



லர்ஜிக கர்சுசுடல லர்லால
வருடாந்த ஸெயலாற்றுகை அறிக்கை
Annual Performance Report

2020

ஃலெய் அலறயாண்ட
சுகாதார அமைச்சு
Ministry of Health

Annual Performance Report 2020

Ministry of Health

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CHAPTER 1

Institutional Profile/ Executive Summary

1.1 Introduction

With the vision for a healthier nation that contributes to its economic, social, mental and spiritual development, the Ministry of Health is committed towards safeguarding the health status of citizens of Sri Lanka by providing quality healthcare services in preventive, curative, administrative and rehabilitative sectors. The Ministry of Health is responsible for formulating health policies, setting standards, providing strategic direction for healthcare delivery in the country, allocating resources, training and management of staff at all healthcare delivery agencies and providing healthcare to all its citizens free of charge at the point of delivery through an extensive network of healthcare institutions.

Sri Lanka provides a free health service to its citizens. At present, much emphasis and focus are made by the Ministry of Health towards strengthening primary healthcare, while maintaining the efforts taken towards improving secondary and tertiary care at the same time. While maintaining already well-established and well-functioning primary preventive care services, primary curative care services are being strengthened and reorganized with proper follow-up and referral systems, thus optimizing the services provided to the public with the available resources. These endeavours are carried out with the ultimate aim of achieving Universal Health Coverage (UHC), which would ensure access to promotive, preventive, curative, rehabilitative and palliative health services of good quality, to all people in need, while ensuring that the use of these services does not expose the user to financial hardship.

This Annual Performance Report for year 2020 shows the progress of the annual health sector work plan, as well as the overall health sector performance, against the set targets for year 2020. Further, this publication reports the progress of the key performance indicators, giving an overview of the achievements during the past year. However, year 2020 didn't have an annual budget and only Vote-On Account budgetary provision was available. Furthermore, the COVID 19 pandemic badly affected the implementation of planned activities.

Expenditure Head No: 111

Summary of Financial Progress

#	Description	No. of projects / programmes	Allocation for 2020 (Rs. Mn)	Expenditure (Rs. Mn)	% of Utilization
1	GoSL funded capital programmes	42	10,511.18	10,458.09	99.49
2	GoSL funded capital ongoing projects	36	3,494.26	3,477.80	99.53
3	Foreign funded capital programmes	5	49.97	42.66	85.37
4	Foreign funded capital ongoing projects	20	29,135.41	28,541.97	97.96
	Total	103	43,190.82	42,520.52	98.45

1.2 Vision, Mission, Objectives of the Institution

VISION

A healthier nation that contributes to its economic, social, mental and spiritual development

MISSION

To contribute to social and economic development of Sri Lanka by 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

Objectives

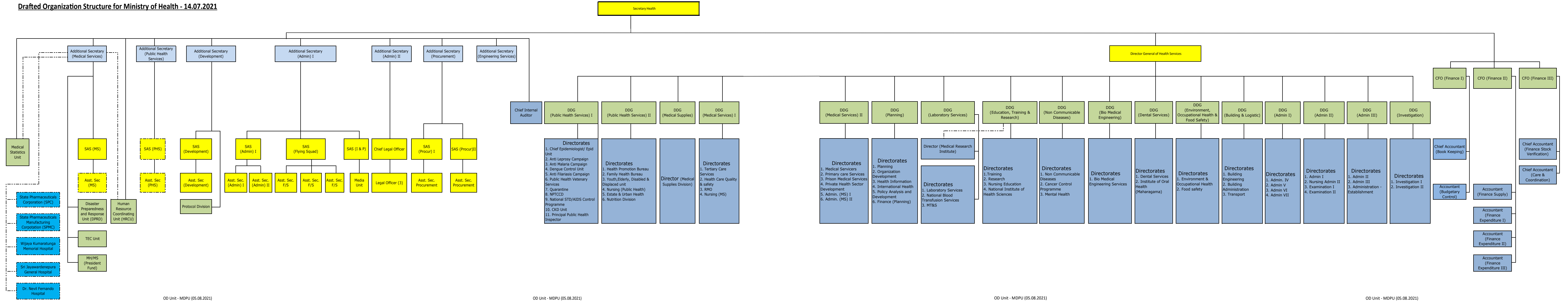
- Strengthen service delivery to achieve preventive health goals
- Appropriate and accessible high-quality curative care for all Sri Lankan citizens
- Promotion of equitable access to quality rehabilitation care
- Strengthen evidence-based service delivery to support journey along the continuum of care
- Develop new strategies to reduce out-of-pocket spending and reduce financial risk
- Ensure a comprehensive health system through a better re-structuring including Human Resource Management
- Develop strategic partnership with all providers of health care

1.3 Key Functions:

1. Formulation of policies, programmes and projects
2. Monitoring and evaluation with regard to the subjects of health and nutrition and those subjects that come under the purview of Departments, Statutory Institutions and Public Corporations listed in 1.6
3. Formulation of policies and standards required for public health services
4. Formulation and implementation of programmes to improve public health and nutrition
5. Implementation of rules and regulations in relation to international quarantine and sanitation
6. Regulation and supervision of the quality, standards and pricing of private hospitals and medical centres
7. Regulation and supervision of charitable medical institutions
8. Adoption of measures for the control, prevention and cure of epidemic, communicable and non-communicable diseases
9. Implementation of medical and oral health services of the school health programme services
10. Matters relating to healthcare in estate sector
11. General sanitation
12. Implementation of the Thripasha Distribution Scheme
13. Management of all hospitals and staff employed therein (other than those under provincial councils)
14. Management and organization of all departments and services in scheduled training hospitals, and liaise with other higher medical education institutions
15. Matters relating to National Blood Transfusion Services
16. Matters relating to production, import and distribution of drugs
17. Administration and personnel management of Sri Lanka Medical Service
18. Expansion of training opportunities required for the enhancement of quality and skills of medical and paramedical services
19. Introduction of new strategies to expand research opportunities in the health sector
20. Matters relating to national health insurance programmes

1.4 Organisational Chart (Draft)

Drafted Organization Structure for Ministry of Health - 14.07.2021



OD Unit - MDPU (05.08.2021)

OD Unit - MDPU (05.08.2021)

OD Unit - MDPU (05.08.2021)

OD Unit - MDPU (05.08.2021)

1.5 Main Divisions of the Ministry

Curative care services

- Hospitals under the line ministry
- Oral Health Services
- Estate and Urban Health Services

Preventive care services

- Control of Communicable Diseases
- Control of Vector-Borne Diseases
- Control of Non-Communicable Diseases
- Maternal and Child Health Services
- Nutrition
- Disaster Preparedness and Response
- Environmental and Occupational Health, and Food Safety
- Health Promotion
- Services for Youth, Elderly and Disabled Persons
- Public Health Veterinary Services
- Tobacco and Alcohol Control

Other services

- Education, Training & Research
- Laboratory Services
- Blood Transfusion Services
- Quality and Safety of Health Services
- Medical Supplies
- Biomedical Engineering Services
- Management Development and Planning Services
- Human Resource Development
- Financial Services
- Medical Statistical Services
- Regulation of Private Health Services
- Regulation of Medicines & Cosmetics

1.6 Institutions/ Funds coming under the ministry

National Hospitals

- National Hospital of Sri Lanka, Colombo
- National Hospital, Kandy

Teaching Hospitals

- Teaching Hospital Anuradhapura
- Teaching Hospital Batticaloa
- Teaching Hospital Colombo North, Ragama
- Teaching Hospital Colombo South, Kalubowila
- Teaching Hospital Jaffna
- Teaching Hospital Karapitiya
- Teaching Hospital Kuliyaipitiya
- Teaching Hospital Peradeniya
- Teaching Hospital Ratnapura

Specialised Hospitals

Lady Ridgeway Hospital (Teaching), Colombo
De Soysa Hospital for Women (Teaching), Colombo
Castle Street Hospital for Women (Teaching), Colombo
National Dental Hospital (Teaching), Colombo
National Institute for Nephrology Dialysis & Transplantation, Maligawatta
National Eye Hospital, Colombo
National Institute of Infectious Diseases - Angoda
Apeksha Hospital, Maharagama
National Institute of Mental Health - Angoda
National Hospital for Respiratory Diseases, Welisara
Rehabilitation Hospital, Ragama
Teaching Hospital, Mahamodara
Sirimawo Bandaranayake Specialized Children's Hospital, Peradeniya (Teaching)
Leprosy Hospital, Handala

Provincial General Hospitals

Provincial General Hospital, Badulla
Provincial General Hospital, Kurunegala

District General Hospitals

District General Hospital, Kalutara
District General Hospital, Negombo
District General Hospital, Matara & Godagama
District General Hospital, Hambantota
District General Hospital, Kegalle
District General Hospital, Nuwara Eliya
District General Hospital, Chilaw
District General Hospital, Monaragala
District General Hospital, Polonnaruwa
District General Hospital, Ampara
District General Hospital, Trincomalee

Base Hospitals – Type A

Base Hospital A Kalmunai North
Base Hospital A Kalmunai South (Ashroff Memorial Hospital)
Base Hospital A Akkaraipattu
Base Hospital A Kantale
Base Hospital A Mulleriyawa (Colombo East Base Hospital)

Base Hospitals - Type B

Base Hospital B Beruwala
Base Hospital B Gampola

Divisional Hospitals

Divisional Hospital, Kandana (Type A)
Divisional Hospital, Dharga Town (Type B)
Divisional Hospital, Aluthgama (Type C)

Board Managed Hospitals

Sri Jayawardanapura General Hospital, Thalpathpitiya, Nugegoda
Wijeya Kumaranathunga Memorial Hospital, Seeduwa
Dr. Nevil Fernando Hospital, Malambe

Public Health Institutions

- Anti Filariasis Campaign
- Anti Leprosy Campaign
- Anti Malaria Campaign
- National Cancer Control Programme
- National Chronic Kidney Disease Programme
- National Dengue Control Unit
- National Programme for Tuberculosis Control and Chest Diseases
- National STD/AIDS Control Programme
- Renal Disease Prevention and Research Unit (RDPRU)
- Epidemiology Unit
- Family Health Bureau
- Health Promotion Bureau

Other Institutions

- National Blood Transfusion Service
- Medical Research Institute
- Medical Supplies Division
- Biomedical Engineering Services
- Medical Statistics Unit
- Port Health Office - Colombo
- Port Health Office - Galle
- Port Health Office - Hambantota
- Port Health Office - Kankasanthurai
- Port Health Office - Oluvil
- Port Health Office - MRI
- Port Health Office - Trincomalee
- Airport Health office - Katunayake
- Airport Health Office - Mattala
- Food Lab - Anuradhapura
- Institute of Legal Medicine and Toxicology
- School Health Office
- Sexually Transmitted Diseases Clinic, Mahamodera
- Sri Lanka Parliament Medical Centre

Training Institutions

- National Institute of Health Sciences - Kalutara
- Post Basic School of Nursing - Colombo
- Nurses Training School- Ampara
- Nurses Training School- Anuradhapura
- Nurses Training School- Badulla
- Nurses Training School- Batticaloa
- Nurses Training School- Colombo
- Nurses Training School- Galle
- Nurses Training School- Hambantota
- Nurses Training School- Jaffna
- Nurses Training School- Kandana
- Nurses Training School- Kandy
- Nurses Training School- Kurunegala
- Nurses Training School- Matara
- Nurses Training School- Mulleriyawa
- Nurses Training School- Ratnapura
- Nurses Training School-Vavuniya

National School of Nursing - Sri Jayawardanapura
Audiology Technicians' Training School
Cardiographers' Training School
EEG Recordists' Training School
Entomological Assistants' Training School
MLT Training School - Medical Research Institute (MRI)
MLT Training School - Peradeniya
Ophthalmic Technologists' Training School
Physiotherapists & Occupational Therapists' Training School - NHSL
School of Pharmacy, NHSL (UOC)
School of Radiographers
Sri Lanka School of Prosthetists and Orthotists

Funds – National Health Development Fund (NHDF)

1.7 Details of Foreign Funded Projects

	Name of the Project	Donor Agency	Estimated Cost of the Project Rs. Mn	Project Duration
1	Primary Healthcare System Strengthening Project (PSSP)	World Bank	36,440.00	2019 -2023 Sep.
2	Sri Lanka COVID-19 Emergency Response & Health Systems Preparedness Project	World Bank	23,791.00	2020-2023
3	Health System Enhancement Project (HSEP)	Asian Development Bank	10,500.00	2018 -2023 Oct.
4	Health and Medical Service Improvement Project	GoSL – JICA	18,594.00	2018 Oct. – 2023 Oct.
5	Matara District Maternal and New-born Health Care Strengthening Project	KOICA	1,275.00	2017 -2020 Dec
6	Global Fund to fight AIDS, Tuberculosis and Malaria	GFATM	1,548.00	2019 – 2021 Dec.
7	Development of Ambulatory Care Centre (OPD) of NHSL (GoSL-China)	China	11,736.00	2017 - 2021
8	Construction of National Nephrology Hospital in Polonnaruwa (GoSL-China)	China	13,700.00	2018 – 2021 Sep.
9	Upgrading Health Facilities of Selected Hospitals (EXIM Bank of China)	China	15,300.00	2019 – 2021 Sep.
10	Development of District Hospital Kalutara as a Specialized Maternal and Children's Hospital (GoSL & Netherland)	Netherlands	5,380.00	2016 – 2020 Apr.
11	Development of DGH Hambantota and DGH Nuwara Eliya (GoSL-Netherland)	Netherlands	16,920.00	2013 - 2020
12	Construction and Equipping a Three Storied Rehabilitation Centre and the Implementation of a Three-Year Training Programme-TH Jaffna	Kuwait	530.00	2018 – 2020
13	Upgrading of Operation Theatres and ICU (GoSL-Austria)	Austria	1,939.00	2018 – 2020 Dec.

14	A Neonatal and Obstetrics Reference Centre for the De Zoyza Maternity Hospital (France-HNB)	France / HNB	4,950.00	2019 - 2022
15	Construction of a Surgical Unit and procurement of Medical equipment for Teaching Hospital- Batticaloa (GoSL-India)	India	275.00	2019 – 2020 Dec.
16	Development of Hospitals in the Northern Province (DRIVE) (GoSL-Netherland)	Netherlands	12,120.00	2019 – 2021 Jul.
17	Helmut Khol Maternity Hospital Karapitiya, Galle (GoSL - Germany - kfw)	Germany	4,480.00	2015 Oct. – 2020 Jun.
18	Strengthening patientcare services by Establishing Clinical Waste Management Systems in the needy Hospitals coming under Provincial Councils (GOSL-Australia)	Australia	2,600.00	2016-2020
19	Rehabilitation and Expansion of Production Capacity at State Pharmaceutical Manufacturing Corporation (SPMC) (GOSL-JICA)	GoSL – JICA	JPY(Mn)1244	2019-2020
20	Ambulance Car Project (GOSL-Austria)	GOSL-Austria	1,837.00	2018-2020

CHAPTER 2

Progress and the Future Outlook

2.0 Special achievements, challenges and future goals

Health services provided by the Government of Sri Lanka are operated under a Cabinet Minister . The indigenous medicine sector was incorporated into the Ministry of Health from the year 2015 after which the Ministry was re-named as the Ministry of Health, Nutrition and Indigenous Medicine. With the change of government in 2020, the ministry was re-named as the Ministry of Health and two State Ministers were appointed with portfolios of Pharmaceutical Production, Supply and Regulation; and Promotion of Indigenous Medicine, Development of Rural Ayurvedic Hospitals and Community Health. Providing policy guidance to relevant State Ministries, and formulating policies in relation to the subject of Health, in conformity with the prescribed Laws, Acts and Ordinance, implementation of projects under the national budget, state Investment and National Development Programme and formulating, implementing, monitoring and evaluating policies programmes and projects, related to subjects and functions under the relevant Departments, State Corporations and Statutory Institutions for the creation of a “Health Community” based on the national policies implemented by the government and in accordance with the policy statement “Vistas of Prosperity and Splendour”.

Sri Lanka also has to grapple with the COVID – 19 pandemic since early 2020. Most of the resources had been reallocated by the Ministry of Health to fight this new pandemic. Since the first reported case of a tourist from China infected with the virus in February, Sri Lanka has reported a total of 42,702 confirmed cases of COVID-19 (as of 31st December 2020), with the first indigenous case reported on 11th March 2020. With this pandemic situation, action was taken by the ministry to strengthen the facilities of NIID, Angoda and selected hospitals covering the entire country to serve COVID-19 patients. In addition, Treatment Centres were also established.

Special achievements:

➤ **Issuing a General Circular on Facilities offered at different categories of Medical Care Institutions (No. 01-18/2020 and dated 03.03.2020)**

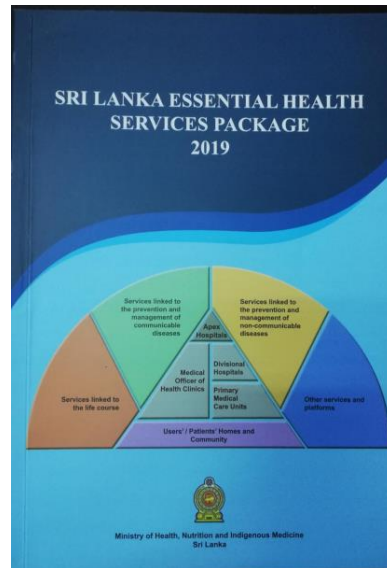
This circular was issued updating the previous General Circular No. 02-61/2005 dated 11th May 2005 on Hospital Recategorization. The disease burden and health needs in the country have changed considerably due to changes in the demographic profile and life style. To cater to this need, several new specialties and sub-specialties have been introduced to the post-graduate training in Sri Lanka. Hence, the services that should be provided under different categories of hospitals have been revised and therefore, the previous circular has been replaced by this new circular. The revisions to the circular have been made taking into consideration the list of specialties approved by the Cabinet of Ministers and Essential Service Package (ESP). According to the new circular, hospitals have been categorized in to eight groups. They are: National, Teaching, Specialized, Provincial General, District General Hospitals, Base Hospitals A & B, Divisional Hospitals A,B, & C and Primary Medical Care Units (PMcus)

➤ **Operationalization of Essential Service Package (ESP)**

The book on Sri Lanka Essential Health Services Package (SLEHSP) was published in 2019 with the support of World Health Organization. The ESP is expected to support the current health delivery reforms by setting the standards for services to be delivered at the primary level and as a tool to guide resource allocation at the implementation level. The availability of these

services at primary level institutions closer to home is expected to improve equitable access to health services and continuity of care for improved chronic disease management.

As a part of the ongoing programme to re-organize the primary healthcare in Sri Lanka, Ministry of Health was started the process of operationalizing the ESP. In this context, four consultative workshops were scheduled to conduct for the provincial stakeholders and only two workshops were conducted for Southern and Central Provinces in 2020 (24th & 25th August and 21st & 22nd September). Other two programmes for North Western and Northern Provinces were postponed due to COVID-19 pandemic.



ESP Publication



Workshops conducted in Matara and Kandy

➤ **International Conference on Birth Defects & Disabilities in the developing World**

The International Conference on Birth Defects and Disabilities in the Developing World (ICBD) was held in Sri Lanka from 23rd to 26th February 2020. The goal of ICBD is to provide specific practical tools and approaches that developing country participants can use to implement and strengthen surveillance and health care delivery and influence policy and funding.



The key-note address was delivered by Prof. Arnold Christenson. He emphasized on the continuing need for services for people with congenital disorders in low and middle-income nations.

➤ **Supply of Optical Coherence Tomography (OCT) Machine to National Eye Hospital**



Optical Coherence Tomography (OCT) is a new non-invasive imaging technique used in the medical field: it performs cross sectional, high resolution, imaging of biological tissues. OCT can be described as an ultrasonic scan using light instead of sound. The aim of the OCT technology is to perform a real-time, in vivo optic biopsy, with direct visualization of the histological structure of the human tissues. OCT is routinely used in ophthalmology to image the retina, the optic nerve head, the cornea, and the anterior chamber of the eyeball.

With the assistance of the ADB, an OCT machine was provided to the National Eye Hospital.

➤ **Matara District Maternal and New-born Health Care Strengthening Project (KOICA Project)**

The project was funded by KOICA and construction works were commenced in 2018. The main objective of the above project was to strengthen Matara district maternal and new-born health care through upgrading Korea-Sri Lanka Friendship Hospital (KSFH) located in Kamburugamuwa as a tertiary referral hospital specialized in maternal and new-born health care. It was expected to achieve this objective through re-modeling the existing building and constructing a new building for transferring all the functions of maternal and new-born health care from the Matara General Hospital to KSFH. Selected Medical equipment were also provided under this grant. Re-modeling and construction of new building were completed in 2020. 50% of equipment have been provided in 2020.



➤ **Taking-over District General Hospital, Negombo under the Line Ministry**

District General Hospital, Negombo which was under the Western Provincial Council was taken-over by the Line Ministry in order to facilitate further expansion and strengthening of infrastructure and human resources to provide improved services of high quality. The Cabinet of Ministers has granted approval on 14.01.2020 to take-over this hospital to the Line Ministry and General Circular was issued on 21.05.2020.

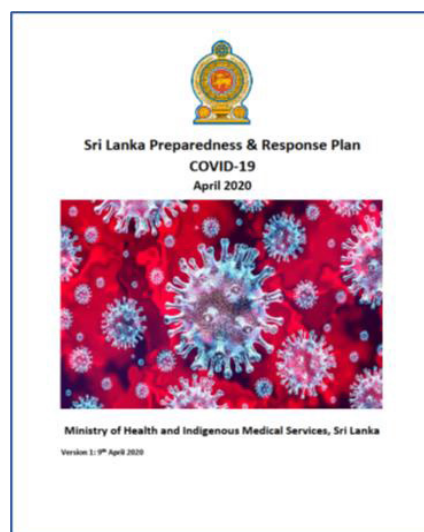


➤ **Donation of 200 Ventilators by USAID for combating COVID -19**

United State Government donated 200 mobile ventilators through US Agency for International Development (USAID) to Sri Lanka as a support to control COVID 19 outbreak, on 02.09.2020.



➤ **COVID – 19 Sri Lanka Preparedness and Response Plan of the Ministry**



The Ministry of Health including all the curative, promotive and preventive healthcare institutions play a main role for the control of COVID-19 pandemic. It was not only affected people's health but also affected the economy of the country. Under these circumstances, several countries, Non-Governmental Organizations, donor agencies and private organizations supported the government by giving funds, equipment and other requirements.

To facilitate this process the "Sri Lanka Preparedness and Response Plan COVID-19" was prepared by the Management, Development and Planning Unit with the support and technical guidance of WHO and other relevant stakeholders.

➤ **Establishment / Improvement of PCR Laboratories in the country**

Sixteen PCR testing laboratories functioning under the Ministry of Health, namely, Medical Research Institute, National Hospital Kandy, Colombo East Base Hospital, Bandaranaike International Airport, Teaching Hospitals Colombo North - Ragama, Anuradhapura, Karapitiya, Jaffna, Batticaloa and Ratnapura, Sri Jayawardanapura General Hospital, Apeksha Hospital, Provincial General Hospitals Kurunegala and Badulla, District General Hospital Nuwra Eliya were established or facilities were improved to detect Corona Virus infected persons. In addition, two institutes belonging to Sri Lanka Army namely, the Army Hospital and the Kothelawala Defence University and five universities also enhanced the COVID-19 detection capacity, making a total of 23 institutes capable of doing PCR testing.

➤ **Establishment of a PCR Lab at Bandaranaike International Airport**

The basic diagnostic test to identify COVID-19 infected patients is Polymerase Chain Reaction (PCR) test. PCR samples collected from in-bound passengers at Bandaranaike International Airport had to be transported to various laboratories in the country for testing, and this was logistically challenging. To address this challenge, a PCR laboratory was established at the Bandaranaike International Airport which commenced operations from 13th of July. Under the first phase, PCR tests of all Sri Lankans who were returning to the island from overseas were carried out at this laboratory.

Initially, a total of 500 tests per day was conducted, at the airport's laboratory which was later on increased to 1000 tests per day.

➤ **Establishment of a PCR Lab at Colombo East Base Hospital**



A new PCR lab at Colombo East Base Hospital was established to improve the diagnostic capacity with the assistance of the Health System Enhancement Project funded by Asian Development Bank (ADB).

The construction work of this laboratory was completed within a very short period and the lab commenced operation in the 1st week of May 2020. ADB funded the whole project including purchase of medical equipment, reagents, consumables, laboratory IT solution and capacity development of the healthcare professionals.

➤ **Establishment of COVID-19 treatment centres**

Isolation and COVID-19 treatment units were established in many hospitals to manage the COVID-19 infected persons. National Institute of Infectious Diseases, National Hospital of Sri Lanka, National Hospital Kandy, Teaching Hospitals Colombo North - Ragama, Karapitiya, Anuradhapura, Jaffna, Ratnapura, Baticaloa and Colombo South - Kalubowila, Provincial General Hospitals Kurunegala and Badulla, District General Hospitals Gampaha, Negombo, Polonnaruwa, Chilaw, Matara, Hambantota, Monaragala, Vavuniya and Kalutara, Lady Ridgeway Hospital, Castle Street Hospital, Base Hospitals Welikanda, Mulleriyawa, Homagama, Marawila, Minuwangoda and Beruwala, Chest Hospital Welisara, Sri Jayawardanapura General Hospital, Dr. Nevil Fernando Hospital were prepared to treat COVID-19 patients.

➤ **Ensuring uninterrupted services for patients with Non-Communicable Diseases (NCDs) during COVID-19 outbreak in Sri Lanka**

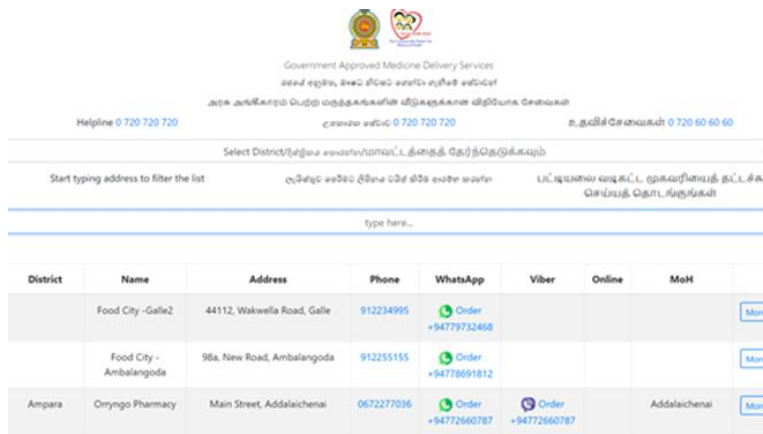
Burden of NCDs in Sri Lanka has gradually risen over the years. NCDs were estimated to account for 83% of the total deaths in the country in the year 2016. Continuing regular health services for patients with NCDs, amidst the COVID-19 pandemic was a challenge. The following important activities were conducted in this regard.

a) **Delivery of drugs using the Department of Postal Services**

Patients regularly taking treatment from government hospitals, but for whom there was no urgent need to be seen by a doctor, were delivered medicines through the Department of Postal Services so that patients do not have to visit the hospital to collect their medicines. To facilitate this process a list of contact numbers of all government hospital clinics was made available to the public via the Ministry of Health website.

b) **Pharmacy and Osusala drug delivery system**

A web-based mechanism was established to get the drugs delivered to the homes of those who usually purchase drugs from the private sector. This system was established with the state and private pharmacies in collaboration with the Pharmacy Owners Association. The public could select a pharmacy through the Ministry of Health website and submit an order (in the forms of an image of the most recent prescription) through a social media application (WhatsApp/Viber). Pharmacies delivered medicines to the customers for a reasonable delivery fee.



c) **Ensuring a continuous supply of medicines for clinic patients with NCDs**

Non-urgent clinic visits were discouraged. A circular was sent by the Ministry of Health to issue medicines to patients with NCDs for a longer period than usual (2 months). Drugs were provided from the nearest healthcare institution to the patients if the clinic book was brought. Home delivering medicines through health staff (PHNO and Midwife etc.) and non-health staff (Grama Niladhari, Development Officers, village leaders, volunteers etc.) was another mechanism adopted.

d) **Promotion of Remote Healthcare**

The NCD Bureau funded the launch of My Doctor tele-medicine system in 16 Nephrology clinics in government hospitals. This system facilitated communication between high risk immune-compromised NCD patients such as those who have undergone kidney transplant or on dialysis and their treating physicians.



e) Patient information services

Hospital list and contact details

Hospital	Contact numbers
District General Hospital - Ampara	063 2222261
For medical advices and inquiries	
Hospital Director	070 6 155 155
OPD	070 6 143 143
Surgical unit	070 6 151 151
Cardiology unit	070 6 140 140
Gyn & Obs	070 6 135 135
Paediatric unit	070 6 156 156
Clinic section	070 6 145 145
Mental health unit	070 6 144 144
Information center for CORONA	070 6 141 141
Base Hospital - Dehiattakandya	027 2250344
Base Hospital-Mahaoya	063 2244061
DH	
DH-Damana	063 2240116
DH-Jalawala	063 2612600

Several hotlines were established to respond to patient queries and functioned in all three main languages, English, Sinhala and Tamil. The hotlines provided information to patients on NCD related issues, on-line purchase of medicines, contact numbers of government hospital clinics and drug distribution from the government hospitals.



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Head of Institution

Dr. S. H. Munasinghe
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CHAPTER 3

Overall Financial Performance of the Year

3.1 Statement of Financial Performance

ACA -F

Statement of Financial Performance For the period ended 31st December 2020

Budget 2020	Note	Actual	
		2020	2019
Revenue Receipts			
	1		
	2		
	3		
	4		
		-	-
Non Revenue Receipts			
		170,132,267,729	177,481,065,914
		1,022,446,413	1,288,671,564
		834,009,186	1,324,068,003
		4,127,159,919	4,218,806,339
		176,115,883,248	184,312,611,820
Total Revenue Receipts & Non Revenue Receipts C=(A)+(B)			
		176,115,883,248	184,312,611,820
Less: Expenditure			
Recurrent Expenditure			
	5	95,337,911,354	86,818,028,010
	6	14,589,892,164	67,248,348,031
	7	16,639,916,274	5,289,298,556
	8	-	-
	9	-	15,000
		126,567,719,792	159,355,689,597
Capital Expenditure			
	10	4,566,610,206	6,906,239,344
	11	27,166,561,008	17,035,552,286
	12	615,386,660	647,137,345
	13	-	-
	14	591,864,322	848,252,917
	15	9,580,096,453	3,138,068,208
		42,520,518,649	28,575,250,101
Main Ledger Expenditure (F)			
		1,040,667,748	1,232,519,780
		747,363,134	1,539,073,594
			2,771,593,375
Total Expenditure G=(D+E+F)			
		170,876,269,323	190,702,533,072
Imprest Balance as at 31 st December 2020 H=(C-G)			
		5,239,613,925	(6,389,921,252)



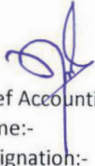
3.3 Statement of Financial Position

ACA - P


Statement of Financial Position As at 31st December 2020

	Note	Atual	
		2020 Rs.	2019 Rs.
Non Financial Assets			
Property, Plant & Equipment	ACA-6	192,229,155,836	167,974,858,973
Financial Assets			
Advance Accounts	ACA-5/5(A)	2,566,369,442	2,653,015,494
Cash & Cash Equivalents	ACA-3	402,819,741	471,051,300
Total Assets		195,198,345,019	171,098,925,767
Net Assets/Equity			
Net Worth to Treasury		1,086,663,188	1,155,087,880
Property, Plant & Equipment Reserve		192,229,155,836	167,974,858,973
Rent and Work Advance Reserve	ACA-5(B)		
Current Accounts			
Deposits Accounts	ACA-4	1,479,706,254	1,497,927,614
Imprest Balance	ACA-3	402,819,741	471,051,300
Total Liabilities		195,198,345,019	171,098,925,767


Detail Accounting Statements in ACA format No. 1 to 6 presented in pages from 01/126 to 01/139 and Notes to Accounts presented in pages from 01/140 to 01/152 and integral parts of these Financial Statements. The Financial Statements have been prepared in complying with the generally Accepted Accounting Principles whereas most appropriate accounting policies are used as disclosed in the Notes to the Financial Statements and hereby certify that figures in these Financial Statements, Notes to accounts and other relevant accounts were reconciled with the Treasury Books of Accounts and found to be in agreement.


Chief Accounting Officer
Name:-
Designation:-
Date:- 27.04.2021


Dr. S. H. Munasinghe
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.


Accounting Officer
Name:-
Designation:-
Date:- 27.04.2021

Dr. S. H. Munasinghe
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.


Chief Financial Officer
Name:-
Date:- 30.03.2021

D. C. Wickramasena
Chief Finance Officer I
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.



3.4 Statement of Cash Flows

ACA - c

Statement of Cash Flows for the period ended 31st 9December 2020

	Actual	
	2020	2019
Cash Flows from Operating Activities		
Total Tax Receipts		
Fees, Fines, Penalties and Licenses		
Profit		
Non Revenue Receipts	4,127,159,919	184,536,006,993
Revenue Collected for the Other Heads		
Imprest Received	170,379,509,094	
Total Cash Generated from Operation (a)	174,506,669,013	184,536,006,993
Less - Cash Disbursed for		
Personal Emoluments & Operating Payments	112,393,855,084	153,792,552,662
Subsidies & Transfer Payments	3,614,071,114	3,184,636,693
other major ledger expenses		2,773,218,972
Expenditure on Other Heads	43,770,238,431	
Imprest Settlement to Treasury	12,666,296	
Total Cash Disbursed for Operations (b)	159,790,830,925	159,750,408,327
Net Cash Flow From Operating Activities ©=(a)-(b)	14,715,838,088	24,785,598,666
Cash Flows from Investing Activities		
Interest		
Dividends		
Divestiture Proceeds & Sale of Physical Assets		
Recoveries from On Lending		
Recoveries from Advance	814,829,108	
Total Cash Generated from Investing Activities (d)	814,829,108	-
Less - Cash Disbursed for		
Purchase or Construction of Physical Assets & Acquisition of other Investment	14,322,470,005	24,314,547,366
Advance Payments	807,750,160	
Total Cash Disbursed for Investing Activities (e)	15,130,220,165	24,314,547,366
Net Cash Flow From Investing Activities (F)=(d)-(e)	(14,315,391,057)	(24,314,547,366)
Net Cash Flows From Operating & Investment Activities (g)=©+(f)	400,447,031	471,051,300
Cash Flows from Financing Activities		
Local Borrowings		
Foreign Borrowings		
Grants Received		
Deposit Received	1,003,064,491	
Total Cash Generated from Financing Activities (h)	1,003,064,491	-
Less - Cash Disbursed for		
Repayment of local Borrowings		
Repayment of Foreign Borrowings		
Deposit Payments	1,000,691,781	
Total Cash Flow From Financing Activities (i)	1,000,691,781	-
Net Cash Flow From Financing Activities (j)=(h)-(i)	2,372,710	-
Net Movement in Cash (k) = (g) -(j)	402,819,741	471,051,300
Opening Cash Balance as at 01st January	-	
Closing Cash Balance as at 31st December	402,819,741	471,051,300



3

3.5 Notes to the Financial Statements

None

3.6 Performance of the Revenue Collection

Rs. Mn

Revenue Code	Description of the Revenue Code	Revenue Estimate		Collected Revenue	
		Original	Final	Amount (Rs.)	as a % of Final Revenue Estimate
20.02.01.01	Rent on government buildings	150.00	150.00	174.31	116.07
20.02.01.99	Revenue on government assets other rental charges	32.00	32.00	18.46	57.68
20.02.02.99	Interest other	90.00	90.00	102.80	114.22
20.03.01.00	Sales Proceeds and Charges-Department Sales	69.00	69.00	45.48	65.91
20.03.02.99	Sales Proceeds and Charges-Administrative Fees and Charges Sundries	28.00	28.00	30.89	110.32
20.03.03.02	Sales Proceeds and Charges-Fines and forfeits other	14.00	14.00	18.42	131.55
20.03.99.00	Sales Proceeds and Charges- other receipts	788.00	788.00	1,188.15	150.78
20.04.01.00	Cutting off W & OP contribution	00	00	2,543.33	00
20.06.02.02	Revenue on sale of capital assets -others	00	00	0.0015	00

3.7 Performance of the Utilization of Allocation

Rs. ,000

Type of Allocation	Allocation		Actual Expenditure	Allocation Utilization as a % of Final Allocation
	Original	Final		
Recurrent	125,235,000	127,606,000	126,567,720	99%
Capital	36,702,000	43,190,820	42,520,519	98%

3.8 In terms of F.R. 208, grant of allocations for expenditure to this Department as an agent of other Ministries/ Departments

Rs. ,000

Serial No.	Allocation Received from Which Ministry /Department	Purpose of the Allocation	Allocation		Actual Expenditure	Allocation Utilization as a % of Final Allocation
			Original	Final		
01	228 - Court Administration	To pay Fuel and Transport allowance for JMO Doctors	7,932,000	8,752,130	8,752,130	100%
02	216 - Department of Social Services	To pay salaries and Other allowances for temporary attachment (1001, 1003)	00	10,102	10,101.58	100%
03	222- Sri Lanka Army	For medical expenses	00	180,130,486	180,130,485.33	100%
04	130 – Government , Provincial Councils & Local Government	Allowances for graduates attached to the Elderly Secretariate	800,000	800,000	800,000	100%
05	253 – Pension Department	Pensions of officers	00	00	29,836,822.85	100%
06	416 – Indigenous Medicine Promotion	Change of ministries	00	38,999,218.66	38,999,218.66	100%

3.9 Performance of the Reporting of Non-Financial Assets

Rs.

Assets Code	Code Description	Balance as per Board of Survey Report as at 31.12.2020	Balance as per financial Position Report as at 31.12.2019	Yet to be Accounted	Reporting Progress as a %
9151	Building and Structures	105,933,121,467.56	105,933,121,467.56		
9152	Machinery and Equipment	43,777,299,232.91	43,777,299,232.91		
9153	Land	11,268,751,250.00	11,268,751,250.00		
9154	Intangible Assets	-----	-----		
9155	Biological Assets	-----	-----		
9160	Work in Progress	31,249,832,934.66	31,249,832,934.66		
9180	Lease Assets	-----	-----		

3.10 Auditor General's Report

My No: HSM /E/ MOH / 02/ 2020/48

30 July 2021

Secretary
Ministry of Health

Auditor General's Summary Report on the Financial Statements for the year ended December 31, 2020 of the Ministry of Health in accordance with Section 11 (1) of the National Audit Act No. 19 of 2018.

1. Financial Statements

1.1 Qualified Opinion

The Financial Statements for the year ended December 31, 2020 consisting of the Financial Statement for the year ended December 31, 2020, Financial Performance Statement and the Statements of Cash Flow of the Ministry of Health which are to be read in conjunction with the provisions of the National Audit Act No. 19 of 2018 under the provisions of Article 154 (1) of the Constitution of the Democratic Socialist Republic of Sri Lanka have been audited as per my order. This report contains my comments and observations on these financial statements submitted to the Ministry of Health in terms of section 11 (1) of the National Audit Act No. 19 of 2018. The Annual detailed Management Audit Report will be released in due course to the Chief Accounting Officer in terms of section 11 (1) of the National Audit Act No. 19 of 2018. The Auditor General's report, which is to be presented in terms of Section 10 of the National Audit Act No. 19 of 2018, which is read in conjunction with Article 154 (6) of the Constitution of the Democratic Socialist Republic of Sri Lanka, will be presented to Parliament in due course.

It is my view that cash and cash flow reflect true and fair conditions in accordance with the generally accepted accounting principles, excluding the impact of paragraph 1.6 of this report, the financial statements of the Ministry of Health as of December 31, 2020 and its financial performance for the year ended.

1.2 The Basis for Qualified Opinion

My qualified opinion is based on the facts of the paragraph 1.6 of this report. I audited in accordance with the Sri Lanka Audit Standards (SLSI). My responsibility for financial statements is further described in the Auditor's Responsibility section. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

1.3 Responsibility of the Chief Accounting Officer for the Financial Statements

The responsibility of the Chief Accounting Officer is to decide the required internal control enabling to prepare financial statements in accordance with the general accepted accounting principles and instructions given in the paragraph 38 of the National Audit Act No. 19 of 2018 and to prepare financial statements without sufficient inaccuracies as a result of fraud and misrepresentation to reflect true and fair conditions.

As per Section 16 (1) of the National Audit Act No. 19 of 2018, the Ministry shall maintain proper books and records of its income, expenditure, assets and liabilities enabling to prepare annual and periodic financial statements.

The Chief Accounting Officer shall ensure that an effective internal control system is developed and maintained for the financial control of the Ministry in terms of subsection 38 (1) (c) of the National Audit Act. Effectiveness of the system shall be reviewed time to time and changes should be made to maintain the system more effectively.

1.4 Auditor's Responsibility in Auditing Financial Statements

Overall, my objective is to provide a reasonable assurance that the financial statements are free from any inaccurate false statements resulting from fraud and misrepresentation and to issue the Auditor General's Report as per my opinion. While fair certification is a high-quality guarantee, when the audit is conducted in accordance with the Sri Lanka Audit Standards, it does not always ensure that it is without quantitative misstatements. Frauds and errors either individually or collectively, can result in quantitative misstatements, and users should be careful when making economical decisions based on these financial statements.

I audited in accordance with Sri Lanka Auditing Standards with professional judgment and professional skepticism. I further,

- Proper audit procedures are planned and implemented to identify and assess the risk of fraudulent misrepresentations in financial statements as a basis for the stated audit opinion. Rather than being influenced by quantifiable misrepresentations, the impact of fraud is strong enough to cause fraud by misconduct, forgery, intentional avoidance, misrepresentation, or bypassing internal controls.
- An understanding of internal control has been obtained to design appropriate audit procedures on a case-by-case basis, although it is not intended to express an opinion on the effectiveness of internal control.
- Assessed the appropriateness of the accounting policies used, the fairness of the accounting estimates, and the related disclosures made by the management.

- The overall presentation of the financial statements was assessed including that the transactions and events underlying the structure and content of the financial statements are appropriately and fairly included and also disclosures.

Important audit findings, key internal control deficiencies and other matters identified in my audit were communicated to the Chief Accounting Officer.

1.5 Report on other legal requirements

In terms of Section 6 (1) (d) of the National Audit Act No 19 of 2018, I declare the followings.

- It was observed that the financial statements presented correspond to the previous year.
- The following recommendations made by me regarding the financial statements of the previous year had not been implemented.

Paragraph reference	Audit Observation	Recommendation
1.6.3.1 (b)	The cost of non-financial assets in 2018 was reported less Rs. 46,940.73 million. But it was not rectified the balance by 01 January 2019. Out of, Rs. 7,102.99 million had been reported as land acquisition, instead of rectified in the year under review.	These errors should be rectified and financial statements prepared and submitted for the following year.
1.6.3.1 (c)	Since the cost of acquisition of capital assets in 2018 had been stated less in Rs. 14,793.13 million, capital assets as at 31 December 2019 also had been stated less in similar amount.	These errors should be rectified and financial statements prepared and submitted for the following year.

- 1.6.3.1 (f) According to the Treasury Accounts Statements, the acquired building and construction costs of Rs. 6,501.942 million were not included in the non-financial statement in the year under review. Although, according to the Treasury Accounts Statements, the cost of vehicles, furniture and office equipment and plant and machinery acquired during the year under review were Rs. 10,505.275 million, and it was included in the non-financial assets statement as Rs. 19,974.493 million. Accordingly, as at 31 December 2019, non-financial assets had increased by Rs. 2,967.276 million. These errors should be rectified and financial statements prepared and submitted for the following year.

1.6 Comments on the Financial Statements

1.6.1 Declaration of Financial Status

1.6.1.1 Non-Financial Assets

The following observations are made.

- (a) Although the cost of non-financial assets was Rs. 172,439.71 million according to the monthly summary of SA 80 Non-Financial Assets Accounts and SA 82 Accumulated Non-Financial Assets Accounts Report as at 31 December 2020, maintained by the Treasury, that figure was Rs. 192,229.16 million as per the financial statement. Accordingly, necessary changes were not done for the difference of Rs. 19,789.44 million.
- (b) During the year under review, the net difference between the acquired non-financial assets and condemning as per the monthly summary of SA80 Non-Financial Assets Accounts and SA 81 Non-Financial Assets Accounts Report maintained by the Treasury, was Rs. 4,440.484 million and according to the SA 82 accumulated non-financial assets account report it was negative value Rs. 2,616.592 million and although it was Rs. 7,501.309 million as per consolidated balance sheet. According to the ACA 6 non-financial assets statement, it was Rs. 24,254.146 million. However, the reasons for the differences were not revealed and necessary changes were not done.

1.6.1.2 Balance of the Imprest Account

The following observations are made:

- (a) Outstanding balance of Imprest Account as at 31 December 2020 was Rs. 402.82 million. As at audited date 22 April 2021, outstanding balance was Rs. 5.05 million. That balance included the outstanding balance of Rs. 362,702 which belonging to the Teaching Hospital, Batticaloa since 1997.
- (b) According to the consolidated balance sheet, total of the receipts was Rs. 3,406.359 million. Rs. 170,132.268 million had been received from the Treasury under 7002. According to the consolidated descriptive balance sheet, the payment was Rs. 173,370.382 million. Accordingly, the balance as at 31 December 2020 should be Rs. 168.245 million. However, according to the SA 70 Annual Imprests Account summary maintained by the Treasury was Rs. 415.486 million and the difference was Rs. 247.241 million.

1.6.2 Lack of Evidence for Audit

The following observations are made.

- (a) Schedules to be prepared for the total of ACA6 non-financial assets of Rs. 192,229.156 million, sales of assets accounting to Rs. 377,699 and assess of condemning by transferred assets worth Rs. 40,933.397 million had not been submitted for audit. Therefore, those values could not be satisfactorily verified during the audit.
- (b) 12 summon letters sent to collect information required for the audit had not been replied or complete information, had not been provided as at 07 July, 2021 and some information had been summon more than 06 months. Also, 03 files pertaining to the 03 transactions worth Rs. 1.05 million done by the Development Division had not been submitted for audit.

2. Financial Review

2.1 Imprest Management

During the year under review, Rs. 193,832.60 million worth imprests had been requested from the Treasury, but only, Rs. 170,132.27 million had been released by the Treasury and due to non-releasing the imprest worth Rs. 23,700.33 million, provision made by the Parliament could not be utilized as planned.

2.2 Expenditure Management

It was confirmed according to the following observations that accurate and realistic estimates had not been prepared as per the Financial Regulation 50.

- (a) The total provision of Rs. 253 million for 10 capital expenditure codes provided under the annual budget estimates had been transferred to other expenditure codes through the Financial Regulation 66 and 69.
- (b) Rs. 87 million provided under supplementary allocation for 2 new capital expenditure which were not included in the annual budget estimate, Rs. 67.977 million ie. 78 percent had been completely saved.
- (c) Out of the total net provision of Rs. 61.652 million for 13 expenditure codes including a recurrent expenditure code and 12 capital expenditure codes, Rs. 26.673 million has been transferred to other expenditure codes and Rs. 10.337 million transferred from other expenditure codes, the total balance of Rs. 45.316 million had been saved.
- (d) Out of the additional provision of Rs. 47.010 million made for a recurrent expenditure code and 02 capital expenditure codes through the Financial Regulation 66 and supplementary estimates, had been saved completely and a part of the basic estimate also saved.

2.3 Incurring of Liabilities and Commitments

Following observations are made:

- (a) The commitments as at 31 December 2020, Rs. 489.05 million was stated as liabilities as at the date, in contrary to the provisions of Government Accounts Circular No. 255/2017 dated 27 April 2017.
- (b) The liabilities had exceeded the provisions in contrary to the provision of Financial Regulation 94(i).
- (c) Rs. 182.36 million of 25 expenditure codes which were not included in the annual budget estimate and did not created as new expenditure codes were stated as liabilities.
- (d) Although total of liabilities as at 31 December 2020, approved by the Treasury was Rs. 4,036.79 million, according to the statement of liabilities it was Rs. 6,217.47 million.

2.4 Certificates to be made by the Chief Accounting Officer

In terms of the provisions of section 38 of the National Audit Act No. 19 of 2018, the Chief Accounting Officer had to certify the following, but had not complied.

- (a) The Chief Accounting Officer should ensure that an effective internal control system is developed and maintained for the financial control of the Ministry, and that periodic review of the effectiveness of the system should be made and changes made to ensure that the system is operated effectively. A copy of the report should have been submitted to the Auditor General, but no such report had been submitted to the audit.
- (b) The Chief Accounting Officer should ensure that all audit queries are answered within the prescribed time period as required by the Auditor General. However, as of 11 July, 2021, the total number of unanswered audit queries was 47 and there have been 28 queries unanswered for more than a year.

2.5 Issuing and Settlement of Advances

The following observations are made.

- (a) Although the advances acquired should be settled within 10 days of the completion of the work, in accordance with Financial Regulation 371 (5), as amended by the Public Finance Circular No. 03/2015 dated 14 July 2015, a sum of Rs. 16.763 million issued in 520 cases had been settled after a delay of 01 month to 11 months after completion of the work.
- (b) A sum of Rs.534,390 issued on 16 occasions was withheld for a period of 04 days to 107 days and settled without using for the purpose.
- (c) From Rs. 4.781 million issued in 130 instances, Rs. 1.084 million saved after completion of work had been returned after a delay of 10 days to 199 days.
- (d) The fuel advances amounting to Rs. 1.819 million in 166 cases had been settled after a delay of 01 month to 10 months although it should be settled immediately after completion of the work.
- (e) Following observations are made on the reconciliation statement of the Imprest Account "B" of government officers of the year ended at 31 December 2019.
 - (i) Inability to adjust loan balances between transferring institutions transferred, due to actions were not taken to settle loan balances at the time of officers and workers transferred. Due to lack of information such as credit cards and loan files, Rs. 12.83 million to be charged from the 218 officers and workers those who transferred to other ministries, departments, line ministry hospitals and other institutions and provincial councils and

relevant to 170 officers to be charged, Rs. 9.29 million or 72 percent were over 05 years areas.

- (ii) Due to the reason of delaying to issue vacation of post to the officers and workers those who vacate of the posts, non-availability of current addresses of them, non-availability guarantors as service period was exceeded 10 years, and legal action was not taken immediately, Rs. 17.29 million had to be charged from the 713 officers and workers those who worked in the Ministry, and then died, retired, interdicted and vacation of post. Out of them, relevant to 290 persons, Rs. 9.58 million or 55 percent were over 05 years outstanding loans.
- (iii) According to the Public Administration circular no. 07/2015 dated 26 March 2015, festival advance of government officers should be charged by 08 months installments, but festival advance of Rs. 213,950 issued to 107 officers had not been settled during the period of 01 year to 05 years and brought forwarded.
- (iv) As per reconciliation statement, loan balances to be charged and paid from workers those who transferred from and to hospitals under the ministry, are Rs. 12.83 million and Rs. 2.16 million respectively. It is not possible to be both credit and debit balances under a single code, however, reasons for those balances were not presented to the audit.

2.6 Deposits

The following observations are made.

- (a) Relevant to three institutions of the Ministry, amounting to Rs. 1.4 million, 23 cheques had not been realized and exceeded 06 months had been deposited in the General Deposit Account without taking actions as per Financial Regulation 396. Actions had not been taken as per Financial Regulation 394, with regard to the cancelled 4 cheques worth Rs. 678,008 of two institutions and transferred to the General Deposit Account.
- (b) As per 26 statement of 2002 No. 14 value added tax act, relevant to 04 institutions of the Ministry did not transfer properly value added tax of Rs. 752,338 and transferred to the General Deposit Account.

3 Operational Reviews

3.1 Performance

3.1.1 No taking expected outcomes

Mine Portable Digital X-Ray machine worth Rs. 9.95 million had been purchased to the Polonnaruwa COVID-19 Special Treatment Center on 05 November 2020, following the limited tender procedure as an emergency procurement based on the written request of directorate of District General Hospital, Polonnaruwa. A Radiographer had not been appointed for the technical evaluation and Government Association of Radiographers had informed that the machine could not be used as it posed a risk to users and patients and that the purchase was a waste of money. Confirming it, the machine was still idle by 19 February 2021.

3.2 Foreign Loans and Grant Aid Projects

The following observations are made.

- (a) The following observations are made on the upgrading of health facilities at selected hospitals project.
 - (i) Accepting a voluntary project proposal from CETC International Com Ltd of China and obtaining a loan of US\$ 72.25 million from the Hongkong and Shanghai Banking Corporation Limited and US\$ 12.75 million from the People's Bank and total of US\$ 85 million, the project had been implemented. At the beginning of this project, Cabinet approval had been received on 22 July 2010, to enter into a Memorandum of Understanding subject to get a non-commercial loan facility from the Government of China for financing this project, to appoint a Negotiation Committee and a Project Committee for evaluation of the project proposal and to empowering Director General of External Resources for discussion with regard to obtain a loan under the concessionary terms. Approval had been granted by the Cabinet Appointed Negotiation Committee appointed by the Cabinet on 07 November 2013 for the scope of the project. However, for the Cabinet Memorandum submitted by the Minister of Health on 10 January 2014 regarding the procurement of this project, the project proposal is a voluntary submission by CETC International Com Ltd and it is not part of the priority list proposed by the Chinese Government for funding under concessional terms, the Government of China has already identified US\$ 300 million in grants for these sectors and the Ministry of Finance and Planning is working to provide appropriate capital through the medium term budget framework for the overall needs of the identified hospitals in the future, it was recommended to reject this project. The Cabinet had informed the Secretary to the Ministry of Health on 21 March 2014 to implement the recommendations of the Minister of Finance, but despite this, on 20 November 2015, a Cabinet Memorandum was sent again on the project.

- (ii) With regard to this Cabinet Memorandum, the Ministry of National Policy and Economic Affairs observed that the voluntary project proposals should not be accepted in principle, all project proposals should comply with government procurement procedures, and further review of this proposal should be handed over to the Cabinet Committee for Economic Management.
- (iii) The Secretary of the Ministry had submitted a Cabinet Memorandum on 19 April 2016 and approval had been obtained to offer the contract of the relevant project to CETC International Co Ltd of the Government of China, without implementing the recommendations as competitive bidding from interest parties on this project according to the letter of Secretary to the Prime Minister sent to the Secretary to the Ministry of Health dated 05 February 2016 for implementation of recommendations given by the Cabinet Committee for Economic Management on 02 February 2016.
- (iv) According to the observations given by the Minister of Finance and recommendations of the Cabinet Committee for Economic Management with regard to the Cabinet Memorandum dated 19 April 2016 submitted by the Minister of Health, it was informed to get advice from the National Procurement Commission for following the Swiss Challenge Procurement Procedure in procurement for awarding the contract. However, the Ministry had taken action to obtain approval for awarding the contract to the CETC International Co Ltd by given clarifications to the Cabinet of Ministers, without consulting the Commission. Accordingly, fair, equal and maximum opportunities were not provided to those who were interested and qualified to participate in the procurement.
- (v) Although the Department of External Resources had been informed the Secretary to the Ministry of Health on 07 November 2016 that the China Exim Bank has stated the new project proposals will be evaluated only after completing the priority projects that are currently being evaluated, considerable time will be taken for the evaluation and due to the conditions of the agreement between the Ministry and the Company, it is not possible CETC International Co. Ltd to get foreign assistance. But, the Ministry of Health and the Company had signed the Contract Agreement on 06 May 2017. Accordingly, it was observed that before signing the contract agreement, stable decision had not been taken on financial facilities.
- (vi) It was observed that as per the contract agreement, the contractor was required to carry out market surveys on each of the equipment to be procured under the project and agree on a pre-compliant technical specification and a proper estimate of the current market price, but no such agreement was reached and the following losses were incurred.

- ❖ 29 high pressure sterilizers had been purchased under this project in October 2019, one item costing US\$ 88,445.56. However, a bid of US\$ 67,685.79 was made for a high pressure sterilizer of this type in a procurement made by the Bio Medical Engineering Services Division to purchase the machine in 2020. Accordingly, the loss to the government was US\$ 602,033.33 or Rs. 109,196,805.
 - ❖ Under this project, 154 ECG Recorders purchased in November 2019, one was costly US\$ 955.79 each. However, a bid of US \$ 620.64 was made for this type of ECG Recorder during a procurement by the Bio Medical Engineering Services Division to purchase the machine in 2020. Accordingly, the loss to the government was US \$ 51,613.10 or Rs. 9.36 million.
- (vii) In addition to the types and quantity of the medical equipment purchased as per the contract agreement, 36 units of six medical equipment items were purchased at an additional cost of US\$ 1,713,017, but the need and authority for this could not be ascertained.
- (viii) 732 units of 11 medical equipment items, valued US\$ 10,341,390.57, had been purchased and they do not match the technical specifications of the medical equipment to be procured under the contract.
- (ix) As per the contract agreement, services and maintenance agreements have not been entered into with the manufacturers and their authorized local agents in Sri Lanka for 7 years after the warranty period for 18 medical devices and for 1 year from the date of issue of installation certificates for other medical devices.
- (x) 25 Mortuary Coolers at the cost of US\$ 448,957.25 from the contractor who has no registration certificate and license from the National Medicines Regulatory Authority and 436 Pulse oximeters at the cost of US\$ 414,173.84 from an expired license contractor had purchased.
- (xi) 1,681 units of 22 medical equipment items cost of US\$ 20,858,277.81 disbursed to the hospitals during the period from 01 November 2019 to 28 December 2020 had not been confirmed the installation. Receipts did not confirm that 517 units of 17 items of medical equipment, valued at US\$ 3,653,709.83 had been delivered to the hospitals during the period from 09 January 2020 to 18 January 2021. Also, 155 units of medical equipment costing US\$ 9,244,757.86 were distributed to the hospitals without issuing issuance orders.
- (xii) The management of the Kurunegala Teaching Hospital had confirmed that they could not be satisfied with the standard of the Echo Cardiography machine which costs US\$ 75,027.91 to the Cardiology Unit of the Hospital.

- (xiii) Sample audits revealed that equipment valued US\$ 1,211,948.14 purchased and issued to the hospitals under the project had not been used until 31 May 2021.
- (b) **Project on Strengthening of Medical Laboratory Services in Sri Lanka**
The Fleming Fund of Great Britain had agreed to provide a grant of £ 4,639,805 for the proposed project to implement during the period from 2018 to 2021 and the Cabinet approval had been received on 29 October 2019 for entering into the Memorandum of Understanding. Although discussions have been held in this regard since 2018, it has not been possible to reach a Memorandum of Understanding on 15 March 2021 and the proposed agreement to be signed in this regard with the Department of Health and Social Welfare of Great Britain. It was also observed that there was a possibility of losing this grant due to continuous delays as no special interest had been taken in this regard.

3.3 Local Funded Projects

The Cabinet of Ministers had granted approval on 05th October 2016, for implementation of the project on Electronic Medical Records in Government Hospitals in Sri Lanka at an estimated cost of Rs. 1,805 million which was submitted by the Information and Communication Technology Agency of Sri Lanka (ICTA) in 2016. It had been planned to improve the quality and efficiency of the health service by implementing this project in 300 government hospitals covering all types of hospitals in the country by 31 December 2018. While the Hospital Health Information Management System (HHIMS) software was being installed in 41 of the 300 hospitals as at 31 December 2017, the Ministry of Finance had taken steps to hand over the future of the project to the Ministry of Health from 2018. The following observations are made in this regard.

- (a) The Ministry of Telecommunication and Digital Infrastructure had provided Rs. 355 million to ICTA in 2016 for this project. According to the report, Rs. 147.61 million was spent on hardware but no information was spent on software, human resources, maintenance and services.
- (b) The Ministry of Health and the Ministry of Telecommunication and Digital Infrastructure had not reached an agreement on how to proceed with the project and the maintenance and upkeep of the established systems after handing over the future of the project to the Ministry of Health from 2018 and the responsibilities of each ministry had not been determined. Furthermore, due to the Ministry of Health not taking action to obtain Source Code and ownership of the System Administrator to the HHIMS software established by ICTA, that software has not installed in the planned hospitals and the time had taken to develop and to install Health Information Management System (HIMS) software. Although, HIMS software has been installed in 63 selected hospitals since 2018, the project has not been completed as planned.

- (c) The Ministry had spent total of Rs. 245.21 million in year 2018, 2019 and 2020. This expenditure included 384 laptops worth Rs. 23.68 million, 32 printers (Brother) worth Rs. 1.25 million, 80 Bixolon POS Printers & Bixolon Sticker Printers worth Rs. 4.52 million, and 395 Barcode Readers worth Rs. 1.57 million, provided to the selected 15 hospitals were made idled by 10 May 2021. Furthermore, 900 laptops worth Rs. 55.51 million, 86 printers (Brother) worth Rs. 3.36 million, 215 Bixolon POS Printers & Bixolon Sticker Printers worth Rs. 6.20 million, and 1,045 Barcode Readers worth Rs. 4.17 million purchased under this project and provided to the 43 hospitals under-utilized due to the non-completion of server facilities.
- (d) The Procurement Committee of the Ministry of Health had invited bids on 06 September 2018 for the supply, delivery and installation of servers and accessories under this project. The contract was awarded on 25 February 2019, with a delay of 172 days from the date of bidding due to taking 47 days to inform the Procurement Committee decision dated 28 November 2018 on awarding contract valued Rs. 147.94 million to the relevant division. According to the Agreement, the goods had to be delivered before 30 July 2019, but goods had not been delivered by the time of performance bond expiring on 25 December 2019, and no action had been taken to extend the performance bond or it before the expiration date. Although the Ministry Procurement Committee had decided on 10 September 2020 to finalize the procurement and take action against the contractor, no action had been taken by 15 March 2021.

3.4 Procurements

Following observations are made.

- (a) Under the project on Provision of Laboratory Equipment for Hospitals administered by Provincial Councils with the aim of early detection, diagnosis and regular follow-up of dengue patients with the assistance of laboratory tests by providing laboratory equipment quickly and efficiently, the bids had been invited for procurement of 12 nos. of Fully Automated 5-part Hematology Analyzers, following National Competitive Bidding procedure on 27 December 2018, and contract valued Rs. 14.4 million had been awarded on 30 January 2020. Following observation are made on this.
- (i) It was observed that according to the guideline 4.2.3 of the Government Procurement Guideline, the normal period of procurement was 15 weeks but 83 weeks had elapsed and there was no intention to supply laboratory equipment expeditiously.
- (ii) Contrary to the provisions of paragraph 2.7.4 Government Procurement Handbook, a member of the Technical Evaluation Committee on the procurement was also appointed as a member of the relevant Ministry Procurement Committee.

- (iii) Bids were submitted for the Fully Automated 5-part Hematology Analyzer, which did not conform to the technical specifications prepared and approved by the Division of Bio Medical Engineering Services for the Fully Automated 5-part Hematology Analyzer, and the authority to deviate from the approved technical specifications was not disclosed.
 - (iv) The critical technical conditions mentioned in the specifications approved by the Technical Evaluation Committee were not met by the selected bidder but the Technical Evaluation Committee reports did not mention any disagreements not met by the selected bidder.
 - (v) Bidding for a Fully Automated 5-part Hematology Analyzer with specifications that do not conform to the approved technical specifications and the Critical Technical Conditions specified in the approved specifications have not been met by the selected bidder. Appeals were made by other bidders, but contrary to the Guideline 8.5.1 (b) of the Government Procurement Guidelines, the Procurement Appeals Committee met as a joint committee of the Ministry Procurement and Technical Evaluation Committees and recommendations with regard to the appeal had not given. Only one of the five members of the Technical Committee had attended for the Appeal Committee.
- (b) Following observations are made on the contract for construction of quarters for intern doctors at General Hospital, Kalutara at the total estimated cost of Rs. 139 million and contract value of Rs. 136.6 million.
- (i) According to the Guideline 4.2.2 of the Government Procurement Guidelines, the reasonable period for procurement was 55 weeks but 110 weeks had been taken.
 - (ii) The Contract Agreement had not been registered under the General Contract Agreement Act No. 03 of 1987. Further, the validity of the insurance cover offered by the contractor for all risks and compensation of the workers had expired by 30th April 2020, but no action had been taken to extend their term before that.
 - (iii) In accordance with paragraph ii of the Contract Awarding letter issued to the contractor dated 23 February 2018, the contract period shall not be extended and penalties shall be levied for the delay as per the Agreement. According to paragraph iii of the contract awarding letter, only the extension of the contract period without payment of price variations can be considered as an alternative to levying fines. However, in addition to the extension of the contract period, Rs. 2.30 million was paid for price fluctuations and no penalty was imposed for the late period.

- (iv) According to the contract, the work was scheduled to be completed on 21 March 2019, but had not been completed by 10 June 2021.
- (c) Following observations are made on the contract of construction of a stroke unit at Teaching Hospital, Karapitiya at a total estimated cost of Rs. 77.38 million and contract value of Rs. 68.92 million.
 - (i) According to the Guideline 4.2.2 of the Government Procurement Guidelines, the reasonable period for procurement was 43 weeks but 72 weeks had been taken.
 - (ii) Although the bid submitted by the contractor was Rs. 68.88 million, the Technical Evaluation Committee had changed the value to Rs. 68.92 million and contract had awarded higher value of Rs. 47,188.
 - (iii) The Agreement had not been signed by 31 December 2020, due to the lack of documents required to be included in the bid documents.
 - (iv) In accordance with paragraph ii of the Contract Awarding letter issued to the contractor dated 13 December 2017, the contract period shall not be extended and penalties shall be levied for the delay as per the Agreement but penalty was not imposed for the late period of 23 months. According to paragraph iii of the contract awarding letter, only the extension of the contract period without payment of price variations can be considered as an alternative to levying fines. However, Rs. 2.01 million was paid for price fluctuations by 31 December 2020.
 - (v) Although the value of the work shown in the payment certificate should be taken into account in calculation of price fluctuations, but the value certified by the Consultant had been taken into account resulting, Rs. 4.43 million had been overpaid for price fluctuations of works done.
 - (vi) The work was scheduled to be completed by 31 January 2019, but had not been completed by 31 December 2020.
- (d) Following observations are made on the contract of provision and installation of an elevator with a capacity of 1,000 Kg carrying 15 persons at a time for the Surgical Ward Complex of the Teaching Hospital, Peradeniya.
 - (i) The total cost estimate prepared for Rs. 7.27 million had been included Rs. 200,000 for civil modifications but clear analysis had not been submitted. The bid had not been submitted by the selected bidder to identify the allocated amount for civil modifications out of contract value of Rs. 5.08 million clearly.

- (ii) Contrary to the specifications of bids invited, bid had been submitted for an elevator with a capacity of 750 Kg, carrying only 11 persons and it was a vast deviation according to the 7.8.4 (j) of Government Procurement Guidelines. Therefore, the said bid should be rejected, but instead of, the contract had been awarded to the bidder.
 - (iii) It had been entered into an agreement with the contractor to supply and install an elevator with a capacity of 1,000 Kg on 10 April 2019, but an elevator with a capacity of 750 Kg had been supplied and installed.
 - (iv) According to the Instructions to Bidders of No. 34 and paragraph 02 of the contract awarding letter, Performance Bond valid for one year period from completion of the construction should be obtained. However, the Performance Bond valued Rs. 508,470 submitted, had been expired on 20 June 2020 by 06 months from the date which completion of installation, 16 December 2019. But action had not been taken to extend the validity period of Performance Bond.
 - (v) Disadvantage variation was Rs. 389,220 between Rs. 725,000 and Rs. 335,780 respectively, submitted by the selected bidder and rejected bidder for maintenance cost for future five years.
- (e) Following observations are made with regard to the contract of construction of Medical Ward Complex at District General Hospital, Chilaw at a contract value of Rs. 583.78 million.
- (i) According to the Guideline 4.2.2 of the Government Procurement Guidelines, the reasonable period for procurement was 88 weeks but 152 weeks had been taken.
 - (ii) The original Bill of Quantity submitted by the selected contractor, had not been disclosed to the audit. Further, the values of 06 works of Bill of Quantity included in the contract agreement had been changed and the bidder had not been signed for these changes.
 - (iii) According to the Contract Agreement Act of No. 03 of 1987, Contract Agreement had not been registered.
 - (iv) In accordance with paragraph ii of the Contract Awarding Letter issued to the contractor dated 15 November 2017, the contract period shall not be extended and penalties shall be levied for the delay as per the Agreement. According to paragraph iii of the contract awarding letter, only the extension of the contract period without payment of price variations can be considered as an alternative to levying fines. However, Rs. 8.70 million was paid for price fluctuations since the first bill and the time extension had also been approved.

- (v) Before recommendations made for payments by the Engineering Division of the Ministry of Health, value of work done of the bills had been changed. Since price fluctuations had not been matched according to the changed value of work done, Rs. 4.26 million had been overpaid for price fluctuations.
 - (vi) According to the Agreement and time extensions, the work had to be completed on 24 March 2020, the work had not been completed by 31 January 2021.
- (f) Following observations are made on renting Medi House building for Ministry usage.
- (i) As per Cabinet decision dated 27 February 2018, with reference to the observations made by the Minister of Finance and Mass Media according to the FR 835 (2), the building had to be rented if could be agreed with the valuation report of the Government Valuation Officer. However, valuation report of the building had not been obtained from the Head of the Valuation Department and instead of, based on the illegal valuation report obtained from a worker of the Colombo Municipal Council, the building had been rented for the period from 01 August 2018 to 31 July 2020 for Rs. 239.08 million.
 - (ii) Contrary to the para 2.8.1(a) of the Additional Government Procurement No 27 dated 08 August 2012, Chairman of this Procurement Committee had been worked as the Chairman of the Technical Evaluation Committee of this procurement.
 - (iii) The Attorney General's concurrence had not been obtained for the Rent Agreement as per FR 835 (3).
 - (iv) According to the procurement decision, installation of second elevator and establishment of second security hut had not been fulfilled on the date of entering to the premises but charges had not been deducted.
- (g) Bids had been invited from 18 registered suppliers for Film Laser Blue Base 26x36 cm required for radiography of National Hospital of Sri Lanka. However, not a single bidder had submitted a bid by the closing date of 25 July 2019, and therefore, it should be re-bided, but the contract had been awarded for a bid received on 31st July 2019 after 06 days of bid closing date, accepting the bid of Rs. 3.52 million. This supplier had not registered in the National Medicine Regulatory Authority for supplying Film Laser Blue Base 26x36 cm. This procurement had not complied with the guideline 2.11.1 (c), 2.11.3, 2.12, and 6.3.6 of the Government Procurement Guidelines.

- (h) Following the shopping method, consumable items and materials had been purchased at a total cost of Rs. 19.39 million to the Teaching Hospital, Kurunegala, in 04 instances, during the year under review. Following observations are made on this subject.
- (i) In all 04 instances, only 10 of the 24 registered suppliers for consumable items and goods had been invited bids, depriving all registered suppliers of the opportunity to participate in the procurement fairly and equally.
 - (ii) Consumer items have been purchased from only two institutions belonging to the same family according to the Business Registration Certificate, by evaluating bids received from the two institutions belonging to the same family and one more other supplier. It was observed that this procurement has been made in non-compliance with the guideline 2.12, 2.11.2, 3.4.2 (a) (i), 4.2, 6.1, 6.3, 6.3.6 and 8.9.1 (b) of the Government Procurement Guidelines and therefore, the opportunity to obtain a competitive minimum price for consumable items had been lost and the reliability and transparency of the procurement process had not been protected.
 - (iii) It was observed that Rs. 1.94 million had been over-paid to the two suppliers compared to the prices obtained by Auditors, from the State Trading (General) Corporation Ltd. and Rs. 1.47 million had been over-paid to the two suppliers, compared to the maximum retail prices prevailing in the market.
- (i) Total cost of Rs. 9.10 million worth stationery items had been purchased from a single supplier in 02 instances by the Teaching Hospital, Kurunegala during the year under review. In this regard, following observations are made:
- (i) It was revealed that during the inspection of stationery suppliers register and field inspection, the suppliers of computers and accessories that are not relevant to the stationery sector, suppliers who are unable to meet hospital requirements and counterfeit suppliers were registered.
 - (ii) Accordingly, bids had been invited and total cost of Rs. 9.10 million worth stationeries had been purchased from a single supplier in 02 instances in the year under review. Also, 02 out of 03 bids received in the first procurement, and 01 out of 03 bids received in the second procurement, were received from computer and accessories suppliers not relevant to the stationery sector and another bid was confirmed to be a fake bid. It was observed that this procurement was non-compliance with the guidelines 2.12, 2.11.2, 3.4.2 (a)(i), 3.4.3 (c), 4.2, 5.6.1 (a), 6.1, 6.3, 6.3.6, and 8.9.1 (b) of the Government Procurement Guidelines. It had resulted in the loss of the opportunity to obtain a competitive minimum price and the reliability and transparency of the procurement had not been protected.

- (iii) The supplier had been overpaid Rs. 3.60 million when compared to the prices obtained from the State Trading (General) Corporation Pvt Ltd. And when compared to the prices obtained from another private institution, Rs. 2.71 million had been overpaid. Further, Rs. 778,417 had been overpaid to the supplier as compared to the maximum retail prices prevailing in the market.
- (j) Rs. 3.88 million had been paid on 24 July 2020, as an advance to a contractor for commencement of the construction of a new crematorium at the Kurunegala Teaching Hospital. Following observations in this regard are made:
 - (i) In accordance with the notification issued in the Extraordinary Gazette Notification No. 772/22 dated 24 June 1993 in terms of Section 23Z of the National Environment Act No. 47 of 1980 amended by Act No. 56 of 1988, environmental approval for the construction had not been taken.
 - (ii) The crematorium was planned to incinerate 75 to 150 Kg of waste per hour, but it was revealed that the crematorium at a cost similar to the cost of this crematorium installed at the Dambulla Municipal Council by the contractor in June 2020, has capacity to incinerate clinical waste 80 to 100 Kg taking 2 ½ hours to 3 hours. Accordingly, there is a reasonable doubt as to whether the construction of the crematorium will achieve the desired objectives.
- (k) Following observations are made on the contract of addition of a new part for Operating Theater “B” of the General Hospital, Matara at a total cost estimate of Rs. 19.28 million.
 - (i) First lowest bid of Rs. 17.90 million, among 04 bids submitted for this contract in 2016 had been rejected due to the non-submission of the proof of work done during the previous year. However, contract had been awarded to the contractor who submitted the second lowest bid worth Rs. 18.20 million and he also did not submit the proof of work done during the previous year.
 - (ii) As per the Contract Agreement, part payments can be made only when more than 60 percent of the contract value has been completed, but as at 13 November 2017, Rs. 2.41 million had been paid for 13 percent of the contract value of the work.
 - (iii) By 31 March 2021, more than 02 years had elapsed since the contractor had left the industry, but no action had been taken against the contractor and the expeditious completion of the remaining work on the project according to the para 8.11 of the Procurement Guidelines.

- (iv) Rs. 910,333 which had been withdrawn from the performance bond on 29 October 2018 after termination of the Agreement had not been credited to the government revenue as per Financial Regulation 571.

3.5 Assets Management

Following observations are made:

- (a) In accordance with the Financial Regulation 507(3) and 756(1) and paragraph 02 of the Public Finance Circular No. 05/2016 dated 31 March 2016, Annual Board of Survey should be appointed and completed before 15 December of each financial year. Following observations are made in this regard:
 - (i) Annual board of survey of 83 hospitals and institutions had not been appointed on the due date and out of them board of survey had been appointed for more than three months late on due date in 06 hospitals and institutions.
 - (ii) In accordance with the paragraph 3.2.2 of the same circular, board of survey of the previous year should be physically completed before 15 March of each financial year and survey report should be presented to the Auditor General with a copy to Chief Accounting Officer. However, only 22 hospitals and institutions had submitted survey reports for the year 2020 to the Auditor General by 12 July 2021.
 - (iii) The value of deficiencies revealed in 23 surveys of 12 hospitals and institutions had not been calculated. Although the observation papers stated that the cost of recovering the relevant items and the departmental fee of 20 percent should be recovered, the money had not been recovered till 29th March 2021 for deficiencies aged 2 years to 12 years.
 - (iv) 85 hospitals and institutions including the ministry, the vehicle survey 2020 had not been carried out.
- (b) A private institution has setup a nursery and daycare centre for the children of staff of one category of the National Hospital, Kandy and Teaching Hospital, Peradeniya respectively, using 3,558 sq. ft. and 2,475 sq. ft. of ground floors of doctor's quarters and outdoor space. The centre has been in operation for many years but approval had not been obtained. Also, no other charges except water and electricity had been charged.

- (c) The eighty-year-old hospital director's quarters had been demolished by 15 May 2020 in order to build isolated ward complex at an estimated cost of Rs. 771,000 to admit patients suspected for Covid- 19 at National Hospital, Kandy. But, it has not been planned for construction of isolated ward complex by 22 September 2020. Also, as there was no agreement with the contractor on how to proceed with the removal of door frames, windows, timber, roofing material and various fixtures from the demolished building, and actions had not been taken to have the removed material inspected and accepted by a technical officer and included in the list of defective materials.
- (d) 04 commercial establishments have been allowed to operate in the premises of the Polonnaruwa Hospital for a period of 1 to 13 years without charging any rent.
- (e) The Teaching Hospital, Anuradhapura which was under the Provincial Health Services Department, was taken over by the Central Government in 2006 and a survey plan had not been prepared to identify the hospital premises by 31 December 2020. It was also observed that there is no enough space for future development activities as various development activities are being carried out without proper planning of the land. Also, there are unauthorized occupants living on one side of the hospital premises where the sewer system is located, but no legal action has been taken in this regard.
- (f) US\$ 0.71 million worth Metamizer machine given to the Teaching Hospital, Kurunegala in 2018 under the Clinical Waste Management of Government Hospitals Project implemented by the Ministry of Health under Australian loan and domestic loan assistance. It was operational for one year and after then it was observed that the machine was inactive by the date of this report.
- (g) According to the information provided only by the ministry and 16 institutions under the ministry, vehicles, machinery, equipment and 18 quarters costing Rs. 22.27 million and vehicles, machinery and 13 equipment which were not mentioned the cost information were not efficiently and effectively utilized and idling. 38 institutions which have not submitted for audit information on non-performing assets which have not been utilized efficiently and effectively had not been presented for audit by 15 May 2021.
- (h) All and complete information on desktop and laptop computers, note books, mobile phones and camera had been provided to Hon. Ministers, Deputy and State Ministers, Supervising Members, Advisors, Ministerial Staff and Government Officials by the Ministry since 2010 have not been submitted to the Audit. A State Minister had been in office since August 2015 and 10 units belonging to 09 types of equipment at a cost of Rs. 1.09 million had been issued to him. He had resigned in November 2019 but recovering had been failed.

3.6 Transactions in the form of financial irregularities

Following observations are made:

- (a) Following observations are made on the contract for the disposal and burial of unclaimed corpses, inanimate organs, stillbirths and infants at the National Hospital, Kandy.
 - (i) In accordance with the contract, those work shall be carried out by the contractor under the full supervision of the Hospital Public Health Inspector, but not in a single case he had participated.
 - (ii) The weight of the items stored in the freezer was allowed to be weighed on a scale provided by the contractor, so the accuracy of the weights of the items removed was not properly monitored.
 - (iii) On 14 September 2020, average weight of placenta stored in the freezer was 979 grams as per weight of the frozen placenta and number of relevant mothers. During the period of 01 January 2019 to 30 April 2020, the average weight of the contractor ranged from 1.7 to 4.7 Kg, depending on the weight of the contractor charged and the number of mothers.
 - (iv) According to the information available on the internet and medical records, the possible placental weight of a mother ranged from 500 g to 800 g, and based on these statistics, the average weight of the frozen placenta in those items as of 14 September 2020, was 979 g and maximum was 01 Kg. It was observed that 24,877 Kg of the item had been registered in respect of the number of mothers in the period of 01 January 2019 to 30 April 2020, and by that time Rs. 9.36 million overpaid for 22,246 Kg out of total.
- (b) Laboratory Information Management System (LIMS) as a sub module of the Hospital Health Information Management System (HHIMS) implemented at the District General Hospital, Ampara had been purchased at a cost of Rs. 3.5 million in 2018. Following observations are made on this:
 - (i) It was confirmed that the HHIMS included the LIMS software at that time, it was observed that the procurement of the software had been decided without a requirement.
 - (ii) According to the Ministry's internal circular no. 58/2017 dated 18 October 2017, consent of the Ministry had not been obtained for this procurement.
 - (iii) In accordance with the guideline 3.2.2 (a) and 2.8.1 (b) of the Government Procurement Guidelines, this procurement advertisement had not been published on the relevant web sites and no subject matter expert had been appointed to the Technical Evaluation Committee of this procurement.

- (iv) The bids had been submitted by two bidders and the bids should be evaluated by adding the Net Present Value of the maintenance cost for the next 04 years to the price of the software. But instead, the bid was compared with the price of the software offered by the first bidder of Rs. 3.50 million and the price of the software of the second bidder of Rs. 2.33 million, adding Rs. 1.74 million for maintenance cost for next 04 years getting Rs. 4.07 million and bid evaluation had been done. Accordingly, the Technical Evaluation Committee had recommended that the first bidder should be awarded the contract with a forged note of mentioning the first bidder is lower than the second bidder. The Regional Procurement Committee has also confirmed this recommendation and the bid had been offered to the first bidder. The financial loss of this procurement to the Government was Rs. 1.17 million.
- (v) The conditions on delay charges for delaying of the order had not been included in the order awarded on 24 August 2018. Due to the fact that it was not possible to calculate the time delayed and charge delay charges although the system had not been properly installed by 29 April 2019.
- (vi) The supplier had contracted to install the LIMS software, but in reality HHIMS only had Middle Ware software installed and it was observed that it could be installed at a cost of approximately Rs. 500,000. Accordingly, it was observed that approximately, Rs. 3 million had been overpaid to the supplier.
- (vii) At the time of audit, the software installed was not connected to the OPD, wards and clinics. As a result, the test reports expected to be obtained through the software are prepared manually, resulting in duplication of data, increased file usage, translation errors, prolonged exposure, sample loss, and difficulty in obtaining a sample. It was also observed that there may be shortcomings and weaknesses such as difficulty in research activities based on the existing data and difficulty in generating statistical data.
- (viii) Following the installation of the new LIMS software, the data transfer process including the electronic delivery of laboratory reports to the Physicians through the system established in April 2017 by the Information and Communication Technology Agency (ICTA) had been inactive since 20 October 2018. The availability of FBC reports was lost and the system was reported to be more complex. Accordingly, the sum of Rs. 3.5 million spent on the purchase of the new software had been wasted and the existing system had malfunctioned.
- (ix) According to the Guideline 5.4.10 (c) of the Government Procurement Guidelines, the performance security of Rs. 50,000 obtained from the supplier had expired on 02 October 2018 but no action had been taken to extend it.

- (x) The software installed by the supplier had not received a report from an expert on the subject as having been installed in accordance with the specified specifications and without any confirmation that the software could be used correctly and in violation of Financial Regulations 136, 137, 138 and 139, Rs. 3.44 million had been paid to the supplier on 31 December 2018.
- (c) The bids had been invited on 24 January 2021 for renovation of road with an inter-related stones from near to the Consultant quarters (Villa) which was completed as a donation prior to the visit of Director General of Health services to the General Hospital, Polonnaruwa on 02 January 2021, to the building constructed for cleaning and security units and for demolition of old building established of electricity and security units, as an estimated costs of Rs. 1.580 million and Rs. 699,290 (tax free) respectively. A physical inspection on 10 February 2021, revealed that the work on the two projects had been completed before bid opening on 11 February 2021.
- (d) Following observations are made on the case of Rs. 204.60 million paid to 04 institutions by the National Hospital, Colombo during the period of January 2016 to September 2016, for salary increment and its' over time increased to the employees engaged in the cleaning service companies, by the Government on 24 March 2016.
- (i) Without confirming the conditions of the Ministry Procurement Committee "C1" decision dated 05 August 2016 with relevant to payments, total of Rs. 26.57 million of arrears and overtime for the above-mentioned period had been paid.
- (ii) Rs. 677,160 and Rs. 202,500 had been paid to the contractor as salaries for 1,254 shifts and 375 days of 63 workers in the service respectively. But contractor had not been paid to the workers and Rs. 131,949 had been over-paid to the contractor as payments of Employees Provident Fund and Employees Trust Fund on behalf of the workers. It was observed that during this period as per the relevant new OT rates total of over-time payments of Rs. 25.31 million had been paid to the contractor, but he had not paid Rs. 7.15 million to the workers.
- (iii) Rs. 1.92 million as salaries and overtime pay of 24 Supervisors for this period had been paid more to the contractor and Rs. 714,983 had been paid more to the contractor as Value Added Tax for three contractors. And also observed that according to the new rates, a contractor had been over-paid sum of Rs. 81,320 as cleaning materials which were actually not in used.
- (iv) It was unable to confirm the accuracy of payments made to the three contractors since actions had not been taken get their pay rolls relevant to the period of January to September of 2016 from the hospital.

- (e) To pay the increased salaries of employees engaged in the cleaning service industry from 01 August 2018 by the Government, as per the requests of the companies providing cleaning services and before making the payment, the Ministry Procurement Committee had decided that the increased salaries have been paid to the employees and according to the increased amount, contribution to the Employees Provident Fund and Employees Trust Fund were paid should be confirmed. Accordingly, following observations are made on the payments of increased salaries and overtime fees sum of Rs. 8.40 million and Rs. 28.93 million respectively to the cleaning service providers by the Apeksha Hospital, Maharagama.
- (i) Without confirmation of the above-mentioned facts to be confirmed before making payments, Rs. 8.40 million had been paid to the contractor as the increased salaries of the employees.
 - (ii) It was observed that the contractor had not been paid Rs. 3.21 million and Rs. 2.96 million to the workers as salaries for 4,342 duty shifts and 4,002 days respectively, and Rs. 926,184 as funds to be paid to the Employees Provident Fund and Employees Trust Fund had been over-paid to the contractor. And also, according to the new over-time rates, Rs. 6.39 million had been over-paid to the contractor.
 - (iii) It was observed that Rs. 373,287 had been over-paid to the contractor as salaries and over-time of 06 supervisors.
- (f) Following observations are made on the performance of the Radiology Division of the District General Hospital, Matara.
- (i) The duty shift plan prepared monthly for the Radiology Division has been constantly changed and in such cases, allowances had been paid for the shift work carried out without the approval of a revised shift plan.
 - (ii) Since wards or clinics did not record the time of referral of patients to this unit or the time of arrival of patients to the ward or the time of departure after receiving the service, it was not possible to accurately identify the amount of radiology services received during the on-call service and the normal service period. It was not possible to confirm the accuracy of the on-call allowances and overtime allowances paid to the Radiographers.
 - (iii) The number of patients arriving during the call period was 23 percent higher than the average working hours of the Radiographers, the number of radiology services received was 65 percent and the average number of radiology tests performed per patient was 35 percent. Reasons for this abnormal pattern were not submitted.

- (iv) It was observed an unusual increase in CT scans that were recorded a 2 hour call service from 12 noon to 14 p.m. by the Radiographers. During this period, it took an unusually short time of 03 to 05 minutes to perform a test. Accordingly, the accuracy and formality of the allowances obtained were not verified.
- (f) The Director of the Matara Hospital had informed the Chief Magistrate of the Matara Magistrate's Court regarding the action taking to release the body of a 19-year-old woman who was died at the time of admission to the OPD of the Matara General Hospital on 13 February 2021 at around 3.00 am and later identified as a COVID positive patient, disregarding the recommendations and commands of the Judicial Medical Officer due to a heart attack. However, Secretary to the Ministry of Justice who is the authorized appointing officer of the relevant Coroner, had not been informed regarding this incident and any action had not been taken on the relevant Coroner by 08 July 2021.

3.7 Loses and Dameges

The following observations are made regarding the Statement of Losses and Abandonment (Note (i)) and the Statement of Deductions from Books (Note (ii)) prepared in relation to the Operational Program and Development Program of the Financial Statements submitted.

- (a) The total loss as at 31 December 2020 was Rs. 76.29 million and the recovery and deducted book values during the year were Rs. 73,000 and Rs. 8.30 million respectively. Recovery and book deductions for the year as a percentage of total losses were as low as 0.1 percent and 12.23 percent, respectively.
- (b) The undisclosed losses and damages of 25 hospitals and institutions were Rs. 33.36 million, of which Rs. 17.14 million had been brought forward in financial statements for more than 06 years. The time analysis of losses and damages worth Rs. 33.52 million that were not recovered or deducted was as follows.

<u>Time duration</u>	<u>Value of the loses and damages</u> Rs. in Million
Less than one year	11.26
Between 1 - 5 years	3.04
Between 5 - 10 years	10.31
More than 10 years	<u>8.91</u>
	<u>33.52</u>

- (c) To prepare the financial statements for the year 2020, the Statement on Losses and Abandonment (Note (i)) and the Statement of Deductions from Books (Note (ii)) had not been obtained from the Dengue Control Program and the Office of the Director General of Health Services, Polonnaruwa General Hospital and Malaria Control Program had not submitted those two statements. Also, one hospital had not submitted a Statement of Losses and Abandonment (Note (i)) and 05 hospitals had not submitted the Statement of Deductions from Books (Note (ii)).
- (d) 36 Hospitals and Institutions had submitted their Statement of Losses and Abandonment (Note (i)) Form as a blank report and 14 Hospitals and Institutions had submitted their Statement of Deductions from Books (Note (ii)) Form as a blank report but it is an unusual situation. It should have been followed up, but it had not been done.
- (e) The monetary fraud of Rs. 6.32 million had been in the Shrof Unit of the Teaching Hospital, Anuradhapura, should be indicated according to the Financial Regulation 106 and 113, in the Statement of Losses and Abandonment (Note (i)), but it was mentioned in the Statement of Deductions from Books (Note (ii)) under Financial Regulation 109.

3.8 Non-economical Transactions

Following observation are made:

- (a) Following observations are made on the preparation of Performance and Progress Reports:
 - (i) 1,576 reports out of 3,165 prepared in three languages of the Performance and Progress Report in 07 occasions during the period from 2012-2013 to 2018-2020 for presentation at the Annual Budget debate in the Parliament, and 261 CDs out of 2,600 CDs of that report had not been distributed. 36 reports and 72 CDs were condemned.
 - (ii) Since the Annual Performance Report is tabled in the Parliament around May of each year, only information up to the budget date of the current year and progress of the previous year should be included in the Performance and Progress Report. But instead of more information and details had been included. As a result, more time and large sum of money had to be spent on it.

- (iii) 435 copies of the report had not been utilized due to the fact that 760 copies of the report had been printed for the year 2017/2018 at a cost of Rs.2.36 million without a pre-agreement with the Office of the Leader of House of Parliament regarding the quantity of the report need to be printed. As a result, Rs. 1.35 was spent on printing 435 copies was an idle expense.
 - (iv) On 21 October, 2020, the Office of the Leader of the House of Parliament had requested for 300 copies of the Performance and Progress Report for the year 2019/2020, but instead of that, 825 copies of the Report for the period of 2018/2020 and 750 reports containing the information only for the year 2020 had been printed. Since only 750 reports containing information of the year 2020 had been tabled in Parliament, Rs. 1.51 million spent for printing 825 copies of the report for the period of 2018/2020 was an idle expense.
- (b) Anuradhapura Teaching Hospital had received an incinerator worth Rs. 11.42 million in 2014 for incineration of the clinical waste of the hospital and Rs. 6.46 million had been spent as the expenditure for repairing the incinerator for a period of 05 years from 2016 to 2020. It was more than 50 per cent of the value of the machine.
 - (c) The Colombo National Hospital had paid Rs.382,950 with taxes on 26 March, 2020 for purchasing 500 Plus Aerobic (plastic) bottles, but only 50 bottles had been procured and Rs.344,655 for 450 bottles had been overpaid.

3.9 Management Weaknesses

Following observations are made.

- (a) Although it is the responsibility of the Head of the Institution to take immediate action to inform by registered post, an officer who is deemed to vacation of post in terms of Section 7.1 of Chapter V of the Establishment Code of the Democratic Socialist Republic of Sri Lanka and Rule 172 of the Procedure Code of the Public Service Commission Part I, it has been observed that when the doctors working in the hospitals and institutions belonging to the Ministry of Health did not report for duty without proper approval, they were issued letters informing them that they would be treated as vacation of post with a delay of 03 months to 105 months.

Also, a Nursing Officer who had worked at the Kandy National Hospital had left her service on 14 September, 2016 and letter of vacation of post had been issued in 45 months after leaving the service. According to her personal file, in addition to the agreement signed with the Director General of Health Services dated 12 September 2012, the officer had agreed to the notice stating that she was obligated to pay 48 months and the agreed amount and another Rs. 265,280 to the Republic. Relevant charges had not been made after departure.

- (b) The Yag Machine and the Visual Field Analyzer, which were issued to the Eye Clinic Unit of the Kandy National Hospital, were in a state of non-repair from 2017 and 2018 respectively and new 02 machines could not be provided until 31 March, 2021. Therefore, patients had been referred to Nawalapitiya Hospital. Also, as the unit did not have a B-Scan machine, the patients who needed to be scanned were referred to the Peradeniya Teaching Hospital.
- (c) The artificial respirator used during the transport patients of the Neurosurgical Intensive Care Unit of the Kandy National Hospital was malfunctioned and severely affected the patient care services.
- (d) It was observed that expired chemicals and 454 equipment units were available in the 03 laboratories used for medical tests at the Kandy National Hospital, in 2019 and 2020 and also the expired chemicals in the Micro Biology Laboratory were being used for testing.
- (e) It was observed that 19 medical tests which could be performed by 03 laboratories at the Kandy National Hospital were not carried out due to various reasons. It was observed that due to the failure to remove the factors that had contributed to these causes and to make the necessary arrangements for the 19 medical examinations, patients had to spend money for such medical examinations and as a result a large number of patients were severely inconvenienced.
- (f) The public toilet at the OPD of the Kandy National Hospital had been closed for repairs for about four months on 11 December, 2020, but due to the lack of an alternative solution, between 1,200 and 1,400 patients visit the OPD daily had/to be severely inconvenienced.
- (g) The clinical waste of the Anuradhapura Teaching Hospital had been dumped unsafely in the hospital sewer premises since 2020 due to insufficient capacity of the incinerator and it was revealed that the infected waste mixed with the water and flowed into the Malwathu Oya during the rainy season. And that a report on the condition of the exhaust gas generated by the combustion process due to problems in the sewer system should be obtained and submitted by a laboratory registered with the Central Environmental Authority. The Central Environmental Authority (CEA) had recommended that a methodology be devised and implemented for the eco-friendly disposal of bottom ash generated by the combustion process, but this was not done and the action had not been taken to obtain environmental protection permit by 31 March, 2021.
- (h) During the period from 01 September 2016 to 31 July 2020, the National Blood Transfusion Center had issued blood to 45 private hospitals and the total amount due for 122 test cases of constituents was Rs. 7.37 million had not been recovered for more than 02 to 04 years.

- (i) Under Section 23 (a) and 23 (b) of the National Environmental Act No. 47 of 1980, the Minister of Environment and Natural Resources under Section 32 of the said Act No. 2008 which was published in the Extraordinary Gazette Notification No. 1534/18 dated 01 February 2008 Although a Schedule Waste License (SWL) must be obtained for the disposal of clinical waste, which is a hazardous waste category listed in Schedule VIII, Section 15 of Part II of the National Environmental (Safety and Quality) Regulations 1, The license had not been obtained for waste management at the Kurunegala Teaching Hospital. Also, an Environmental Protection License (EPL) had not been obtained for the existing incinerator for hospital waste disposal under Section 63 (a) of Notice (a) of the Extraordinary Gazette Notification No. 1533/16 of 25 January 2008.
- (j) The transfer of ownership of 202 vehicles purchased by the Ministry on lease basis and completed the payments in installments, during the period from 2011 to 2016 had not been completed by 31 May, 2021.
- (k) During the period from 01 November 2020 to 31 January 2021, the total amount of Rs. 409,186 due for blood issued to private hospitals by the Matara District General Hospital, had not been recovered as at the audited date of 31 March 2021.
- (l) In accordance with the Public Administration Circular No. 03/2017 dated 19 April 2017, steps should be taken to keep records of the arrival and departure of officers to the office by using fingerprint machines of all government institutions. According to the letter issued to the Secretary to the Ministry of Health by the Secretary to the Treasury, No. DMS / 0016 dated 12 May 2017, if the fingerprint machines that can confirm the arrival and departure of the health staff are not activated from 01 July 2017, the overtime allowances will not be paid according to the current salary. However, 213 fingerprint machines installed by the Ministry at a cost of Rs. 31.08 million at the Ministry and its affiliated hospitals and institutions remained idle and based on the current salary, Rs.34,868.54 million for salaries and Rs. 27,703.08 million for overtime and holiday salaries and as the total amount of Rs. 62,571.62 million had been paid. Payment of overtime and holiday salaries accounted for about 79 percent of the total cost of salary.
- (m) Management of the Teaching Hospital, Kurunegala had failed to comply with the instructions given by Director General of Health Services in the General Circular No. 01-21/2015 dated 28 May 2015, to ensure the quality and value of the food provided for patients and minor staff, ordering raw food at a minimum cost for the government, supply, cooking and distribution management. And also the process of ordering raw food, receiving, cooking and distribution had not properly supervised. As a result, it was observed that an environment has been created in the kitchen where various irregularities can take place, based on the following matters.

- (i) According to the Chapter 10.5 of the circular, a procedure had not been prepared to cut down a certain amount of food based on the recommendation of Food Management Committee in order to minimize the wasting of foods. It was confirmed that the lunch prepared on 10 and 11 of February, 2021 had been remained by 28.5 percent and 12.31 percent respectively at the physical investigation of the hospital kitchen.
- (ii) According to the Chapter 11.7 of the circular, Head of the Institution or Officer of the Food Management Committee or Officer nominated by the Head of the Institution should carry out 02 emergency investigations on foods supply randomly at least per month and results should be noted in the emergency investigation register using the Health 894 format. However, such investigation had not carried out during the year under review.
- (iii) It was noted in the Raw Food Order Document on 10 February 2021 that remaining lunch on 10 and 11 of February 2021 was utilized for dinner of the minor staff. But, before audited two days, it had never been kept notes on remaining foods and utilization of remaining foods for other meals.
- (iv) Although 23 Kg of steamed Nadu rice had been ordered on 10 February 2021 for dinner of the minor staff, it was noted in the Raw Food Order Register as only 08 Kg of rice received and 20 Kg of rice of dinner order deducted on behalf of remaining of lunch. However, after deduction of 20 Kg from the ordered 23 Kg of rice, amount of rice to be accepted was 3 Kg. But, it was noted in the Raw Food Order Register as 08 Kg of rice accepted. The raw food supplier had confirmed to the auditors that the ordered 23 Kg of rice had been supplied as scheduled. Accordingly, it was confirmed that the notes kept on 10 February 2021, in the Raw Food Order Register were fake.
- (v) According to the Chapter 12.4 of the circular, although only fresh vegetables that have not been destroyed, eaten by insects, crushed, scratched, undamaged and unpolluted rice that has not been crushed, free of stones, sand and rubbish should be accepted, the vegetables and rice accepted on 10 February 2021 for lunch had not been complied with those criteria.
- (vi) According to the Chapter 12.11 of the circular, although, it should be immediately noted in the Shortages Book prepared based on the Health 945 format with regard to the all raw foods provided in less quantity or rejected, that register had not been updated since 12 January 2013 to audited date.
- (vii) According to the Chapter 12.12 of the circular, although officers who are accepting the food items supplied by the contractor at the each supply, submission of "Receipts of supplies" signed by them is essential, such Receipt Book had not been maintained by the hospital.

- (viii) According to the Chapter 15.1 of the circular, food should be issued only to the workers who furnish a Food Coupon. However, it was observed that the cases on issuing foods without a Food Coupon. According to the sub para 17 (7) of the circular, Food Management Committee had not tested, internal management of food distribution to the workers was very poor.

4. Good Governance

4.1 Providing Services to the Public

72 Information Officers representing each division of the Ministry including Hospitals and Institutions belonging to the Ministry of Health to deal with the information requested by the citizens under the Right to Information Act No. 12 of 2016 and one officer to deal with appeals and total of 73 officers had been appointed. During the year under review, the information received regarding the requests received by these 73 officers had not been submitted for audit by 13 officers. According to the information submitted by the remaining 59 officers, the total number of applications submitted by the public during the year under review was 299, of which 18 applications were unanswered.

5. Human Resource Management

Following observations are made on this.

- (a) For 33 senior executive level posts, there were 2,454 vacancies and 49 excess for 03 posts, 446 vacancies for 67 posts at the tertiary level and 02 excess for one post, 6,010 vacancies for 78 secondary posts and 134 excess for 14 posts, and 8,899 vacancies for 45 primary level posts and an excess 3,371 vacancies for 06 posts. The vacancies included 2,268 medical officers, 44 dental surgeons, 2,668 nurses, 626 nursing sisters, 129 pharmacists, 249 radiographers and 526 public health midwives and 150 ECG recordist who were belonging to the Departmental posts. In addition, the number of employees recruited on casual basis to the post of Health Assistant outside the formal recruitment scheme for non-technical posts in the primary grade was 663.
- (b) During the inspection of the personal files of 10 out of 45 Electrical Mechanical Officers employed in the Biomedical Engineering Services Division, measures had been taken to absorb and convert salaries into the relevant salary steps of 09 officers, contrary to the existing new recruitment procedures prepared in accordance with the Public Administration Circular No. 06/2006 dated 25 April 2006 and relevant circulars issued thereafter. It was observed that for a long time, those officers were being paid more than they were entitled to and overtime and other allowances and holiday salaries were being paid more. Requested to the Chief Accounting Officer on 29 July 2020 to submit an internal audit report on the recruitment, absorption and salary conversions of all other officers and to report the excess overpayments to the relevant income earners or the parties responsible for it, but there was no response until 22 April 2021.

- (c) On 20 December 2013, the Public Service Commission had approved a new recruitment scheme in line with the new Service Minute approved for the post of Biomedical Engineer in the category of Executive Officers serving in the Biomedical Engineering Services Division. During a sample audit of promotions made in accordance with the new service minutes and the new recruitment procedure, the unsatisfactory service period confirmed for an officer recruited to the post of Assistant Biomedical Engineer (Electrical) on 02 December, 1998 was considered as a period of satisfactory service and he had been absorbed into Grade II on 20 December, 2013. The officer who had not obtained the postgraduate qualification in the relevant field to be promoted to Grade I had misleadingly considered that the degree of Science which he had passed was equivalent to the postgraduate degree in that field and had recommended to the Public Service Commission for promotion to Grade I from 11 December 2016. An officer who was recruited to the post of Assistant Biomedical Engineer (Electrical) on 16 May 1997 confirming he has 10 year satisfactory service period although he was having a 07-year salary delay and has submitted incomplete performance reports for the last 12 years. Based on the incomplete performance reports of an officer who had completed 10 years of satisfactory service and had been recruited to the post of Assistant Biomedical Engineer (Electrical) from December 07, 1998. Those two officers were promoted to Grade II from 20 December, 2013. It was also observed that the two officers who had not fulfilled the performance qualifications as per paragraph 10.1.1.1 (iii) of the Recruitment Procedure, had been recommended to the Public Service Commission for promotion from Grade III to Grade II and accordingly, they had been promoted to Grade II.
- (d) One special grade post of the Sri Lanka Planning Service was approved for the Ministry of Health on 07 November 2017 but no officer had been attached to that post till 22 April 2021.

I. Samarage
Assistant Auditor General
For Auditor General
Signed:

Copy to: Director General of State Account, Department of State Account, Treasury

CHAPTER 4

Performance Indicators

4.1 Performance Indicators of the Institute

Performance monitoring plays a crucial role for the healthcare sector to achieve higher efficiency and effectiveness in providing services. The performance can be measured using selected indicators through which healthcare organizational goals and objectives can be monitored over time. Ministry of Health has identified a National Health Performance Framework to fulfil this need. These indicators could be used as the foundation to analyse and track health performance and base strategic decisions regarding staffing and allocating resources. Some of the important indicators selected are given below.

Indicator	2016	2017	2018	2019	2020
Maternal mortality ratio per 100,000 live births (FHB data)	33.8	39	32	28.83	NA
Infant mortality rate per 1000 live births (FHB data)	8.2	9.0	9.1	10.1	NA
Children under-five mortality rate per 1000 live births (FHB data)	9.27	10.9	10.6	11.0	9.8
TB treatment success rate (NPTCCD data)	84.6%	84.6%	84.2%	84.1%	84.2 %
Dengue case fatality rate (Dengue Control Unit)	0.18% (97 deaths)	0.24% (440 deaths)	0.11% (56 deaths)	0.15	0.11
Child (less than 15 years) cases of Leprosy (ALP data)	158	204	179	181	
Percentage of people living with HIV currently receiving antiretroviral therapy (NSACP data)	15.3%	36.98%	44.53%	51%	51.72 %
Number of new HIV infections per 1,000 uninfected population (NSACP data)	0.01	0.01	0.0082	0.01	0.01
Health worker density (per 10,000 population) (Annual Health Bulletin data)				2019 population 21,803,000	
Medical Specialists	0.99 (2102)	1.04 (2221)	1.05 (2270)	1.15 (2500)	NA
Medical Officers (Excluding administrators & Specialists)	7.86 (16,659)	8.10 (17,375)	7.96 (17,244)	7.97 (17,369)	NA
Dental Surgeons	0.68 (1433)	0.69 (1473)	0.72 (1561)	0.64 (1396)	--
Nursing Officers	20.1 (42,556)	21.2 (45,480)	21.2 (46,024)	21.4 (46,755)	--

Indicator	2016	2017	2018	2019	2020
Pharmacists and Dispensers	1.42 (3010)	1.55 (3314)	1.59 (3442)	1.61 (3517)	--
Midwives including Supervising Midwives and Hospital Midwives	4.2 (8917)	4.00 (8571)	4.08 (8852)	4.04 (8819)	--
Availability of essential medicines in hospitals BH and above (SARA Survey data)		NHSL- 93% TH -94% PGH -98% DGH - 99% BH -94%			
Children under 5 years who are stunted (FHB data)	17.3 (DHS)	11 (RHMIS)	8.9 (RHMIS)	8.4 (RHMIS)	8.2 (RHMIS)
Children under 5 years who are wasted (FHB data)	15.1 (DHS)	9 (RHMIS)	10.2 (RHMIS)	9.9 (RHMIS)	8.6 (RHMIS)
Child immunization: Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine (Epidemiology Unit data)	97% (EPID)	96.3% (EPID)	95% (EPID)	98% (EPID)	
Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (Global Health Observatory data)	17.4	Not available	Not available		
Hospital- MRSA bacteraemia rate per 10,000 patient days	Median 0.362 IQRange 0.3-0.53	Median: 0.97 IQ Range 0.33-1.41	Median 0.86 IQ Range0.44- 1.36	Median 1.14 IQ Rane 0.52-1.56	Median 0.7 IQ.56- 1.81
Percent of post LSCS surgical site infection rate	Median 1.105 IQRange 0.527-1.39	Median: 0.75% IQ Range 0.42%-1.24%	Median 0.72% IQ Range 0.4%%- 1.29%	Median 0.67% IQ Range 0.34%- 1.4%	Median 0.5% IQ Range 0.20%- 0.86%
Proportion of elective surgeries postponed in a month as per theatre list OR Waiting time duration in indexed operations		3.8%	5.69%	4.995%	2.85%
Rate of adherence to surgical safety checklist	100%	100%	96%	91.1%	89.89%
Waiting time at OPD without lab investigations (Minutes)		40.7	46	48.5	44.15

Performance Indicators of Institutions

Indicator	Name of Hospital												Board Managed Hospitals		
	National Hospital of Sri Lanka	National Hospital Kandy	Teaching Hospital Anuradhapura	Teaching Hospital Batticaloa	Teaching Hospital Colombo North	Teaching Hospital Colombo South	Teaching Hospital Jaffna	Teaching Hospital Karapitiya	Teaching Hospital Kuliya	Teaching Hospital Peradeniya	Teaching Hospital Ratnapura	General Hospital Sri Jayawardeneapura	Wijaya Kumaratunga Memorial Hospital		
Dengue case fatality rate for the year	0.18	0	0.65	0.12	0.34	0.096		0.23	0	0.11	0.08	0.00	0		
Proportion of deaths out of patients admitted with myocardial infarction during the year	18.84	8.89	10.48	8.50	11.6	9.34		12.2	7.38	9.2	7.53	6.79	0		
Number of beds	3,269	2,629	2,164	1,157	1,681	1,106		1,880	679	967		1,072	137		
Bed occupancy rate	61.54	57.6	54	64.55	58.5	65.38		70.8	42.98	68	61.68	48.77	74.78		
Number of major surgeries performed during the year	33,376	19,624	15,738	9,415	8,128	10,386		11,480	2,323	9,215		11,832	4,026		
Percentage of essential drugs for NCD management available throughout the year	100	78.94	NA	94.10	87.0	100		87.5	82.3	82.3	100	100	87.5		
Number of investigations performed per MLT per year	40,999	34,804	52,052	55,460	66,696	35,783		53,520	20,404	47,338	41,361	34,256	23,232		
Percentage expenditure for local purchase of drugs out of the total allocation for drugs	27	11.04	112.22	3.80	56	116.1		16.9	53.97	88.16	98.14	26.25	5.11		

Indicator	Name of Hospital											Board Managed Hospitals		
	National Hospital of Sri Lanka	National Hospital Kandy	Teaching Hospital Anuradhapura	Teaching Hospital Batticaloa	Teaching Hospital Colombo North	Teaching Hospital Colombo South	Teaching Hospital Kalubowila	Teaching Hospital Jaffna	Teaching Hospital Karapitiya	Teaching Hospital Kuliya	Teaching Hospital Peradeniya	Teaching Hospital Ratnapura	Sri Jayawardenepura General Hospital	Wijaya Kumaratunga Memorial Hospital
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	-	43	35.85	32.92	45.7	38.22			NA	41.09	49	39.15	51.83	0
Rate of post LSCS infections for the year	-	0.3%	0.77%	0.4%	0.3	0.63%			NA	1.1%	0.36%	0.89%	0.12%	0
Percentage of staff (by category) who underwent at least one capacity building programme during the year														
1. Doctors	47.92	14.18	22	32.22	12.6	28.73			58	78.2	-	41.62	100	9.09
2. Nurses	37.96	37.61	19	90.61	36.0	33.10			80	76.63	-	27.09	100	2.85
3. Other technical officers	57.54	18.95	00	70.51	5.0	6.04			22.5	88	32	-	67	-
4. Minor staff	23.23	18.17	20	55.04	27.0	24.08			37	22.6	-	10.02	32	0
Average number of general OPD patients seen per doctor per day	17	32	24	53	50	23			42	38	17	73	27	39

Indicator	Castle Street Hospital for Women	De Soysa Hospital for Women	Lady Ridheway Hospital for Children	Teaching Hospital Mahamodara	Sirimawo Bandaranayake Specialized Children Hospital Peradeniya	National Dental Hospital	Apeksha Hospital Maharagama	National Institute of Mental Health, Angoda	National Eye Hospital	National Institute of Infectious Diseases	National Hospital for Respiratory Diseases	Rheumatology and Rehabilitation Hospital, Ragama	National Institute for Nephrology, Dialysis and Transplant Maligawatta
Dengue case fatality rate for the year	-	-	0	0	0	-	-	-	-	-	-	-	-
Proportion of deaths out of patients admitted with myocardial infarction during the year	-	-	-	-	0	-	-	-	-	-	-	-	-
Number of beds	469	343	1,016	366	354	37			503		629	272	83
Bed occupancy rate	53.77	62.3	40.9	59.83	36	36.1		46.31	41.31		25.21	45.8	36.03
Number of major surgeries performed during the year	4,568	4,777	6,613	5,320	1,788	306		-	14,055	-	913	-	137
Percentage of essential drugs for NCD management available throughout the year	100	5.94	100	100	95	-		100	40		100	0	100
Number of investigations performed per MLT per year	22,687	36,741	15,918	22,157	2,022	-		3,808	29,668		35,789	20,559	17,155.1
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	8	3.62	100	0.39	14.01	-		17.28	116.1		6.45	0	0.9

Indicator	Castle Street Hospital for Women	De Soysa Hospital for Women	Lady Ridheway Hospital for Children	Teaching Hospital Mahamodara	Sirimawo Bandaranayake Specialized Children Hospital Peradeniya	National Dental Hospital	Apeksha Hospital Maharagama	National Institute of Mental Health, Angoda	National Eye Hospital	National Institute of Infectious Diseases	National Hospital for Respiratory Diseases	Rheumatology and Rehabilitation Hospital, Ragama	National Institute for Nephrology, Dialysis and Transplant Malignawatta
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	32.87	34.6	-	39.03	-	-	-	-	-	-	-	-	-
Rate of post LSCS infections for the year	0.75	1.00	-	0.78	-	-	-	-	-	-	-	-	-
Percentage of staff (by category) who underwent at least one capacity building programme during the year													
1. Doctors	56.39	14.69	73.91	1	15	0		47	76		59	63	15
2. Nurses	59.15	35.63	24.88	61	20	0		63	60		83.7	61	25
3. Other technical officers	100	4.38	0	5	0	0		19	51		47	34	80
4. Minor staff	68.81	29.71	19.68	40	0	0		40	38		40	56	31.37
Average number of general OPD patients seen per doctor per day	5	10	27	17	15	12		2	34		8	10	

Indicator	Provincial General Hospital, Badulla	Provincial General Hospital, Kurunegala	District General Hospital Ampara	District General Hospital Chilaw	District General Hospital Hambantota	District General Hospital Kalutara	District General Hospital Kegalle	District General Hospital Matara	District General Hospital Monaragala	District General Hospital N'Eliya	District General Hospital Polonnaruwa	District General Hospital Trincomalee
Dengue case fatality rate for the year	0	0	0.38	0	6.25	0.27	0	0	0	0	1.7	0.05
Proportion of deaths out of patients admitted with myocardial infarction during the year	6.40	6.64	14.46	10	7.94	6.39	13.8	7.75	13.4		17.8	1.95
Number of beds	1,514	2,355	723	592	899	1,102	806	1,065	551	667		523
Bed occupancy rate	58.80	N/M	48.22	47	47.7	58.30	56.42	55.35	74.2	53.61	56	60.7
Number of major surgeries performed during the year	14,703	16,092	2,741	3,896	1,093	6,109	5,836	9,451	3,918	4,725	6,803	3,373
Percentage of essential drugs for NCD management available throughout the year	94.4	0	-	100	100	93.75	89.47	88.5	75	85.5	58	95
Number of investigations performed per MLT per year	40,699	71,904	34,780	36,070	56,100	51,002	29,682	29,763	41,823	33,206	43,280	49,735
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	0.52	105.70	94.93		42.8	6.05	42.6	4.45	6.07	85.5	3.32	6.9

Indicator	Provincial General Hospital Badulla	Provincial General Hospital, Kurunegala	District General Hospital Ampara	District General Hospital Chilaw	District General Hospital Hambantota	District General Hospital Kalutara	District General Hospital Kegalle	District General Hospital Matara	District General Hospital Monaragala	District General Hospital Nuwara Eliya	District General Hospital Polonnaruwa	District General Hospital Trincomalee
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	41.7	50.34	40.72	43	46	39.25	46.6	46.67	46.65	28.96	46	35.5
Rate of post LSCS infections for the year	0.25	1.28	0.45	0.28		40.53	0	0.19	0.85	1.65	1.15	1.6
Percentage of staff (by category) who underwent at least one capacity building programme during the year												
1. Doctors	28.1	21.62	11.71	80	95	20	14.5	45.51	59	50	41.79	26.31
2. Nurses	41.7	94.47	100	83	28.7	60.41	68.9	100	75	42	10.49	49.28
3. Other technical officers	27	26.32	26.04	46	-	23.65	16.4	55.68	12	15	1.60	
4. Minor staff	25.9	14.20	4.27	68	7.9	40.29	12.5	54.61	11	16	3.80	61.6
Average number of general OPD patients seen per doctor per day	71	39	30	21	58	21	30	44	57	43	48	53

Indicator	Base Hospital Akkarai pattu	Base Hospital Bervala	Base Hospital Colombo East	Base Hospital Gampola	Base Hospital Kalmunai South	Base Hospital Kalmunai North	Base Hospital Kanthale
Dengue case fatality rate for the year	0	0	0	0	0	0	
Proportion of deaths out of patients admitted with myocardial infarction during the year	15.38	2.4	0.05	8.79	16.35	2.7	
Number of beds	308	44	285	375	283	413	
Bed occupancy rate	49.35	30.13	37.01	58.91	69.98	40.05	
Number of major surgeries performed during the year	1,936	-	577	3,336	2,715	2,310	
Percentage of essential drugs for NCD management available throughout the year	96	96.23	100	83.3	93.75	100	
Number of investigations performed per MLT per year	6,945	10,495		41,643	46,453	53,913	
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	87	-	1.16	0.83	100	100	

Indicator	Base Hospital Akkarapatu	Base Hospital Bervala	Base Hospital Colombo East	Base Hospital Gampola	Base Hospital Kalmunai South	Base Hospital Kalmunai North	Base Hospital Kanthale
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	39.41	-	34.75	51.56	46.96	48.77	
Rate of post LSCS infections for the year	0.42	-	0	0.37	0.97	0.94	
Percentage of staff (by category) who underwent at least one capacity building programme during the year							
1. Doctors	40	10	90	9	26.25	23	
6 Nurses	23	3.12	90	26	5.12	20	
2. Other technical officers	18	-	90	18	10.16	39	
7 Minor staff	4.9	0	90	7	1.77	20	
Average number of general OPD patients seen per doctor per day	36	14	65	55	57	54	

Epidemiology Unit

Key Performance Indicator	Target for 2020	Progress		
		2018	2019	2020
Immunization coverage for key vaccine preventable diseases - BCG, Penta-valent, DT, Measles	>95%	>95%	>95%	>95%
Surveillance of communicable diseases - Completeness of reporting (reporting from all MOH offices)	100	100	100	100

National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
Case detection rate	90%	62.6%	59.0%	50.4%
TB treatment success rate	>90%	84.2%	84.1%	84.2%

Anti-Leprosy Campaign

*Final data not available

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020*
New cases detected	1800	1703	1660	1072
NCDR (per 100000 population)	8.18	7.86	7.61	4.87
Child percentage	10.8%	10.22%	10.9%	10.63%
Deformity percentage	6.0%	6.46%	5.51%	6.8%
MB percentage	58%	60.48%	58.47%	61.94%

Quarantine Unit

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
International Health Regulations (IHR) core capacity index	2023-58%	46%	54%	67%
No. of travellers vaccinated against yellow fever		4724	4831	2281
No. of ships inspected for Ship Sanitation Certification		352	306	396

National Dengue Control Unit

Key Performance Indicators	Target for 2023	Progress		
		2018	2019	2020
Dengue incidence (per 100,000 population)	<100	238.39	481.81	141.52
Dengue Case fatality Rate	<0.1%	0.11	0.15	0.11
Entomological index	<1%	10.1	9.8	8.7

Anti-Filariasis Campaign

Key performance indicators	Target for 2020 (10% reduction)	Progress		
		2018	2019	2020
Microfilaria rate	0.009	0.024	0.01	0.04
Infected rate	0.0972	0.92	1.08	0.91
Infective rate	0.063	0.03	0.07	0.16
New lymphedema patients	570	705	633	545

Anti Malaria Campaign

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
No. of malaria deaths	0	0	0	0
Percentage of cases investigated within 3 days	100%	100%	100%	100%
Percentage of confirmed malaria cases that received first line treatment according to National Treatment Guidelines	100%	100%	100%	100%
Annual Blood Examination Rate per 100 persons per year	3%	5%	5%	3%
Percentage of healthcare institutions with no stock outs of malaria drugs and commodities	100%	100%	100%	100%

Directorate of Non-Communicable Diseases

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
Persons over 35 years screened for selected NCDs at Healthy Lifestyle Centres	25%	10.25%	10%	3.6%
No. of MOH areas with two or more HLC	355	293	-	288
Percentage of Medical officers trained on NCD prevention and control (NCD and risk factor management guidelines)	15%	-	20%	25%
Coverage of inward injury surveillance system in hospitals base and above	80%	23%	35%	37.8%

National Cancer Control Programme

Key Performance indicators	Target for 2020	Progress		
		2018	2019	2020
Publication of cancer incidence data	Publish the up-to-date cancer incidence data	Finalized 2011 cancer incidence data finalized the 2014 interim report of cancer incidence data	Cancer incidence data of year 2012 was finalized	Finalized the report of cancer registry for year 2015. Cancer incidence data of year 2016,2017,2018 and 2019 was finalized
Conducting National Advisory Committee meetings	Conducting four meetings	3 meetings conducted	One meeting conducted	2 meetings were conducted.
Conducting District Review meetings	10 District reviews	19 reviews were conducted.	06 district reviews were conducted.	None of the district reviews were conducted due to COVID 19 situation
Development of proper guideline & referral pathways for common cancers	Print and distribute the National guideline on Early Detection & referral pathways of common cancers in Sri Lanka	Development of Oesophageal and prostate cancer guideline & referral pathway. Revised	Early detection guidelines on breast, oral, oesophageal, colon & rectum, prostate, thyroid and gynaecological cancers were updated and quotations were called for	“National Guideline on Early Detection & referral pathways of common cancers in Sri Lanka, for primary care

		guideline on common Gynaecological cancer. Development of oral cancer guideline availability of referral pathways for OPMD & oral cancer.	publications.	physicians” was printed and distributed to the district level.
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Directorate of Mental Health

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
Number of districts with at least one psychiatrist and acute psychiatric inward care	25	24	24	24
Number of districts with intermediate care units	17	16	16	17
Number of districts with alcohol rehabilitation units	10	8	9	10
Number of districts having at least one community support centre	19	11	15	15
Suicide rate per 100,000 population	14.7	15.14	14.8	DNA

Family Health Bureau

Indicator	Progress		
	2018	2019	2020
Maternal Mortality Ratio	32.0	28.83	-
Neonatal mortality rate (National)	6.5	6.6	6.3
Infant mortality rate (National)	9.1	9.5	8.3
Percentage of pregnant mothers registered before 8 weeks	79.8	80.6	80.9
Percentage of Institutional deliveries	99.9	99.9	99.9
Percentage of teenage pregnant mothers registered	4.4	4.4	4.1
Percentage of underweight young children (1-2 Years)	12.9	12.4	11.9
Percentage of underweight pre-schoolers (2-5 Years)	19.7	19.7	18.9
Percentage of School Medical Inspection (SMI)	98.4	96.8	36.3
Percentage of eligible couples using modern family planning methods	58.4	57.9	58.4
Percentage of eligible couples with unmet need of family planning	6.1	5.8	5.9

Institute of Oral Health Maharagama

Key performance indicators	Target for 2020	Progress		
		2018	2019	2020
Percentage expenditure for local purchase for drugs out of total allocation for the year		35%	73.7%	99.8%
OPD attendance per day		209	220	89
Percentage of children fissure sealant applied out of the total paediatric patients		2.4%	2%	12.8%
Percentage of patients who underwent root canal treatments		4%	4.8%	4.9%

Education, Training and Research Unit

Indicator	Progress		
	2018	2019	2020
Basic/ Post Basic Training			
Number enrolled in Basic Training	3757	3789	2614
Number of trainees who successfully completed Training	3951	2119	
Number of trainees with Post Basic Nursing Training completed	1011	497	
In-service training			
Number with Second Language Training Completed	8064	7657	1574
Number with Individual Training Completed	1091	358	106
Number with Group Training Completed	37573	50325	8289
Research			
Number of Research proposals received for research allowance payment	250	172	
Number of Research proposals approved for research allowance payment	175	29	

National Institute of Health Sciences, Kalutara

Key Performance Indicators	Progress (1 st Jan - 31 st Dec.)			
	2018	2019	2020	
Maternal Mortality Ratio	41.9	0	0	
Infant Mortality Rate	8.9	13.6	10.5	
Neonatal Mortality Rate	6.2%	11.3	7.9	
Wasting among Children under 5 yrs. of age			7.4	
Stunting among Children under 5 yrs. of age			6.1	
Low birth weight among new-borns	8.7	10.6	10.2	
DM among pregnant mothers	GDM	4.4	5.6	6
	CDM	1.3	1.6	1.6

Disaster Preparedness and Response Division

Key Performance Indicator/s :	Target for 2020	2018	2019	2020
Number of Disaster Management (DM) Drills conducted in the hospitals	20 DM Drills	1. 13 hospitals - DM Drills conducted 2. National level Disaster Drill & Review of drills 2017 conducted 3. Disaster Drill at NHSL	01. DM Drill at NHSL 02. National Level Disaster Drill & Review of Drills conducted 2018 03. 16 Hospitals DM Drills conducted	1. National Level Disaster Drill & Review of drills conducted 2018 2. CBRN – Table Top Drill at DPRD 3. Planned to do 15 hospitals DM Drills but not done due to crisis situation (COVID 19) in the country.
Number of Re - Awareness Training Programmes for Nursing Professionals on DM	12 Training Programmes	13 Nurses Training programmes	01. 08 Re-Awareness Programme for Nursing Professionals on Disaster Management 02. 07 Re-Awareness Programme for nursing officers' grade III on Emergency & Trauma Care	01. 04 Re-Awareness Programme for Nursing Professionals on Disaster Management 02. 04 Re-Awareness Programme for nursing officers' grade III on Emergency & Trauma Care
No of Training Programmes on Disaster preparedness & Response (DP&R)		Not applicable	Not applicable	Not applicable
Equipment Purchasing (for improvement of DP&R activities) for number of hospitals	1. Equipment procurement for 04 hospitals.	1. Equipment procurement for 05 hospitals 2. Procurement of Equipment for new DM Cells at RDHS office Kegalle	1. Procurement of Equipment for New Emergency Operation Centre at Polonnaruwa RDHS office 2. Procurement of External Hard Disk for JMO Office - Colombo	1. Upgraded Emergency Alert System for Mulleriyawa National Mental Institute 2. Procurement of 6 InfraRed Thermometers.

Printing of Publications	Printing 3 books - 500 from each	1. Printing 02 books – 500 from each 2. Printing 2000 handbooks for disaster relief workers	1. Printing 1500 handbooks for disaster relief workers in Sinhala 2. Printing Health Sector Disaster Preparedness and Response Plans for Kalutara, Mannar, Kilinochchi, Jaffna District booklets -500 (each from 125) 3. Printing 200 books – Review of Health Sector Response to the Easter day attacks in Sri Lanka 2019	1. Printing 500 copies of Annual Bulletin 2018. 2. Printing Health Sector Disaster Preparedness and Response Plans for Vavuniya & Mullaitivu Districts booklets 250 (each from 125)
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DDG (Laboratory Services) Devison

Indicator	Progress		
	2018	2019	2020
Provisions of necessary laboratory equipment (in millions) Allocation Provided/ Allocation released	900Mn	800Mn/ 680 Mn	230
Provincial hospitals	189Mn	60 Mn	43.3 (GoSL) 34.4 (PSSP)
No. of Hospital Laboratories provided with special equipment for Immuno-Histochemistry (to all Teaching hospitals)	904	29 Mn	
No. of mobile laboratories provided	42935	46574	32000 (Routine) 20022 (COVID-19)

Medical Research Institute

Indicator	Target for 2020	Progress		
		2018	2019	2020
Number of lab tests performed		1,280,583	1,424,915	1,331,953
Number of resarch projects handled		56	51	15

National Blood Transfusion Service

Indicator	Target for 2021	Progress		
		2018	2019	2020
Number of hospital blood banks providing 24-hour service	90	77	80	86
Number of whole blood collection per year	≥444,515	450,640	444,450	399,650
Number of Hospital Transfusion Committee meetings conducted	30	12	15	10
Number of blood banks providing therapeutic apheresis	30	31	35	31

Directorate of Healthcare Quality and Safety

Indicator	Year		
	2018	2019	2020
Quarterly Performance Review Meetings (PRMs) conducted	75%	50%	50%
Biannual Performance Review Meetings / District Performance Review Meetings (DPRMs) conducted	100%	100%	100%
Number of (Percentage of) staff trained as Master Trainers on 5S, CQI & TQM, patient safety and clinical audit	369/380 (97%)	116/200 (58%)	135/200 (68%)
Number of (Percentage of) staff trained as Master Trainers on Clinical Audits	Training programmes were not conducted	146/100 (146%)	87/100 (87%)
Percentage of healthcare facilities which commenced reporting of adverse events	97.7%		97%

Planning Unit

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
Availability of Annual Action Plan	Availability	Available	Available	Available
Availability of Annual Performance Reports of the previous year	Availability	Available 2017	Available 2018	Available 2019
Frequency of updating and publishing HR Profile	Two reports	Two reports	Two reports	Two reports
Frequency of Monitoring Annual Action Plans	04 reports	03 reports	03 reports	03 reports

Organization Development Unit

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
No. of HDC meetings conducted	6	6	6	1
No. of NHDC meetings conducted	2	2	2	1
Number of approved Job Descriptions		1	2	2
Number of Capacity Buildings/Programmes conducted	3	-	-	3

International Health Unit

Key Performance Indicators	Target for 2020	2018	2019	2020
No. of activity proposals approved and sent to donor agencies		WHO- 194 (Obligated amount is Rs.244,907,528.00)		WHO - (Obligated amount is Rs. 491,702,346.00)
		Other sources -10 (Obligated amount is Rs.44,978,548.00)		Other sources - 9 (Obligated amount is Rs. 409,897,471.00)
		UNFPA-12 (Obligated amount is Rs. 2,684,236.00)	UNFPA-35 (Obligated amount is Rs.19,987,975 .80)	UNFPA -18 (Obligated Amount is Rs 24,903,505.20)
		UNICEF- 11 (Obligated amount is Rs,2,511,343. 57)	UNICEF-10 (Obligated amount is Rs.5,822,953. 92)	UNICEF – 4 (Obligated amount is Rs. 5,950,000.00)
No. of progress review meetings	WHO- 03 UNFPA-02 UNICEF- 02	WHO- 02 UNFPA-02 UNICEF-02	WHO-02 UNFPA-01 UNICEF-01	WHO-01 UNFPA-01 UNICEF-01
No. of workshops on WHO proposal writing	02	Two- two day workshops	Two-two day workshops	Two day one workshop
Provision of fellowships to officers in the Ministry of Health	-	305 fellowships awarded for 995 fellows	260 fellowships awarded for 585 fellows	16 fellowships awarded for 29 fellows
Facilitating to grant visa & concurrences	-	Granting 30 Visa and 46 Concurrences	Granting 26 Visa and 34 Concurrences	Granting 117 Visa and 19 concurrences

Finance Planning Unit

Key Performance Indicators	Target for 2020	Progress		
		2018	2019	2020
Preparation of Capital Budget Estimate	100%	100%	100%	100%
Preparation of Performance Progress Report	100%	100%	100%	100%

Medical Statistics Unit

Key Performance Indicators	Target for 2020	2018	2019	2020
Updated Health Institutions List	Prepare a complete list of health institutions	Prepared the complete list of health institutions for 2017	Prepared the complete list of health institutions for 2018	Prepared the complete list of health institutions for 2020
Annual Health Bulletin	Publishing the Annual Health Bulletin	Published the Annual Health Bulletin -2015	Web publishing of Annual Health Statistics -2016, Web Publishing of Annual Health Bulletin -2016	Printed and distributed Annual Health Bulletin -2017, Published the Annual Health Bulletin – 2018 in the Health Ministry website
eIMMR System	Implement the eIMMR system in all the hospitals in Sri Lanka which have capability to start the system	Implemented in 65 new hospitals	Implemented in 24 new hospitals	eIMMR system is functioning in 539 hospitals island-wide by the end of 2020
Conducting review programmes on eIMMR system and training programmes on statistics to health staff who are engaging in hospital statistics in every RDHS area	Conduct review programmes on eIMMR system and training programmes on statistics to health staff who are	Successfully completed the review programmes on eIMMR system and training programmes on statistics in all the RDHS areas	Successfully completed the review programmes on eIMMR system and training programmes on statistics in all the RDHS areas	Conducted only 3 training programmes due to the limitations due to Covid - 19 pandemic situation.

	engaging in hospital statistics in every RDHS area	by the end of 2017	by the end of 2018	
Updated GN list of each MOH Area in Sri Lanka and mid-year population estimates	Update the GN list of each MOH Area in Sri Lanka and prepare the mid-year population estimates by MOH Area	Updated the GN list of each MOH Area in Sri Lanka for 2017. Prepared the mid-year population estimates by MOH Area for 2017.	Updated the GN list of each MOH Area in Sri Lanka for 2018. Prepared the mid-year population estimates by MOH Area for 2018.	Updated the GN list of each MOH Area in Sri Lanka for 2020. Prepared the mid-year population estimates by MOH Area for 2020.

DDG (Logistics) Unit

Key Performance Indicators	Target for 2020	2018	2019	2020
Completing number of Constructions	100%	63%	25%	35%
Finalizing Allocation	100%	70%	80%	95%
Completing the stages of awarded Constructions	100%	60%	85%	70%
Completing number of Service maintenance	100%	90%	90%	90%
Solving the complaints about the security service & cleaning service	100%	95%	95%	95%
Commencing Procurement activities	100%	30%	10%	20%
Awarding number of contracts	100%	0%	83%	50%
Preparing Number of cabinet memorandum	100%	100%	100%	100%
Processing land acquisition	100%	20%	20%	35%

CHAPTER 5

Performance of achieving Sustainable Development Goals (SDG)

5.1 Identified respective Sustainable Development Goals

In 2015, countries adopted the 2030 agenda for Sustainable Development and its 17 Sustainable Development Goals. Sustainable Development Goal (SDG) 3 is concerned with health and its goal is to ensure healthy lives and promote wellbeing for all at all ages. There are 13 targets to be achieved in SDG 3. Ministry of Health has identified and finalized 38 indicators on SDG 3.

The targets of SDGs are set for 2030 as they are the cumulative effect of long-term activities and therefore, setting annual targets is not possible. Reporting of the indicators are set at pre-specified time intervals as for some of the indicators, data are collected every 5 years through national surveys. Monitoring of the performance in the SDGs is carried out at these specified time intervals by assessing the progress in these indicators against the baseline, and focusing on the 2030 target.

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement	
			2019	2020
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal Mortality Ratio	16 per 100,000 live births	28.83 (FHB)	
	3.1.2 Births attended by skilled health personnel	100%	99.9 (FHB)	99.9 (FHB)
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Children under-five mortality rate	5 per 1000 live births	11 (FHB)	9.8 (FHB)
	3.2.2 Neonatal mortality rate	4 per 1000 live births	6.6 (FHB)	6.3 (FHB)
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 HIV incidence rate	<0.01 by 2030	0.01 (NSACP)	0.01 (NSACP)
	3.3.2 TB incidence rate	13 per 100,000	37.8 (estimated)	32.2 (estimated)
	3.3.3 Malaria Incidence per 1000, population	Maintain zero indigenous malaria incidence	0 (AMC)	0 (AMC)
	3.3.4 Hepatitis B incidence per 100,000 among children 5-years of age			

	(This is to be provided after a national survey)			
	3.3.5 Number of people requiring interventions against Neglected Tropical Diseases (NTD)			
	1. Dengue- Number receiving treatment for dengue per year	21,000	105,049 (DCP)	34,411 (DCP)
	2. Rabies- Number of deaths due to human rabies	Zero human rabies deaths by the year 2030	26 (PHVS)	26 (PHVS)
	3. Filariasis - Number of new lymphedema cases due to filariasis receiving treatment per year	Zero number of new lymphedema cases by 2030	871 (AFC)	523 (AFC)
	4. Leprosy- Number receiving treatment for leprosy per year	1000 by 2030	1657 (ALC)	1137 (ALC)
	5. Leishmaniasis- incidence of reported cases of leishmaniasis per year	<1 per 100,000 by 2030	4066 (Epidemiology Unit)	
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	25% reduction from the baseline value (17.7)	17.4 (GHO) (2016)	Responsibility of reporting is no longer with MoH
	3.4.2 Suicide mortality rate	11.6 per 100,000	15.1 (Police)	Responsibility of reporting is no longer with MoH
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorder	17.4%	2.4%	Responsibility of reporting is no longer with MoH
	a. Drugs			
	b. Alcohol	10%	5% (2018)	
	3.5.2 Total alcohol per capita (age 15+ years) consumption	3.8 litres per person	3.92 (NATA)	3.56 (NATA)

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Mortality rate from road traffic injuries	Reduce by 20% in 2030 (11.4)	13.07 (Police)	9.6 (Police)
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Percentage of currently married women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using any modern method	81 % (FHB)	79.6% (FHB)	79.5% (FHB)
	3.7.2 Annual number of births to women aged 15–19 years per 1000 women in that age group Adolescent fertility rate	20 per 1000	(DHS data)	(DHS data)
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	UHC Coverage Index (Geometric mean of 13 indicators)	80%	66%	
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution (Reported by WHO. Latest available is for 2016)	75 per 100,000 pop.	NA	NA
	3.9.3 Mortality rate attributed to unintentional poisoning (Latest available is for 2014)	Maintain at the same level (0.63 per 100,000 pop)	NA	NA
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 18-69 years (STEP Survey data. Latest available is for 2015)	10%	NA	NA
3.b Support the research and development of	3.b.1 Proportion of the target population	BCG (100) DPT 3 (100)	BCG (99.2) DPT 3 (98)	

vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	covered by all vaccines included in their national programme	Polio 3 (100) MCV 2 (100) Tetanus T (100) HPV 2 (100)	Polio 3 (98) MCV 2 (97) Tetanus T (98) HPV 2 (58)	
	3.b.2 Total net official development assistance to medical research and basic health sectors	Cannot be decided by Ministry of Health		Responsibility of reporting is not with MoH
	3.b.3 Availability of essential medicines and commodities This indicator is under development globally. (SARA Survey data. Latest available is for 2017)	Maintain at same level (50% - Public 100.0, Private 95.29) 75% - Public 82.16, Private 80.26 90% - Public 21.44, Private 53.04)	NA	NA
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution	Physicians- 1.79 Dental Surgeons- 0.14 Midwives/Nurses- 3.82 Pharmacists- 0.47	Physicians- 0.92 Dental Surgeons- 0.08 Midwives/Nurses- 2.46 Pharmacists- 0.16	
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	70%	54% (Quarantine Unit)	62% (Quarantine Unit)

5.2 Achievements and Challenges of the Sustainable Development Goals

Sri Lanka has already achieved the global targets with regard to some of the indicators under the Ministry of Health, including the Maternal Mortality Ratio (3.1.1), Children under 5 mortality rate (3.2.1), Neonatal Mortality Rate (3.2.2) and immunization coverage rate (3.b.1), which is a significant achievement for the country. In many of the other indicators, the progress seen is satisfactory.

There are many indicators for which data are provided by the periodic surveys conducted by the Department of Census and Statistics (Demographic and Health Survey, Household Income and Expenditure Survey etc.). When these surveys are not conducted at regular intervals timeliness of data reporting gets affected. This hampers monitoring of these indicators to check whether the ministry is on the right track.

Another main challenge encountered by the Ministry of Health is unavailability of timely cause specific mortality data related to: SDG 3.2.1 Under-5 mortality rate, SDG 3.2.2 Neonatal mortality rate, SDG 3.4.1 Probability of dying from CVD, cancer, diabetes, Chronic Respiratory Diseases between the age 30-70 as a %, as reported by the Registrar General's Department. Cause specific death data is available only up to the year 2014. Unavailability of timely data is a serious issue when reporting the progress to the UN as they rely only on Registrar General Department data and National Survey data and not routine data collected from the Ministry of Health for international comparison.

CHAPTER 6

Human Resource Profile

6.1 Cadre Management

	Approved Cadre	Existing Cadre	Vacancies/ (Excess)
Senior	17,216	14,811	2,405
Tertiary	1,059	615	444
Secondary	41,766	35,890	5,876
Primary	31,517	26,652	4,865

6.2 How the shortage or excess in human resources has affected the performance of the institute?

As shown in the above table, there are vacancies at all levels of staff, which negatively affects the performance of the institutions under the Ministry of Health. Especially in institutions directly involved in the management of patients, this shortage of human resource can at times affect the quality of the patient care provided. Shortage of staff can also lead to employee dissatisfaction.

6.3 Human Resource Development

Local Training Programmes conducted by the Education, Training and Research Unit

SN	Name of the Programme	No. of staff trained	Duration of the programme	Total investment (Rs.)
1	Diploma in Nursing (Nursing Officers)	2,614	3 Years	1,132,792,584.00
2	Higher Diploma in Medical Laboratory Technology (Medical Laboratory Technician)	113	2 Years	44,888,459.00
3	Higher Diploma in Pharmacy (Pharmacists)	32	2 Years	13,867,392.00
4	Higher Diploma in Occupational Therapy	51	2 Years	20,259,393.00
5	Diploma in Public Health Midwifery (Public Health Midwives)	308	1 ½ Years	133,473,648.00
6	Diploma for Public Health Inspectors	307	2 Years	133,040,292.00
7	Diploma in Health Entomology (Entomology Assistant)	15	2 Years	6,500,340.00
8	Diploma for Cardiographers	27	1 Year	11,700,612.00

9	Diploma in EEG Technology	16	2 Years	6,933,696.00
10	Diploma for Dental Technicians	12	2 Years	4,766,916.00
11	Higher Diploma in School Dental Therapy	42	2 Years	18,200,952.00
12	Diploma in Prosthetics and Orthotics	8	3 Years	3,466,848.00
13	Basic Training for Hospital Attendants	409	6 months	-
14	In Service Training Consultants (85), Medical Officers (1996), Principals/Tutors (17), Nursing Officers (4400), PSM Categories & Paramedical (1285), PPO/PPA/DO/HMA/MA (950), Health Assistants (535) & Other Staff (701)	9,969		38,680,000.00
	Total	13,923		1,568,571,132.00

Overseas Training Programmes

Name of the programme	No. of staff trained	Duration of the programme		Total investment (USD)		Nature of the programme (Abroad)
		From	To	Local	Foreign	
31 st Meeting of the Programme, Budget and Administration Committee	1	29.01.20	31.01.20	3,630		Switzerland
Implementation workshop of the WHO guidelines on regulatory preparedness	2	25.02.20	28.02.20	00		Thailand
Prince Mahidol Award Conference 2020 I UHC Forum	1	28.01.20	02.02.20	280		Thailand
Technical briefing for Member States of the South-East Asia Region on subjects	2	21.01.20	22.01.20	450		India
146 th Session of the Executive Board Meeting	2	03.02.20	08.02.20	7,865		Switzerland
4 th meeting of the Executive Board Meeting	1	24.02.20	27.02.20	525		USA
Annual Therapeutic Cooling Training	1	08.02.20	15.02.20	00		UK

Development of new Food Composition Data Base	1	17.02.20	22.02.20	00		India
Promote effective Planning , Monitoring and Implementation of Nutrition Specific	5	14.01.20	17.01.20 2	1,000		Thailand
Asia Pacific Centre for Security Studies (APCSS)	1	23.01.20	26.02.20	1,200		USA
Health Security and Protection of Workers	1	10.02.20	28.02.20	00		India
High Level government representative to attend the Asia pacific Regional Workshop	1	14.01.20	16.01.20	160		Thailand
05 Month Training program University of Heidelberg - Germany	2	01.03.20	31.07.20	00		Germany
Hospital Preparedness for Emergencies- Training for Instructors (H-TEI)	4	27.02.20	02.03.20	00		Nepal
Food analysts in government sector in Asia on testing Aflatoxin levels in Food	2	07.02.20	09.01.20	400		Singapore
Strengthening Criminal Justice System in Sri Lanka	1	26.01.20	08.02.20	560		Japan
Tropical Medicine, Community Health Care and Research	1	25.02.20	16.03.20	00		Thailand

* Briefly state how the training programmes contributed to the performance of the institute:

Basic training programmes train apprentices for each field and recruit them for the relevant positions. This will enable the recruitment of trained staff to meet the service requirement.

Participating in in-service training and overseas training programmes gives the opportunity to gain extensive knowledge in the subject matters of the relevant posts, thereby enabling them to perform their duties better.

CHAPTER 7

Compliance Report

07. Compliance Report

No.	Applicable Requirement	Compliance Status (Complied/Not Complied)	Brief explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
1	The following Financial statements/accounts have been submitted on due date			
1.1	Annual financial statements	Complied	-	-
1.2	Advance to public officers account	Not Complied	Due to COVID – 19 pandemic large number of transfers have been made based on the need. Therefore, more time taken to prepare the balance sheets of hospitals.	All institutions have been informed to update the debt balance control account quarterly.
1.3	Trading and Manufacturing Advance Accounts (Commercial Advance Accounts)	Not Applicable		
1.4	Stores Advance Accounts	Not Applicable		
1.5	Special Advance Accounts	Not Applicable		
1.6	Others	Not Applicable		
2	Maintenance of books and registers (FR445)/			
2.1	Fixed assets register has been maintained and update in terms of Public Administration Circular 267/2018	Complied	-	-
2.2	Personal emoluments register/ Personal emoluments cards have been maintained and update	Complied	-	-
2.3	Register of Audit queries has been maintained and update	Complied	-	-
2.4	Register of Internal Audit reports has been maintained and update	Complied	-	-
2.5	All the monthly account summaries (CIGAS) are prepared and submitted to the Treasury on due date	Complied	-	-

2.6	Register for cheques and money orders has been maintained and update	Complied	-	-
2.7	Inventory register has been maintained and update	Complied	-	-
2.8	Stocks Register has been maintained and update	Complied	-	-
2.9	Register of Losses has been maintained and update	Complied	-	-
2.10	Commitment Register has been maintained and update	Complied	-	-
2.11	Register of Counterfoil Books (GA – N20) has been maintained and update	Complied	-	-
03	Delegation of functions for financial control (FR 135)			
3.1	The financial authority has been delegated within the institute	Complied	-	-
3.2	The delegation of financial authority has been communicated within the institute	Complied	-	-
3.3	The authority has been delegated in such manner so as to pass each transaction through two or more officers	Complied	-	-
3.4	The controls have been adhered to by the Accountants in terms of State Account Circular 171/2004 dated 11.05.2014 in using the Government Payroll Software Package	Not Complied	There are 26 vacancies in the hospitals and institutions the controls are not been adhered to.	Take necessary steps to proceed as per Circular
4	Preparation of Annual Plans			
4.1	The annual action plan has been prepared	Complied	-	-
4.2	The annual procurement plan has been prepared	Complied	-	-
4.3	The annual Internal Audit plan has been prepared	Complied	-	-
4.4	The annual estimate has been prepared and submitted to the NBD on due date	Complied	-	-
4.5	The annual cash flow has been submitted to the Treasury Operations Department on time	Complied	-	-
5	Audit queries			
5.1	All the audit queries have been replied within the specified time by the Auditor General	Not Complied	In the COVID-19 situation, due to	Informed the heads of

			less attendance of staff and additional duties of COVID - 19, it was not possible to get answers for audit queries on time.	institution to minimize this situation.
6	Internal Audit			
6.1	The internal audit plan has been prepared at the beginning of the year after consulting the Auditor General in terms of Financial Regulation 134(2)) DMA/1-2019	Complied	-	-
6.2	All the internal audit reports have been replied within one month	Not Complied	In 2020, with COVID -19 pandemic, , it was delayed to reply for internal audit reports due to limited attendance of health staff .	With converting to the normal situation, replies for internal audit reports are received within a month.
6.3	Copies of all the internal audit reports has been submitted to the Management Audit Department in terms of Sub-section 40(4) of the National Audit Act No. 19 of 2018	Complied	-	-
6.4	All the copies of internal audit reports have been submitted to the Auditor General in terms of Financial Regulation 134(3)	Complied	-	-
7	Audit and Management Committee			
7.1	Minimum 04 meetings of the Audit and Management Committee has been held during the year as per the DMA Circular 1-2019	Not Complied	As per DMA letter No. DMA/AMC/M/2020/5-4 and dated 2020.06.02, it is not compulsory to conduct 04 meetings during the year 2020 due to COVID – 19 pandemic. However, 02 meetings were conducted in 2020.	In 2021, as per DMA circular, 04 meetings would be conducted.

8	Asset Management			
8.1	The information about purchases of assets and disposals was submitted to the Comptroller General's Office in terms of Paragraph 07 of the Asset Management Circular No. 01/2017	Complied	-	-
8.2	A suitable liaison officer was appointed to coordinate the implementation of the provisions of the circular and the details of the nominated officer was sent to the Comptroller General's Office in terms of Paragraph 13 of the aforesaid circular	Complied	-	-
8.3	The boards of survey were conducted and the relevant reports submitted to the Auditor General on due date in terms of Public Circular No. 05/2016	Complied		
8.4	The excesses and deficits that were disclosed through the board of survey and other relating recommendations, actions were carried out during the period specified in the circular	Complied		
8.5	The disposal of condemn articles had been carried out in terms of FR 772	Complied	-	-
9	Vehicle Management			
9.1	The daily running charts and monthly summaries of the pool vehicles had been prepared and submitted to the Auditor General on due date	Complied		
9.2	The condemned vehicles had been disposed of within a period of less than 6 months after condemning	Not complied	For the first six months of the present year, this has not been done because of COVID 19 situation.	Will be done in the near future.
9.3	The vehicle logbooks had been maintained and updated	Complied		
9.4	The action has been taken in terms of F.R. 103, 104, 109 and 110 with regard to every vehicle accident	Complied		
9.5	The fuel consumption of vehicles has been re-tested in terms of the provisions of Paragraph 3.1 of the Public Administration Circular No. 30/2016 of 29.12.2016	Not complied	For the first six months of the present year, this has not been done because of COVID 19 situation.	Will be done in the near future.

9.6	The absolute ownership of the leased vehicle log books has been transferred after the lease term	Complied		
10	Management of Bank Accounts			
10.1	The bank reconciliation statements had been prepared, got certified and made ready for audit by the due date	Complied		
10.2	The dormant accounts that had existed in the year under review or since previous years settled	Complied	-	-
10.3	The action had been taken in terms of Financial Regulations regarding balances that had been disclosed through bank reconciliation statements and for which adjustments had to be made, and had those balances been settled within one month	Complied		
11	Utilization of Provisions			
11.1	The provisions allocated had been spent without exceeding the limit	Complied		
11.2	The liabilities not exceeding the provisions that remained at the end of the year as per the FR 94(1)	Not Complied	Due to COVID – 19 pandemic, expenses of hospitals were increased unexpectedly. Therefore, given allocations were inadequate and exceeded the allocations.	Hospitals were informed by letter signed by CFO – III, to manage expenses within the given allocation.
12	Advances to Public Officers Account			
12.1	The limits had been complied with	Complied	-	-
12.2	A time analysis had been carried out on the loans in arrears	Complied	-	-
12.3	The loan balances in arrears for over one year had been settled	Not Complied	Due to lack of information	Instructed to take action immediately to recover the unsettled loan balances
13	General Deposit Account			
13.1	The action had been taken as per F.R.571 in relation to disposal of lapsed deposits	Complied		
13.2	The control register for general deposits had been updated and maintained	Complied	-	-

14	Imprest Account			
14.1	The balance in the cash book at the end of the year under review remitted to TOD	Complied	-	-
14.2	The ad-hoc sub imprests issued as per F.R. 371 settled within one month from the completion of the task	Complied		
14.3	The ad-hoc sub imprests had not been issued exceeding the limit approved as per F.R. 371	Complied	-	-
14.4	The balance of the imprest account had been reconciled with the Treasury books monthly	Complied	-	-
15	Revenue Account			
15.1	The refunds from the revenue had been made in terms of the regulations	Complied	-	-
15.2	The revenue collection had been directly credited to the revenue account without credited to the deposit account	Not Complied	-	-
15.3	Returns of arrears of revenue forward to the Auditor General in terms of FR 176	Complied	-	-
16	Human Resource Management			
16.1	The staff had been paid within the approved cadre	Complied		
16.2	All members of the staff have been issued a duty list in writing	Complied		
16.3	All reports have been submitted to MSD in terms of their circular no.04/2017 dated 20.09.2017	Complied		
17	Provision of information to the public			
17.1	An information officer has been appointed and a proper register of information is maintained and updated in terms of Right To Information Act and Regulation	Information officers have been appointed in respect of hospitals / institutions. They have been informed to comply with the Information Act.		
17.2	Information about the institution to the public have been provided by Website or alternative measures and has it been facilitated to appreciate / allegation to public against the public authority by this website or alternative measures	Complied		

17.3	Bi- Annual and Annual reports have been submitted as per section 08 and 10 of the RTI Act	Section 08 is in compliance. Information officers have been informed to comply with Section 10.		
18	Implementing citizens charter			
18.1	A citizen's charter/ Citizens client's charter has been formulated and implemented by the Institution in terms of the circular number 05/2008 and 05/2018(1) of Ministry of Public Administration and Management			
18.2	A methodology has been devised by the Institution in order to monitor and assess the formulation and the implementation of Citizens Charter / Citizens client's charter as per paragraph 2.3 of the circular			
19	Preparation of the Human Resource Plan			
19.1	A human resource plan has been prepared in terms of the format in Annexure 02 of Public Administration Circular No.02/2018 dated 24.01.2018.	MoH has inherent HRH strategic plan for the period of 2009-2018 which has been aligned with the National Health master plan and global HRH strategies; This strategic plan comprehensively covers HR development, planning, management, HR information handling at national and sub national levels		HR coordination division is in the process of developing a National Strategic Plan for Human Resources for Ministry of Health with the collaboration of WHO. Two committees were appointed to facilitate the process (High level expert committee and working committee). Further, WHO has facilitated the hiring of a Consultancy Agency to provide technical expertise on the National Strategic Plan for Human

				Resources for Ministry of Health Public Administration circular No 02/2018 had been considered into the draft framework. National strategic plan for Human Resources expected to be completed in 2021.
19.2	A minimum training opportunity of not less than 12 hours per year for each member of the staff has been ensured in the aforesaid Human Resource Plan	Implementing arm is Education Training and Research Unit (ET&R)		12 hours training had been considered in the strategic plan for human resource for health (HRH)
19.3	Annual performance agreements have been signed for the entire staff based on the format in Annexure 01 of the aforesaid Circular	Annual performance appraisal format, developed internally by the Ministry of Health is used for performance appraisal.		Annual performance agreements according to the Public Administration circular No 02/2018 is also being considered into strategic plan for HRH. It is expected to carried out by relevant decentralized unit.
19.4	A senior officer was appointed and assigned the responsibility of preparing the human resource development plan, organizing capacity building programs and conducting skill development programs as per paragraph No.6.5 of the aforesaid Circular	Human Resource coordination and management Division was established in 2018 and unit is responsible for strategic level implementation of the HR functions. However, capacity development and training are directly under the purview of directorate of training with a		

		Deputy Director General, Education, Training and research to oversee work progress.		
20	Responses Audit Paras			
20.1	The shortcomings pointed out in the audit paragraphs issued by the Auditor General for the previous years have been rectified	Not Complied	Most of the shortcomings are being rectified.	Take further action to rectify the shortcomings pointed out by the audit.

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சுகாதார அமைச்சு
Ministry of Health