5 5	
	-	VALID (NOT EXPIRED) Normal saline IV solution	L AT LEAST ONE VALID	2 AVAILABLE NON VALID	3	4	5		M119 M120 M121 M122	02 03 04 05	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes	1 1 1 1 1	2 2 2 2 2	3 3 3 3	4 4 4 4 4	5 5 5 5	
M27	02	VALID (NOT EXPIRED) Normal saline IV solution Ringers lactate IV solution	T AT LEAST ONE VAUD	2 AVAILABLE NON VALID	3	4	5		M119 M120 M121 M122 M94	02 03 04 05 06 07	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes Fluoxetine capsule	1 1 1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4 4 4	5 5 5 5 5 5	
M27 M27	02 03	VALID (NOT EXPIRED) Normal saline IV solution Ringers lactate IV solution 5% dextrose IV solution Intravenous infusion kits (IV sets)	AT LEAST ONE VALID	AVAILABLE NON 7 7 7 7 7	3 3 3	4 4 4	5		M119 M120 M121 M122 M94 M123	02 03 04 05 06 07	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes Fluoxetine capsule Fluphenazine injection	1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4	5 5 5 5 5 5 5 5	
M27 M27 M27	02 03 04	VALID (NOT EXPIRED) Normal saline IV solution Ringers lactate IV solution 5% dextrose IV solution Intravenous infusion kits (IV sets)	ATLEAST ONE T T VALID	AVAILABLE NON 7 7 7 7 7 7 7 7 7 7 7 7 7	3 3 3 3	4 4 4 4 4	5 5 5 5		M119 M120 M121 M122 M94 M123 M124	02 03 04 05 06 07 08 09	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes Fluoxetine capsule Fluphenazine injection Haloperidol tablet	1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4	5 5 5 5 5 5 5 5 5 5 5 5	
M27 M27 M27 M42	02 03 04 05	VALID (NOT EXPIRED) Normal saline IV solution Ringers lactate IV solution 5% dextrose IV solution Intravenous infusion kits (IV sets) IV treatment for fungal infections	ATLEASTONE 1 1 1 1 1 1	VAUD VAUD CANALABLE NON VAUD CANALABLE NON VAUD CANALABLE NON VAUD	3 3 3 3 3 3	4 4 4 4 4 4	5 5 5 5 5 5		M119 M120 M121 M122 M94 M123 M124 M125	02 03 04 05 06 07 08 09	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes Fluoxetine capsule Fluphenazine injection Haloperidol tablet Lithium tablet Phenobarbital tablet	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4 4	5 5 5 5 5 5 5 5 5 5 5 5 5	
M27 M27 M27 M42 M26	02 03 04 05 06	VALID (NOT EXPIRED) Normal saline IV solution Ringers lactate IV solution 5% dextrose IV solution Intravenous infusion kits (IV sets) IV treatment for fungal infections Skin disinfectant	AT LEAST ONE 1 1 1 1 1 1 1 1	AVAILABLE NON 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4	5 5 5 5 5 5 5		M119 M120 M121 M122 M94 M123 M124 M125 M126	02 03 04 05 06 07 08 09 10	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes Fluoxetine capsule Fluphenazine injection Haloperidol tablet Lithium tablet Phenobarbital tablet	1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4 4 4 4	5 5 5 5 5 5 5 5 5 5 5 5 5 5	
M27 M27 M27 M42 M26	02 03 04 05 06 07 08	VALID (NOT EXPIRED) Normal saline IV solution Ringers lactate IV solution 5% dextrose IV solution Intravenous infusion kits (IV sets) IV treatment for fungal infections Skin disinfectant Chlorhexidine 4% gel or solution Gowns	ATLEAST ONE 1 1 1 1 1 1 1 1 1 1 1 1	AVAILABLE NON 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4	5 5 5 5 5 5 5 5		M119 M120 M121 M122 M94 M123 M124 M125 M126 M127	02 03 04 05 06 07 08 09 10 11 11	Carbamazepine tablet Chlorpromazine injection Diazepam tablet Diazepam injection or diazepam rectal tubes Fluoxetine capsule Fluphenazine injection Haloperidol tablet Lithium tablet Phenobarbital tablet Phenytoin tablet Valproate sodium tablet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4 4 4 4 4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

M234	15		1	2	3	4	5	Number Question	Result Skip
M235	16	Imipramine tab	1	2	3	4	5		Skip
M236	17	Benzhexol tablet	1	2	3	4	5	INTERVIEWER'S OBSERVATIONS	
M237	18	Trifluoroperazine tablet	1	2	3	4	5	5000 INTERVIEW END TIME (use the 24 hour-clock system)	
M238	19	Clomipramine tablet	1	2	3	4	5		
M239	20	Risperidone tablet	1	2	3	4	5	5001 RESULT CODES (LAST VISIT): COMPLETED	1
M240		Venlafaxine tablet	1	2	3	4	5		T NOT AVAILABLE 2
IVIZ40	21 4012	Thiamine tablet Are any of the following palliative care medicines							
	4012	available in the facility today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE		RVED	NOT	OBSER	VED	OTHER	OMPLETED 4 96
		CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)		z	H	щ			(SPECIFY)
			D NO	ID ID	(TED LE BU	ulabi AY	ER ABLE	COMMENTS ABOUT THE RESPONDENT:	
			AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT	NOT AVAILABLE TODAY	NEVER AVAILABLE		
			AT	AVI	A N	0N	4		
M129	01	Dexamethasone injection	1	2	3	4	5		
M130	02	Haloperidol injection	1	2	3	4	5		
M131	03	Hyoscine butylbromide injection	1	2	3	4	5		
M132	04	Lorazepam tablet	1	2	3	4	5	COMMENTS ON SPECIFIC QUESTIONS:	
M133	05	Metoclopramide injection	1	2	3	4	5		
M83 M44	06	Morphine granules, tablet	1	2	3	4	5		
M83 M44	07	Morphine injection	1	2	3	4	5		
M227	08	Tramadol	1	2	3	4	5		
M134	09	Senna preparation (laxative)	1	2	3	4	5	ANY OTHER COMMENTS:	
M146	10	Loperamide tab/cap	1	2	3	4	5		
								SUPERVISOR'S OBSE	

NAME OF SUPERVISOR:

DATE:

