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සுகாதාර அமைச்சு
Ministry of Health



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செயலாற்றுகை அறிக்கை 2021
Performance Report 2021



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கார්යஸா஢ந லார்கால 2021
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ஃஸுலுச அலாநாஸுஸை
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Ministry of Health

Annual Performance Report 2021

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 2021 shows the progress of the annual health sector work plan, as well as the overall health sector performance, against the set targets for year 2021. Further, this publication reports the progress of the key performance indicators, giving an overview of the achievements during the past year. In 2021, the COVID 19 pandemic badly affected the implementation of planned activities as in 2020. Total of Rs. 42,370.91 Mn had been allocated for implementation of capital projects (foreign and local funded) in 2021 and 78.22% has been utilized as follows:

Expenditure Head No: 111
Summary of Financial Progress

#	Description	No. of projects / programmes	Allocation for 2021 (Rs. Mn)	Expenditure (Rs. Mn)	% of Utilization
1	GoSL funded capital programmes	40	15,799.49	12,850.62	81.34
2	GoSL funded capital ongoing projects	32	7,169.21	3,974.70	55.44
3	Foreign funded capital programmes	06	467.40	285.44	61.07
4	Foreign funded capital ongoing projects	16	17,707.81	15,862.32	89.58
5	Development Projects – Budget Speech Proposals	07	1,227.00	171.20	13.95
	Total	101	42,370.91	33,144.28	78.22

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)

Please see the annexure

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, Kalutara
- Teaching Hospital, Karapitiya
- Teaching Hospital, Kuliyaipitiya
- Teaching Hospital, Peradeniya
- Teaching Hospital, Ratnapura

Specialised Hospitals

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

Provincial General Hospitals

Provincial General Hospital, Badulla
Provincial General Hospital, Kurunegala

District General Hospitals

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

Base Hospitals – Type A

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

Base Hospitals - Type B

Base Hospital, Beruwala

Divisional Hospitals

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

Board Managed Hospitals

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

Public Health Institutions

Anti Filariasis Campaign
Anti Leprosy Campaign
Anti Malaria Campaign
Epidemiology Unit
Family Health Bureau
Health Promotion Bureau
Institute of Oral Health, Maharagama
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)

Other Institutions

Airport Health office - Katunayake
Airport Health Office - Mattala
Biomedical Engineering Services
Food Lab - Anuradhapura
Institute of Legal Medicine and Toxicology
Medical Research Institute
Medical Supplies Division
Medical Statistics Unit
National Blood Transfusion Service
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
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 - 2022 Dec (Revised)
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	Upgrading of Operation Theatres and ICU (GoSL-Austria)	Austria	1,939.00	2018 – 2020 Dec.
12	A Neonatal and Obstetrics Reference Centre for the De Zoyza Maternity Hospital (France-HNB)	France / HNB	4,950.00	2019 - 2022

#	Name of the Project	Donor Agency	Estimated Cost of the Project Rs. Mn	Project Duration
13	Construction of a Surgical Unit and procurement of Medical equipment for Teaching Hospital- Batticaloa (GoSL-India)	India	275.00	2019 – 2020 Dec.
14	Development of Hospitals in the Northern Province (DRIVE) (GoSL-Netherland)	Netherlands	12,120.00	2019 – 2021 Jul.
15	Helmut Khol Maternity Hospital Karapitiya, Galle (GoSL - Germany - kfw)	Germany	4,480.00	2015 Oct. – 2020 Jun.
16	Health Information and Quality Improvement Project (Debt to Health Swap in Sri Lanka)	Global Fund	4,646.00	2021 - 2024

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. In 2021, State Ministry of Primary Care, Epidemics and COVID Disease Control was established. 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 had to grapple with the COVID – 19 pandemic during the year 2021. 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 2020, Sri Lanka has reported a total of 587,245 confirmed cases of COVID-19 as of 31st December 2021, with the first indigenous case reported on 11th March 2020. Initiating the Vaccination Programme to manage and control the COVID-19 pandemic was the prioritized activity implemented by the Ministry of Health in 2021. For this purpose, World Bank, World Health Organization, UNICEF, Asian Development Bank and several countries like China, India, Russia, and USA extended their monetary as well as material support. In addition, other infrastructure development activities for strengthening the services for COVID-19 patients were carried out using different sources of funds during 2021.

Special achievements:

➤ The Vaccination Programme for COVID-19 Management

The vaccination programme for management and control of COVID-19 was started with the arrival of the first batch of COVID-19 vaccines Sri Lanka received through the COVAX facility on 7 March 2021. The first batch of COVID-19 vaccines (264,000 doses) from the COVAX Facility to arrive in Sri Lanka was the Astra Zeneca/Oxford vaccine from the Serum Institute of India (SII). This is part of COVAX's commitment to provide 8.4 million vaccine doses to cover 20% of Sri Lanka's population. Five types of COVID-19 vaccines have been approved by the National Medicine Regulation Authority for deployment in Sri Lanka. They are AstraZenica / Covishield, Sinopharm, Sputnik-V, Pfizer and Moderna.

Progress of COVID-19 Immunization as of 31.12.2021 is as follows:

#	Type of the Vaccine	First Dose	Second Dose	Third Dose	Total
01	AstraZenica / Covishield	1,479,631	1,418,593		2,898,224
02	Sinopharm	11,973,803	11,005,178		22,978,981
03	Sputnic-V	159,110	155,812		314,922
04	Pfizer	1,575,532	478,403	4,052,911	6,106,846
05	Moderna	804,801	787,361		1,592,162
	Total	15,992,877	13,845,347	4,052,911	33,891,135



Sri Lanka received the first batch of COVID-19 vaccines from the COVAX facility on 7 March 2021

➤ **Strengthening of COVID-19 patientcare services**

✓ **Teaching Hospital Colombo South, Kalubowila**

Pediatric ward, Medical ward and Cardiology ward were opened in the Millennium building for the benefit of patients and to improve the care. Sri Lanka Army supported for infrastructure developments. Established a separate Isolation Maternity Unit to ensure Maternal and Newborn safety. Main Theatre complex started operations after renovation and improved capacity of surgical facilities in the hospital.

PCR laboratory which started at the hospital helped immensely in diagnosing COVID-19 patients. The new High Dependency Unit established with efficient oxygen supply was very beneficial in managing critically ill patients during COVID-19 pandemic.

Vaccination programme for children was successfully implemented for age group 16-19 years and for children aged 12-19 years with specified comorbid conditions.



✓ **Castle Street Hospital for Women (CSHW)**

A COVID-19 treatment facility with a ward and PCR testing was established at the CSHW. The PCR machine was donated by “Sradha TV”. Further, the National Programme on Vaccination for Pregnant Mothers was ceremonially started at the CSHW.



✓ **Establishment of Microbiology and PCR Laboratory at National Institute of Health Sciences (NIHS), Kalutara**

The PCR Laboratory of NIHS was established on 16th of February 2021. The PCR machine and other equipment worth Rs. 19.4 Mn & the building work worth Rs. 3.3 Mn were fully donated by Mr. Dayananda Bobuwala & Mrs. G. U. A. Wijyanthi Perera. The performance of the PCR laboratory’s testing samples has increased up to 200 per day during the outbreak. The Microbiology & PCR Laboratory at NIHS functions as a central facility to provide services to the healthcare centres & major hospitals in Kalutara district.

TH - Kalutara	MOH - Kalutara
BH - Horana	MOH - Bandaragama
BH - Panadura	MOH - Madurawala
BH - Beruwala	Prison - Kalutara
BH - Pimbura	

✓ **Performance of COVID-19 Emergency Response and Health System Preparedness Project (Funded by World Bank)**

Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project under the World Bank funds has established three Covid Treatment Centers at Colombo East Base Hospital - Mulleriyawa, Teaching Hospital - Rathnapura and District General Hospital - Kilinochchi.



Special COVID-19 Treatment Centre at CEBH- Mullariyawa



Four bedded Covid ICU established in TH Rathnapura



Mini Infectious Disease Hospital established at DGH, Kilinochchi

✓ **Quarantine Services**

Quarantine Unit is the Co-National Focal Point on International Health Regulations (IHR) 2005. It has developed policies and guidelines related to boarder health security and involved in preventive activities and ensured the COVID-19 health measures related to COVID-19 at Points of Entry, Assistant Port Health Office / Medical Reaserch Institute and Inbound Health Assessment Unit. It also prepared Standard Operating Procedures (SOPs) / guidelines related to Airport and Port Health Offices, in relation to prevention of COVID-19. Contact tracing of the COVID-19 positive patients were actively done at the point of entries. Involved in conducting Covid vaccination programme and awareness programs on COVID-19 to staff, public and staff at Points of Entry.



Handover of Vaccines for the Port of Colombo Vaccination Programme

✓ **Private health care services**

Intermediary Care Centres (ICC) and COVID-19 Treatment Centres have been established by Private Hospitals with the approval of the Ministry of Health. The Health Staff Vaccination Programme for COVID-19 in private medical institutions was conducted. Guidelines for performing PCR and Rapid Atigen tests in private sector laboratories and charges / prices for those tests were developed. Online registration system to facilitate the new registration / renewel of registration of private medical institutions with Private Health Services Regulatory Council (PHSRC) was established.

➤ **Established a fully equipped Hemodialysis Unit and Chronic Kindney Disease (CKD) Clinic with NCD Screening Facility at Colombo East Base Hospital, Mullariyawa**

The International Association of Lions Clubs – District 306 C1 donated a fully equipped Hemodialysis Unit and Chronic Kindney Disease (CKD) Clinic with NCD Screening Facility to Colombo East Base Hospital, Mullariyawa. Total project cost was Rs. 34.2 Mn. The MoU was signed on 28.06.2021 between the donor and the Ministry of Health. The donation included the proposed building, 06 Dialysis Machines, Reverse Osmosis (RO) Plant, 12 nos. of ICU beds and Air Conditioning Machine & standby Electric Genrator. The centre was established and declared opened on 14.01.2022.



Fully equipped Hemodialysis Unit and Chronic Kindney Disease (CKD) Clinic with NCD Screening Facility at Colombo East Base Hospital, Mullariyawa

➤ **Accident and Emergency Care Services at Line Ministry Hospitals**

Accident and Emergency Care Development Project was commenced in 2016 to establish Accident and Emergency Care (A & E) Units in identified 28 hospitals with required medical equipment. Establishment of A & E Units at Teaching Hospitals - Batticaloa, Jaffna, Kalutara, Ragama and District General Hospital – Polonnaruwa and Base Hospital – Kalmunai North have been completed by end of 2020. The building for A & E Units in District General Hospital – Ampara is in progress (21%). Construction of buildings for A & E Units at National Hospital- Kandy, Provincial General Hospital – Badulla, District General Hospitals in Chilaw, Kegalle, Trincomalee and Base Hospital – Gampola & Base Hospital Colombo East – Mullariyawa to be completed. In addition, 06 nos. of X-Ray machines and C-Arm machines were provided to the Line Ministry hospitals.

➤ **Cardiac surgery for children with heart diseases through Amrita Institute of Medical Sciences (Amrita Hospital), Kochi, India**

Memorandum of Understanding (MoU) was signed on 23rd November, 2021 between the Ministry of Health and the donor, Rotary International District 3201 and Rotary Club of Colombo West RID 3220 to implement the project on cardiac surgery for children with heart diseases through Amrita Institute of Medical Sciences (Amrita Hospital), Kochi, India. This project is proposed to facilitate for getting complicated heart surgeries done for children at Amrita Institute of Medical Sciences (Amrita Hospital) in Kochi, India implementing a two-year project through the Rotary Grant and to facilitate for capacity building for paediatric cardiac care in respect of congenital heart problems in Sri Lanka.

➤ **Improvements to the Health System of Sri Lanka**

Two proposal evaluation committee (PEC) meetings on Hospital Re-categorization /Taking over / Establishment of new Primary Medical Care Units (PMcus) were conducted in the year 2021.

Following the decisions taken at the meeting, 09 healthcare institutions / hospitals were upgraded and re-categorized (Table 01) and 40 number of new PMCUs were established (Table 02).

Table 01 - Hospital Re-categorization

#	District	Name of the Hospital	Previous category of the Hospital	Upgraded category of the Hospital
01	Kalutara	Teaching Hospital, Kalutara	District General Hospital	Teaching Hospital
02	Kandy	Base Hospital, Gampola	Type "B" Base Hospital	Type "A" Base Hospital
03	Polonnaruwa	Base Hospital, Medirigiriya	Type "B" Base Hospital	Type "A" Base Hospital
04	Kegalle	Base Hospital, Karawanella	Type "B" Base Hospital	Type "A" Base Hospital
05	Matale	Divisional Hospital, Dewahuwa	Primary Medical Care Unit (PMCU)	Type "C" Divisional Hospital
06	Galle	Base Hospital, Udugama	Type "B" Base Hospital	Type "A" Base Hospital
07	Galle	Divisional Hospital, Pitigala	Primary Medical Care Unit (PMCU)	Type "C" Divisional Hospital
08	Vavuniya	Divisional Hospital, Omanthai	Primary Medical Care Unit (PMCU)	Type "C" Divisional Hospital
09	Ampara	Base Hospital, Potuvil	Type "B" Base Hospital	Type "A" Base Hospital

Table 02 - Establishment of Primary Medical Care Units (PMCUs)

#	District	Name of the PMCU
01	Nuwaraeliya	Pallebowela
02	Ampara	Bokkebedda
03	Ampara	Gonagala
04	Batticaloa	Periyapullumalai
05	Batticaloa	Thikkodai
06	Kalutara (under NIHS)	Dediyawala
07		Mahagammedda
08		Halkandawila
09		Bandanagoda
10		Koholana
11		Heenatiyangala (Kachcheri)
12		Remunagoda
13		Rosawatta
14	Ratnapura	19 PMCUs with cadre (Berenduwa, Dela-Marapana, Denagama, Divurampititya, Ganegoda, Hapugasthenna, Ratnapura MC, Haupe, Hiramadagama, Kahengama West, Keeragala, Pussella, Kirimatithenna, Rajawaka, Kolabageara, Koonkatuwa, Moraketiya, Matuwagala and Udakaravita) 08 PMCUs with internal arrangement of cadre (Balawinna, Cecilton Estate, Gangalagamuwa, Kalalella, Mahingoda, Morahela, Palawela and Paragala)
	Total	40

- ✓ In addition, Base Hospital – Bibile was re-named as Professor Senaka Bibile Memorial Hospital, respecting the yeoman service rendered to the people of Sri Lanka by late Professor Senaka Bibile, based on the requests made by the community organizations.
- ✓ District General Hospitals in Matale, Nawalapitiya and Embilipitiya were taken over under the line ministry for improvement of their services as per the Cabinet decision made on 14.06.2021.

➤ **Improvement of Health Information System**

- ✓ Two Hospital Information Systems in Government Hospitals were implemented under the Digital Health Project. By 2021, 53 Hospitals have been implemented with Hospital Health Information Management System (HHIMS) and 12 hospitals with Health Information Management System (HIMS). Further, 400 Healthy Life-Style Clinics (HLCs) have been implemented with Cloud HIMS.
- ✓ A Nationwide health information system was developed to manage COVID -19 laboratory diagnostic testing (PCR and RAT) and follow-up management. Around 80 laboratories and 1000 private and state preventive/curative health care institutes are using this system. COVID -19 vaccination tracker software was developed to follow up national COVID -19 vaccination process in Sri Lanka. It was followed up with COVID -19 Smart Vaccination Certificate (SVC) issue process in line with international standards to assist international travelling.
- ✓ The proposed national architecture blueprint and digital health information interoperability plan development was initiated and to be completed in 3 years.
- ✓ HRMI system to manage health staff cadre have been initiated and around 130,000 staff records have been up loaded. eIMMR system to update indoor morbidity and mortality was initiated and properly functioning in 580 state hospitals and 8 private hospitals.
- ✓ The Apeksha Hospital, Maharagama and Castle Street Hospital for Woman have successfully installed and commissioned a Picture Archiving and Communication System (PACS) infrastructure since 2018 using opensource software. 20 hospitals were selected for implementation of radiological imaging system (PACS). Currently, PACS is implemented in five Teaching hospitals.
- ✓ Data Centre for Ministry of Health was established to host digital health applications belong to the Health.
- ✓ Established Electronic Hospital Information Management System in 56 Hospitals out of planned for 60 hospitals. Transformed existing server room to a Data Centre and upgraded it.

➤ **Human Resource Development**

- ✓ Health Planning Manual which was developed more than 5 years ago was revised, and the finalized document is to be printed for training of the health planning staff of the country.
- ✓ Manual on Management of Tertiary and Secondary Care Hospitals developed in 1995 was also revised with the relevant expertise to suit the current requirements in hospital administration and finalized. The final document is to be printed.
- ✓ Norms for Health Cadre were developed based on the circular issued in 2020 on 'Facilities offered at different categories of Medical Care Institutions'. This publication is to be printed and distributed for utilization in identifying the gaps in health cadre by administrators, managers and planning team of the health institutions.
- ✓ Human Resource Management Coordination Unit strengthened the information flow between provincial and central ministries through establishing human resource coordinating units in each Provincial Directorate of Health Services. Through this unit 4,258 trainees for nursing, 1,185 trainees for ten courses of Professionals Supplementary to Medicine and Paramedical Staff and 2,836 trainees for Public Health Midwifery has been recruited. Further it has taken measures to develop National Health Accounts for the year 2017 and 2018 and engaged in preparing the National Strategic Plan for HRH 2020-2030.
- ✓ Total of 990 Medical Officers who have completed their internship were appointed to the island-wide institutions and 226 Medical Officers those who completed the post graduate training were attached back to the Ministry of Health.
- ✓ Eighty three (83) dental surgeons have been recruited as Grade II dental surgeons to the service during 2021. Ninety three (93) dental graduates have been awarded internship training in 2021.

➤ **Control of Communicable Diseases**

Commemoration of World TB day was held on 23rd March 2021 under the theme of "Clock is ticking". The National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) has developed / revised several strategic documents including National Strategic Plan for 2021-2025, National Manual for Tuberculosis, Laboratory Manual for Tuberculosis Guideline on the Management of Latent TB Infection (LTBI) and Guideline of Programmatic Management of Drug-Resistant TB.

The programme conducted two important surveys namely, National Costing Survey (Catastrophic cost incurred by the TB patients and their families and predictors of catastrophic cost) among the patients attending TB clinics in Sri Lanka and a study on the Prevalence of LTBI among Health Care Workers within the district of Colombo. Anti-TB drugs were timely purchased and distributed to all district chest clinics despite Covid out brake and further drugs were distributed to patients' houses in areas which were locked down.

Networking of NPTCCD and chest clinics was improved ensuring accessibility and information security of the electronic patient information management system (ePIMS). A short messaging service (SMS) was launched to improve awareness and knowledge of TB among general practitioners (GPs), and medical officers. This was extended to patients and Direct Observation Treatment (DOT) providers targeting reduction in loss to follow-up and ensuring treatment adherence.

➤ **Control of Vector-Borne Diseases**

- ✓ The aim of the National Dengue Control Unit (NDCU) to achieve case incidence below 100 per 100,000 population and reduce and maintain case fatality rate (CFR) below 0.1% by the year 2023. In aligning with the Sri Lanka's target for 3.3 of the Sustainable Development Goals (SDGs), the number of dengue cases receiving treatment per year should be reduced to 21,000 by 2030. As of the year 2021, 35,924 patients were reported with an incidence of 163 per 100,000 population and CFR was 0.08%.

COVID-19 pandemic related movement restrictions were a challenge for dengue control activities, especially in vector surveillance activities and identification and elimination of mosquito breeding sites by premise inspections.

- ✓ Sri Lanka has been free of indigenous malaria since November 2012 and zero mortality due to malaria has been sustained since 2007. In September 2016 Sri Lanka was certified by the World Health Organization as a malaria-free country which has a great positive impact on country's development and tourism. However, Sri Lanka had to face the global COVID-19 pandemic. In spite of the challenges, it had to face the campaign maintained its malaria free status by preventing the re-introduction of malaria from people traveling to malaria endemic countries and returning infected with the malaria parasite (imported cases). They were promptly detected and treated at quarantine centres established during the period.



➤ **Control of Non-Communicable Diseases**

✓ **Non Communicable Diseases (NCDs)**

The Directorate of NCD is the national focal point for prevention and control of acute (injury) and chronic NCDs in the country and coordinates and implements its activities through the provincial and regional health authorities.

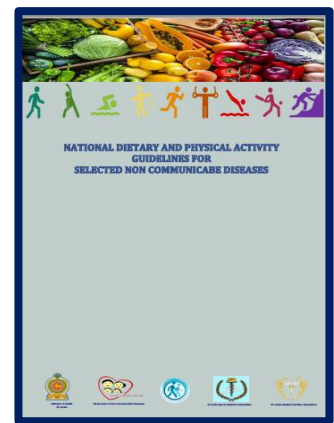
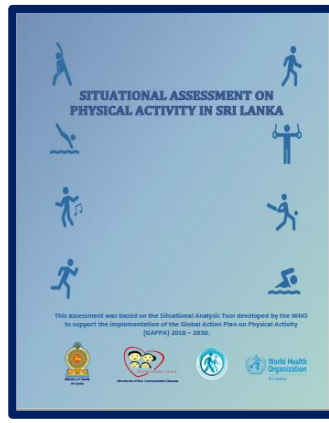
The directorate, in consultation with stakeholders, drafted a revised national policy & Strategic framework (2021); the National Multisectoral Action Plan (MSAP) for prevention and control of chronic NCD (2021-2026) and the Multi-Sectoral Action plan for prevention and control of injury (2021-2026). The first ever independent review of the National NCD Prevention and control program was conducted by a team of national and international experts in collaboration with World Health Organization (WHO).

A mass media campaign “Lunu Suthraya” / “Uppu Suthram” was conducted on all the main television stations, to promote the restriction of added salt consumption. Further, a Social Media campaign was launched in collaboration with WHO for public awareness on Front of Pack Labelling (FOPL) using the traffic light system for displaying the salt, sugar and fat content in packeted solid and semi solid food.



The Month of April 2021 was declared the “National Move More Month”, and media briefings, dissemination of fact sheets & social media campaigns were carried out. The directorate also conducted a national level low salt cooking challenge, in collaboration with the Sri Lanka Medical Nutritionist Association (SLMNA), the World Health Organization (WHO) and the Chefs Guild of Sri Lanka.

A situation analysis on physical activity promotion in Sri Lanka was conducted in 2021 based on the Situational Analysis Tool (SAT) developed to support the implementation of the WHO Global Action Plan on Physical Activity (GAPPA) 2018-2030. Sri Lanka was the 2nd country in the South East Asia region. Disease specific recommendations on physical activity for 8 identified NCDs were developed by the Directorate of NCD in collaboration with other professional colleges.



For tobacco prevention and cessation, Training of trainer’s manual, “Brief interventions for tobacco cessation in Primary Health Care” and “Guideline for the Establishment of Tobacco free zones in Sri Lanka” were developed.

Considering the need for the uniform implementation of the NCD related activities throughout the country, the Directorate of NCD has developed a guide for the Medical Officer NCD attached to the Regional Director of Health Services - MONCD. Guideline was issued to assign a suitable Medical Officer to carry out NCD related activities at secondary and tertiary care level hospitals.

The directorate, in collaboration with Ceylon College of Physicians, developed management guidelines for major NCDs at secondary and tertiary care level and management guidelines and protocols for Hypertension at Primary Health Care (PHC) level. The essential NCD drug list was revised and an essential investigation list for Primary health care was developed. Referral criteria from Primary Health Care to Secondary or Tertiary Healthcare for NCD patients, and the Guideline on Frequency of Follow up for Medical Clinics at Primary Health Care Institutions were also developed.

The directorate of NCD, with the support of WHO, to promote opportunistic screening of blood pressure, established Blood Pressure Corners in OPD of 5 hospitals in Kalutara district allowing all PHC visitors (patients and accompanying persons alike) to access screening. In collaboration with the Ministry of Finance and HEMAS Ayubo Life, a new health corner was established at the Finance Ministry, to promote the NCD screening of the staff. As a part of strengthening surveillance, the cloud-based Health Information Management System (HIMS) was expanded to capture data from Healthy Lifestyle Centers (HLCs) with interfaces to national, provincial, district and HLC levels (Dashboards).

Sri Lanka has successfully completed the data collection for STEPS survey 2020/21 in the year 2021 amidst the existence of the Covid-19 pandemic in collaboration with the Department of Census and Statistics (DCS) with the technical guidance of World Health Organization.

With regard to acute NCDs, the directorate developed preschool and day care center safety check lists, Sinhala version of Child Injury Prevention for Public Health Staff and guidelines for primary health care staff on management of trauma. The directorate has taken steps to introduce injury death investigation and review to national injury

surveillance system and conducted the national review of National Injury Surveillance System and award ceremony for best performance – 2019. A national curriculum on basic first aid was an essential requirement to streamline the basic first aid trainings conducted by various parties throughout the country. Therefore, a national curriculum was developed following a series of consultative meetings with the College of Emergency Medicine, Sri Lanka Red Cross, and St. John’s Ambulance Services.

✓ **Cancer Control**

National Cancer Control Programme (NCCP) is the focal point of the Ministry of Health for prevention and control of cancers in the country. Further, it is responsible for policy, advocacy, planning, monitoring and evaluation of prevention and control of cancers including surveillance of cancers and facilitating research related to cancers. The NCCP coordinates activities related to prevention & control of cancers according to the ‘National Policy & Strategic Framework on Cancer Prevention & Control-Sri Lanka’ which was approved in year 2015. All the activities conducted are based on National Strategic Plan on Prevention & Control of Cancers 2020-2024.

Following activities were completed in 2021.

- Conducted quarterly National Advisory Committee Meetings on Prevention and Control of Cancers
- Conducted National Steering Committee Meeting on Palliative Care, Technical Advisory Committee meetings of Primary Prevention & Early Detection, Oral Cancer Control, Diagnosis & Treatment, Cancer Registration & Research
- Developed, printed and launched the “National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination”.
- Development of Social Behavior Change Communication Strategy to support prevention and control of cancers
- Developed and printed Training of Trainer (TOT) manual on cancer prevention and control of cancers in primary care.
- Developed distant training module on cancer early detection and referral pathways for medical officers.
- Conducted workshops and district level training programmes on cancer prevention and control.
- Commemorated the ‘*World Cancer Day 2021*’ and the ‘*World Breast Cancer Awareness Month – October 2021*’.
- Revision of screening programme for plantation population was done with the involvement of all relevant stakeholders.
- E-based cancer surveillance system was introduced to all OMFS and Oral Pathology Units aiming to improve the timeliness and quality of oral cancer data
- Developed a Handbook on Comprehensive Breast Cancer Care for Health Care workers and a video on Clinical and Self breast examination for Health Care Workers
- National Guidelines for the Management of Early and Locally Advanced Breast Cancer in Sri Lanka and the Management of Cervical Cancer in Sri Lanka were developed
- Established Breast Care Clinics in most of Provincial and District General Hospitals and Base Hospitals island wide and Cancer Early Detection Centers (CEDC) in Matara and Jaffna Districts.

- Released publications related to cancer registration – National Cancer Incidence Data 2015, 2016, 2017, 2018 and 2019.
- Developed and published the National Strategic Plan for Childhood and Adolescent Cancer care 2021-2025.

➤ **Maternal and Child Health Services**

Family Health Bureau (FHB) is the central organization of the Ministry of Health responsible for policy planning, coordination, monitoring and evaluation of reproductive health, maternal, newborn, child, adolescent and youth health, family planning and well woman clinic programmes within the country. In this role the Bureau provides necessary guidance and direction for effective implementation of programmes at the periphery and also implements special projects funded by international agencies. FHB lays foundation for practice of Maternal and Child Health services based on scientific evidence for optimizing service delivery in facing present and future challenges. Sri Lanka is committed to achieve Sustainable Development Goals by the year 2030. Family Health Bureau being the focal agency responsible for Maternal & child Health services, prepared action plan to achieve Goal 3 while monitoring its achievements at national and district levels very closely.

Family Health Bureau has spearheaded number of initiatives in responding to the COVID-19 pandemic through an integrated approach via maternal and child health networks. Preparedness and response activities were carried out through advocacy, capacity building, strengthening supplies and communication at the national, provincial, district and grass root level. Sri Lanka was the first country in South Asia to vaccinate pregnant mothers to prevent COVID-19 disease.



Family Health Bureau established a national child development programme to identify children with development delays. The routine surveillance system was upgraded with strengthening hospital-based Health Information System. A hotline was introduced to gender based violence victims for the prevention of Gender Based Violence and subfertility management services were improved.

➤ **Nutrition**

Nutrition division has taken several measures to address malnutrition including piloting of new supplementary food for Moderate Acute Malnourished Children, district specific targeted interventions to overcome nutrition problems, mobile application for District Nutrition Monitoring System and behavioral change on health dietary habits. It has taken measures to improve the elderly nutrition as well. Drafted National Nutrition Policy 2021-2030 is to be submitted for Cabinet approval.



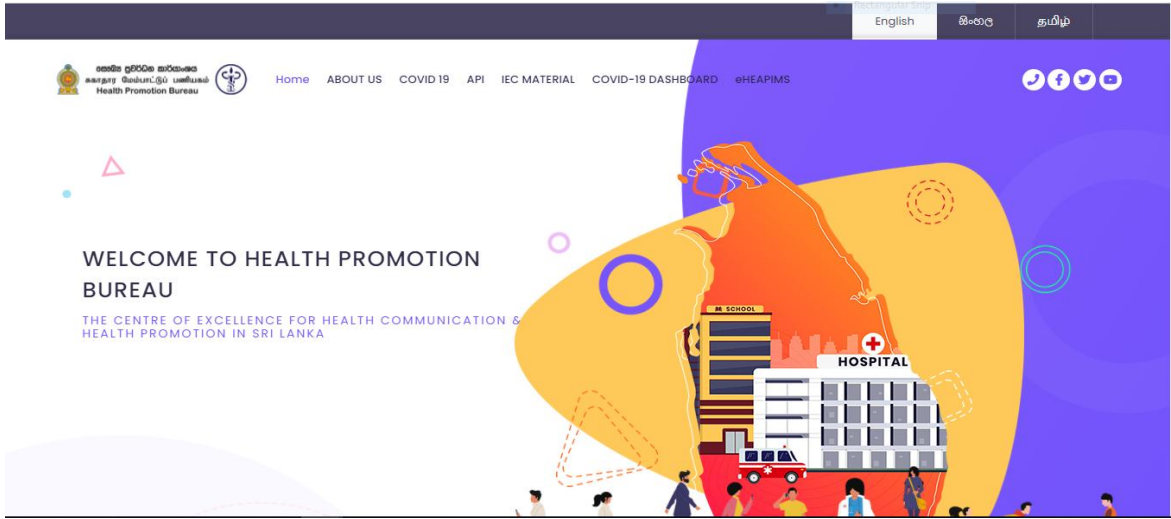
➤ **Disaster Preparedness and Responses**

✓ **Community Resilience for COVID-19 outbreak**

A project was conducted to identify and publicize “Champions” among general public who restarted/continued their economic activities successfully adapting to new normalcy through innovative approaches and public health measures. People and occupational settings that have well adapted to new normalcy to combat COVID-19 were randomly selected by observing different occupational settings of various parts of the country. A news segment was designed and telecasted regularly over two months in partnership with Sri Lanka Rupavahini Corporation (SLRC) to introduce the “champions of new normalcy”. This was an opportunity given to people to share their real experience of “successful change” and its benefits with the public. This was a community led, multisectoral coordinated effort using innovative communication approach to combat COVID-19 while securing the economy of the country. The news segment was published as “Rise again 2021, move forward with confidence” (“Yali Nagitimu 2021, Vishvasayen Perata”)

➤ **Health Promotion**

Health Promotion Bureau (HPB) is the focal point for health education, health promotion and publicizing of health information of the Ministry of Health in Sri Lanka. It is functioning through seven units to achieve its objectives. One of the important services of Health Promotion Bureau is creating public awareness aiming at healthy behaviour changes in the community through mass media. The Health Promotion Bureau played a significant role in the COVID – 19 pandemic in 2020 as well as 2021.



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COMMUNITY ENGAGEMENT DURING COVID-19 VACCINE ROLLOUT

INFORMATION AND ACTION GUIDE FOR COMMUNITY LEADERS & PARTICIPANTS

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➤ **Public Health Veteraneray Service**

National Strategic Plan for Rabies Elimination of dog mediated human rabies from Sri Lanka 2021-2026 was developed in year 2021 by the Public Health Veterinary Services (PHVS) Unit of the Ministry. Strengthened the PHVS activities through provision of tabs for real-time data monitoring system, animal sample collection tool kits to enhance animal rabies surveillance and autoplungers for district rabies units to enhance the vaccination coverage among stray dogs.



➤ **National Blood Transfusion Service**

National Blood Transfusion Service has introduced Best Practice Guide in Blood Stock Management and enhance service efficiency through digitalization of the service.

Maintained the collection of whole blood from 100% voluntary non-remunerated blood donors.

During the COVID-19 outbreak National Blood Transfusion Service has introduced strategies to safe blood collection and efficiently maintained the blood reserve.

➤ **Oral Healthcare Services**

Procurement and installation of 145 dental chairs, 50 Auto Clave Machines, and 30 Air Compressors, had been completed as an infrastructure development project of oral health institutions in the year 2021. All those equipment were distributed to line ministry hospitals and district level institutions throughout the country. In addition, allocations were given to National Dental (Teaching) Hospital, Colombo, TH-Karapitiya, PGH-Kurunegala, PGH-Badulla and DGH-Polonnaruwa to develop their infrastructure needs. The resolution proposed to the 148th Executive Board by Sri Lanka with co-sponsors on “Inclusion of oral health into non communicable diseases agenda of the World Health Organization” was adopted during 48th session of World Health Assembly (WHA) in 2021.

The Institute of Oral Health, Maharagama has developed many infrastructure facilities during 2021. Among them were renovation of abandoned building for a health promotion unit, renovation of driver’s room, renovation of kitchen, construction of clinical waste store and construction of waiting area to accommodate 100 clinic patients.



Newly built clinical waste store

➤ **Healthcare Quality and Safety**

National Policy on Healthcare Quality and Safety was developed and Five Year Strategic Plan and the Monitoring and Evaluation Plan on Healthcare Quality and Safety were revised. The National Action Plan for Medication Safety was developed and launched.

➤ **Bio Medical Engineering Services**

The Division of Biomedical Engineering Services (BES) of the Ministry of Health is responsible for procuring, installing, commissioning and maintaining medical equipment in line ministry hospitals. This division also provides technical assistance to the Provincial Health Authorities on their requests.

BES is in the process of extending regional Biomedical Engineering Units in the line ministry hospitals of Anuradhapura, Kandy, Jaffna, Batticaloa, Ragama, Rathnapura, Kurunegala, Badulla, Maharagama and Matara.

Biomedical Engineering Services has initiated development of web-based software for Medical Equipment Inventory Management System.

In 2021, medical items belong to 74 types have been purchased and supplied to the hospitals as listed in the Table 03.

Table 03 – Medical items purchased and supplied

#	Name of the Equipment	Quantity	Expenditure (Rs. in Mn)
1	Adjustable Beds	766	49.790
2	Ambu Bags	89	35.600
3	Anesthesia Machine	13	71.500
4	Auto Clave Machine Table Top	173	103.800
5	BI PAP Machine	368	294.400
6	Blood Fluid Warmer	17	4.250
7	Blood Gas Analyzer	22	22.000
8	BP Apparatus	529	15.870
9	BP Apparatus Digital	474	2.370
10	Bronchoscope Portable	2	1.600
11	C PAP Machine	188	122.200
12	C PAP Machine Neonatal	12	30.000
13	Cardiac Output Monitor	9	28.800
14	Cath Lab Machine	1	200.000
15	Colour Doppler	3	48.000
16	Cooling Micro Centrifuge	7	45.500
17	CRRT Machine	14	56.000
18	CT Scanner	5	800.000
19	CTG Machine	81	20.250
20	Defibrillator	147	176.400
21	Dialysis Machine	32	96.000
22	Dental Chair	131	65.500
23	Digital Thermometer	121	2.420
24	Diathermy Machine	2	2.400
25	DSA Machine	1	200.000
26	ECG Recorder	241	31.330
27	Echo Cardiography	2	24.000
28	Endoscopy System	1	18.000
29	ECT Machine	6	24.000
30	Emergency Trolley	174	8.700
31	Glucometer	30	0.150
32	HDU Bed	188	9.400
33	Hand Held Doppler	60	1.800
34	High Flow Oxygen Machine	385	385.000
35	High Pressure Sterilizer	13	156.000
36	ICU Bed	41	14.350
37	Infant Incubator	73	51.100
38	Infant Incubator Transport	13	10.400
39	Infant Warmer	70	56.000

40	Infusion Pump	1166	116.600
41	Laparoscopy System	8	240.000
42	Laryngoscope	105	1.050
43	Laryngoscope Video	35	31.500
44	Laser Thermometer	205	1.025
45	Light Curing Machine	17	0.850
46	Lithotripter System	1	1.000
47	Mammography Machine	5	300.000
48	Multipara Monitor ICU	188	470.000
49	Multipara Monitor WD	978	342.300
50	Nebulizer	341	10.230
51	OT Table	28	70.000
52	Oxygen Regulator	93	0.279
53	OT Lamp (Ceiling)	13	32.500
54	Oxygen Concentrator	1645	493.500
55	PCR Machine	5	22.000
56	Phaco Emulsification Machine	3	60.000
57	Phototherapy Machine	70	49.000
58	Pulse Oximeter	1297	168.610
59	Pulse Oximeter Fingertip	2666	7.998
60	RO Plant	2	2.000
61	Spinal Table	1	4.000
62	Spot Lamp	26	3.900
63	Suction Apparatus	165	49.500
64	Syringe Pump	564	56.400
65	Ultrasound Scanner	6	90.000
66	Ultrasound Scanner Portable	136	408.000
67	Ventilator ICU	225	1125.000
68	Ventilator Neonatal	15	82.500
69	Ventilator Transport	101	303.000
70	X Ray CR System	6	30.000
71	X Ray Machine Mobile	22	330.000
72	X Ray Machine Portable	19	190.000
73	X Ray Machine C Arm	1	25.000
74	X Ray Machine Digital	24	600.000
	Total		9,006.622

Pictures of selected items purchased are given below:

 <p>Adjustable Beds</p>	 <p>Auto Clave Machine Table Top</p>	 <p>BI PAP Machine</p>
 <p>BP Apperatus</p>	 <p>C PAP Machine</p>	 <p>CT Scanner</p>
 <p>Defibrillator</p>	 <p>Multipara Monitor WD</p>	 <p>Oxygen Concentrator</p>
 <p>Dental Chair</p>	 <p>ECG Recorder</p>	 <p>ECT Machine</p>



Head of Institution
Dr. ASELA GUNAWARDENA
 Director General of Health Services
 Ministry of Health
 "Suwasiripaya"
 385, Rev. Baddegama Wimalawansa Thero Mawatha,
 Colombo 10.

CHAPTER 3

Overall Financial Performance of the Year

3.3 Statement of Financial Position

ACA - P

Statement of Financial Position As at 31 st December 2021

	Note	2021 Rs.	Actual 2020 Rs.
Non Financial Assets			
Property, Plant & Equipment	ACA-6	190,551,719,479	192,229,155,836
Financial Assets			
Advance Accounts	ACA-5/5(A)	2,501,299,950	2,566,369,442
Cash & Cash Equivalents	ACA-3	4,132,954	402,819,741
Total Assets		193,057,152,383	195,198,345,019
Net Assets / Equity			
Net Worth to Treasury		890,771,336	1,086,663,188
Property, Plant & Equipment Reserve		190,551,719,479	192,229,155,836
Rent and Work Advance Rserve	ACA-5(B)		
Current Liabilities			
Deposits Accounts	ACA-4	1,610,528,614	1,479,706,254
Unsettled Imprest Balance	ACA-3	4,132,954	402,819,741
Total Liabilities		193,057,152,383	195,198,345,019

Detail Accounting Statements in ACA format Nos. 1 to 7 presented in pages from 07 / 218 to 47 / 288 and Notes to accounts presented in pages from 48 / 289 to 217 / 324 form an integral part 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 in agreement.


We hereby certify that an effective internal control system for the financial control exists in the Reporting Entity and carried out periodic reviews to monitor the effectiveness of internal control system for the financial control and accordingly make alterations as required for such systems to be effectively carried out.


Chief Accounting Officer
Name:-
Designation:-
Date:- 28/04/2022

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


Accounting Officer
Name:-
Designation:-
Date:- 28/04/2022

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


Chief Financial Officer
Name:-
Date:- 27/04/2022

D. C. Wickramasena
Chief Financial Officer 1
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

3.4 Statement of Cash Flows

ACA-C

Statement of Cash Flows for the Period ended 31st December 2021

	Actual	
	2021	2020
	₹.	₹.
<u>Cash Flows from Operating Activities</u>		
Total Tax Receipts	-	-
Fees, Fines, Penalties and Licenses	-	-
Profit	-	-
Non Revenue Receipts	4,050,490,059	4,127,159,919
Revenue Collected on behalf of Other Revenue Heads	-	-
Imprest Received	146,089,209,074	170,379,509,094.42
Recoveries from Advance	1,205,081,272	814,829,107.52
Deposit Received	823,891,121	1,003,064,491.19
Total Cash generated from Operations (A)	152,168,671,525	176,324,562,612
<u>Less - Cash disbursed for:</u>		
Personal Emoluments & Operating Payments	122,835,228,340	112,393,855,084
Subsidies & Transfer Payments	2,448,684,315	3,614,071,114
Expenditure incurred on behalf of Other Heads	6,946,953,781	43,770,238,431
Imprest Settlement to Treasury	436,210,244	12,666,295.96
Advance Payments	1,143,415,430	807,750,159.95
Deposit Payments	693,068,785	1,000,691,780.93
Total Cash disbursed for Operations (B)	134,503,560,894	161,599,272,866
NET CASH FLOW FROM OPERATING ACTIVITIES(C)=(A)-(B)	17,665,110,631	14,725,289,746
<u>Cash Flows from Investing Activities</u>		
Interest	-	-
Dividends	-	-
Divestiture Proceeds & Sale of Physical Assets	-	-
Recoveries from On Lending	-	-
Total Cash generated from Investing Activities (D)	-	-
<u>Less - Cash disbursed for:</u>		
Purchase or Construction of Physical Assets & Acquisition of Other Investment	18,063,797,418	14,322,470,005
Total Cash disbursed for Investing Activities (E)	18,063,797,418	14,322,470,005
NET CASH FLOW FROM INVESTING ACTIVITIES(F)=(D)-(E)	(18,063,797,418)	(14,322,470,005)
NET CASH FLOWS FROM OPERATING & INVESTMENT ACTIVITIES (G)=(C) + (F)	(398,686,787)	402,819,741
<u>Cash Flows from Financing Activities</u>		
Local Borrowings	-	-
Foreign Borrowings	-	-
Grants Received	-	-
Total Cash generated from Financing Activities (H)	-	-
<u>Less - Cash disbursed for:</u>		
Repayment of Local Borrowings	-	-
Repayment of Foreign Borrowings	-	-
Total Cash disbursed for Financing Activities (I)	-	-
NET CASH FLOW FROM FINANCING ACTIVITIES (J)=(H)-(I)	-	-
Net Movement in Cash (K) = (G) + (J)	(398,686,787)	402,819,741
Opening Cash Balance as at 01st January	402,819,741	-
Closing Cash Balance as at 31st December	4,132,954	402,819,741

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	175.00	175.00	193.59	111
20.02.01.99	Revenue on government assets other rental charges	30.00	30.00	16.08	54
20.02.02.99	Interest – other	100.00	100.00	112.05	112
20.03.01.00	Sales Proceeds and Charges- Departmental Sales	69.00	69.00	40.38	59
20.03.02.99	Sales Proceeds and Charges- Administrative Fees and Charges Sundries	12.00	12.00	51.91	433
20.03.03.02	Sales Proceeds and Charges-Fines and forfeits other	14.00	14.00	12.49	89
20.03.99.00	Sales Proceeds and Charges- other receipts	788.00	788.00	932.33	118

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	127,841,000	134,490,000	121,631,992	90.44
Capital	30,895,000	42,370,912	33,144,283	78.22

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	21,000	21,000	20,191	96
02	253 – Pension Department	Pensions of officers	40,322	40,322	40,322	100
03	423 – State Ministry of Production, Supply and Regulation of Pharmaceuticals	Durgs allocation for Line Ministry Hospitals	7,000,000	7,000,000	6,890,853	98
04	130 – Government , Provincial Councils & Local Government	Allowances for graduates training and DOs attached to the Line Ministry	288	288	288	100
05	416 – State Ministry of Indigenous Medicine	Change of ministries	202	202	202	100
06	160 – Ministry of Environment		3,774	3,774	3,774	100
07	437 – State Ministry of Aviation and Exports Zones Development	Fuel Allowances	14	14	14	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 31.12.2021	Balance as per financial Position Report as at 31.12.2020	Yet to be Accounted	Reporting Progress as a %
9151	Building and Structures	72,865,185,345.80	72,865,185,345.80		
9152	Machinery and Equipment	49,263,352,769.33	49,263,352,769.33		
9153	Land	48,913,735,512.00	48,913,735,512.00		
9154	Intangible Assets	2,100,000.00	2,100,000.00		
9155	Biological Assets	-----	-----		
9160	Work in Progress	19,507,345,851.85	19,507,345,851.85		
9180	Lease Assets	-----	-----		

3.10 Auditor General's Report

My No: MED/B/MOH/02/2021/55

23 June 2022

Secretary
Ministry of Health

Auditor General's Summary Report on the Financial Statements for the year ended December 31, 2021 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 31 December 2021 consisting of the Financial Statement for the year ended 31 December 2021, 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 31 December 2021 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.

- (a) That the financial statements presented correspond to the previous year.
- (b) The following recommendations made by me regarding the financial statements of the previous year had not been implemented.

<u>Paragraph reference</u>	<u>Audit Observation</u>	<u>Recommendation</u>
1.5 (b)(i)	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.
1.5(b)(ii)	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.
1.5(b)(iii)	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	These errors should be rectified and financial statements prepared and submitted for the following year.

statement as Rs. 19,974.493 million. Accordingly, as at 31 December 2019, non-financial assets had increased by Rs. 2,967.276 million.

- 1.6.1.1 (a) According to the monthly summary of SA 80 non-financial assets statement and SA 82 accumulative non-financial account report maintained by the Treasury, the total cost of the non-financial assets as at 31 December 2020 was Rs. 172,439.71 million, but according to the statement of financial position, that value was Rs. 192,229.16. Accordingly, reasons for the difference of Rs. 19,789.44 million had not find out and it did not rectify. Comparing the differences of values in printed notes by Treasury and values in books, correct financial statements should be prepared and presented to the audit. By making these corrections, financial statements for the following year should be prepared.
- 1.6.1.1 (b) During the year under review, net difference between the non-financial acquisitions and condemning was Rs. 4,440.484 million according to the monthly summary of non-financial assets account and monthly summary of SA 81 non-financial assets account maintained by the Treasury. Although, as per SA 82 cumulative non-financial assets account report, it was a minus value of Rs. 2,616.592 million and according to the consolidated balance sheet it was Rs. 7,501.309 million, according to the ACA 6 non-financial assets statement, it was Rs. 24,254.146 million. However, the reasons for these differences had not find out and necessary corrections had not been done. Comparing the differences of values in printed notes by Treasury and values in books, correct financial statements should be prepared and presented to the audit. By making these corrections, financial statements for the following year should be prepared.

1.6 Comments on the Financial Statements

1.6.1 Declaration of Financial Status

1.6.1.1 Non-Financial Assets

- (a) As per cumulative non-financial assets account report (SA 82) maintained by the Treasury in the previous year, the cost of non-financial assets as at 31 December, 2020 was Rs. 172,439.71 million, but in the year under review, as per cumulative non-financial assets account report (SA 82) maintained by the Treasury, the cost of non-financial assets as at 01 January, 2021 was Rs. 184,327.77 million. The reasons for the difference of Rs. 11,888.08 million were not submitted to the audit.
- (b) According to the Financial Position Statement as at 01 January, 2021 although, the cost of property, plant and equipment was Rs. 192,229.15 million, as per non-financial assets account monthly summary (SA 80) and cumulative non-financial assets account report (SA 82), as at 01 January, 2021, cost of property, plant and equipment were Rs. 172,439.71 million and Rs. 184,327.77 million respectively. The reasons for differences of Rs. 19,789.44 million and Rs. 7,901.38 respectively were not revealed.
- (c) As per 2021 programme-wise Expenditure Statement (ACA 2(i) form) and the Monthly Expenditure Summary (SA 10) maintained by the Treasury, the cost of acquisition of capital assets purchased was Rs. 18,379.96 million. However, as per the cost of cumulative non-financial assets account report (SA 82), maintained by the Treasury, that cost was Rs. 1,502.07 million. The reasons for the difference of Rs. 16,877.88 million were not revealed.
- (d) Although according to the Financial Position Statement as at 31, December 2021, the cost of non-financial assets was Rs. 190,551.71 million, according to the computerized soft copies showing information on non-financial assets of the Ministry and its 55 institutions submitted for audit, cost of non-financial assets on that day was Rs. 196,854.76 million. The reasons for the difference of Rs. 6,303.05 million were not disclosed.
- (e) As of 15 June 2022, out of 85 institutions including the Ministry, only 14 institutions had submitted their stock verification reports of the year under review for the audit, hence it was observed that all the assets shown the financial statements had not been properly surveyed.
- (f) According to the information submitted to the audit as of 15 October 2021 on non-financial assistance or donations given by different foreign states, local and foreign institutions, organizations and individuals and local and foreign non-governmental organizations to the Ministry and its hospitals and institutions in 2020, 16 hospitals and institutions had received Rs. 131.24 million worth goods, 19 hospitals and institutions had received non-estimated items 2,361, Additional Secretary (Medical Services), Bio-Medical Engineering Services Division and Epidemiology Unit had received goods at the cost of Rs. 757.83 million, Bio-Medical Engineering Services Division had received non-estimated goods items 83 and Medical Supplies Division received medical equipment and medical supplies costed Rs. 450.21 million had not been included in the financial statements.

- (g) During the period of 2010 to 2020, out of allocations of Rs. 10,630.37 million for 54 foreign funded projects implemented by the Ministry, Rs. 7,603.09 million had been utilized during that period but expenditure for acquisition and development of non-financial assets was not included under the non-financial assets.

1.6.1.2 The Imprest Account

- (a) Outstanding balance of Rs. 362,702 which belonging to the Teaching Hospital, Batticaloa since 1997 had not been settled by 15 June 2022.

1.6.2 Lack of Evidence for Audit

Detailed schedules and miscellaneous information and related written evidence were not submitted for audit regarding various assets with a total cost of Rs. 190,551.72 million and various expenses amounting to Rs. 119.75 million respectively. Therefore, it was not possible to satisfactorily verify and monitor the said values. Furthermore, required information for evaluation of performance of 41 projects planned for implementation by the Ministry in annual estimated allocation of Rs. 14,948 million and performance of vehicle utilization of the Ministry, information on appointing Board of Surveys and carrying out stock verification in 2021, information of Medical Officers those who completed their post graduate studies in 2020 and 2021 and information regarding the allowances paid to the officers of Sri Lanka Nursing Service those who have language skills more than one language, and also information on miscellaneous matters called through 45 letters, progress of recovery of Rs. 81.91 million from the 95 doctors those who had been ordered to leave the service, recovery of money from the 257 doctors, recovery of Rs. 2.47 million from 13 officers of Professions Supplementary to Medicine and para medical service, and recovery of money from 10 more officers had not been submitted or completed information had not been submitted by 15 June 2022. Therefore, the relevant areas could not be properly audited.

2. Financial Review

2.1 Expenditure Management

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

- (a) The total provision of Rs. 761.7 million for 03 re-current expenditure codes and 03 capital expenditure codes provided under the 2021 annual budget estimate had been transferred to other expenditure codes through the Financial Regulations 66 and 69.
- (b) In the 2021 annual budget estimate, 70 percent to 99 percent of the total allocation of Rs. 1,616.00 million that was made for 04 re-current expenditure codes and 04 capital expenditure codes had been transferred to other expenditure codes by the Financial Regulations 66 and 69.
- (c) According to the 2021 annual budget estimate, the allocations of Rs. 25.9 million and Rs. 4,221.00 million which were made for 06 recurrent expenditure codes and

19 capital expenditure codes respectively, totaled to Rs. 4,246.90 million had been increased through supplementary estimates and transferred by financial regulation 66 from 100 percent to 1000 percent as Rs. 163.42 million and Rs. 6,955.24 million respectively.

- (d) After transferring Rs. 207.92 million to other expenditure codes and Rs. 1,357.00 million from other expenditure codes from the total basic provision of Rs. 12,290.90 million for 32 expenditure codes including 11 re-current expenditure codes and 21 capital expenditure codes, the rest of the net provision of Rs. 13,448.98 million was remained.
- (e) After transferred Rs. 529.50 million to other expenditure codes from the basic provision of Rs. 1,747.50 million allocated for 05 capital expenditure codes and 03 re-current expenditure codes, remained total net provision was Rs. 1,218.00 million. Out of this net provision, Rs. 807.88 million was not utilized. The percentage of remaining provision out of net provision was between 50 – 99 percent.
- (f) From the additional allocation of Rs. 3,492.94 million made through financial regulation 66 and supplementary estimates for 02 re-current expenditure codes and 15 capital expenditure codes, Rs. 2,431.38 million had been remained and the percentage of those savings was ranged 55 percent and 98 percent of the additional allocation.
- (g) The additional allocation of Rs. 2,927.00 million which was made by the supplementary estimates for 12 capital expenditure codes was completely and some part of the original estimate was saved.
- (h) After transferred Rs. 1,076.25 million or 40 percent of the allocations made for the Thriposha Programme to the other expenditure codes, Rs. 392.81 million or 15 percent had been remained.

2.2 Incurring of Liabilities and Commitments

- (a) As per the Public Accounts Circular No. 255/2017 dated 27 April 2017, obligations for payments other than personal salaries and allowances should be identified within the annual budget limit and based on the obligations identified, after obtaining goods and services related to those obligations, funds for payments and value of the certified works in relation to contract agreements signed should be recorded as a credit. But, that was not done and in the statement of obligations and liabilities of 2021 financial statement, Rs.1.39 million year-end liability balance in relation to the Operational Programme had been stated as year-end balance of liabilities.
- (b) As per Financial Regulations 94 (i), except no provisions made in other way and other-wise provided in the annual estimates, civil work, service or supply cannot be incurred into an expenditure or liability by any department and liabilities or expenditure utilized should not be exceeded the allocations provided for the financial year. However, allocations made for 42 expenditure codes under the

operational and development programmes by the institutions belong to the Ministry had incurred liabilities in excess of the allocations.

- (c) Rs. 54.94 million of 20 expenditure codes which were not included in the annual budget estimate or did not create as new expenditure codes were incurred into liabilities.
- (d) During the year under review, balance of liabilities approved by the Treasury was Rs. 3,865.96 million and it was exceeded and without approval of the Treasury, liabilities of Rs. 2,652.43 million had been reached.

2.3 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 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. Those reviews need to be carried out in writing and a copy of the same should have been submitted to the Auditor General, but it was not done. Furthermore, 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 09 June 2022, the total number of unanswered audit queries was 65 and there have been 24 queries unanswered for more than a year.

2.4 Non-compliance with laws, rules and regulations

Reference to the laws, rules and regulations

Non-compliance

(a) Financial Regulations of the Democratic Socialist Republic of Sri Lanka

- (i) Financial Regulations 103 Although action should be taken to recover or cut down from the book the losses from relevant parties as per financial regulations, the loss of Rs. 1,217,223 worth 09 motor traffic accidents in District General Hospital, Hambantota which was not compliance with it. It was delayed in 1 year to 10 years.
- (ii) Financial Regulations 170(2) Regarding the donations of Rs. 18,716,785 received to 05 institutions under the Ministry in 2020, they were not followed the financial regulations.

- (iii) Financial Regulations 139(4) and 264(1) Although, a formal receipt should be obtained for every payment, for the payments of total Rs. 44,382,160 to Regional Director of Health Services on 16 occasions, total of Rs. 8,447,765 paid to Sri Lanka Transport Board on 13 occasions and Rs. 166,764,650 paid to the Sri Lanka Transport Board utilizing financial allocation of COVID-19 Emergency Response Project had not been obtained formal receipts.
- (iv) Financial Regulations 267(1) Although, the salary or remuneration of an employee is paid to the contributor himself and his signature is recorded in the relevant pay slip or pay roll, the Teaching Hospital, Kalutara had not dealt with the salaries total of Rs. 89,482,481 which had been paid to 270 officials in 05 months from 01 July 2021 to 30 November 2021 as per the financial regulations.
- (b) Establishment Code of the Democratic Socialist Republic of Sri Lanka**
- (i) Section 7.1 of the Chapter V and Procedural Rules of the Public Service Commission, Section 172 of the first part category, Although, the responsibility of the head of the institution to notify immediately by registered post the officer who vacated his post,
- (i) Delays in issuing vacation of post notice to Medical Officers who did not report for duty after expiry of leave approved by the Ministry was up to 17 years.
- (ii) A Nursing Officer who was working at Teaching Hospital, Kalutara had issued a notice for vacation of post from 04 September 2020 after 173 days.
- (ii) Section 15.6 of the Chapter XII As per the Service Agreement signed by a Nursing Officer who worked at Teaching Hospital, Kalutara on 12 August 2015 and later occasion for Rs. 948,077, according to the provisions of Establishment Code, the officer's consent was not obtained in writing and attached to the agreement. Therefore, it was failed to recover that money to the government and to take further actions related it after vacation of post.

(iii) Sections 5.8, 6.1, 6.15, 7.1 and 7.2 of the Chapter XIX

- (i) Under the Government Housing (Repossession) Act No. 07 of 1971, action had not been taken to make vacate and to collect penalty rent from 46 officials who did not vacate at the end of the lease term or when the housing allotment authority specified. It was observed that 143 officials were staying in government houses for a period of 05 years to 27 years beyond the leased period.
- (ii) There were 13 cases where the water charges for quarters were spent by the concerned institution without charging the officials.
- (iii) Assessed rent given by Government Assessor should be re-assessed after 05 years but there were 15 institutions did not follow that rule.
- (iv) It was observed that 41 officials related to various positions in Teaching Hospital, Anuradhapura are waiting in the list for more than 05 years without being able to get quarters.
- (v) A building which was used to store goods was given as quarters to two officials working under the National Programme on Tuberculosis Control and Chest Diseases but rent was not collected from these officials for the period of more than 04 years to 08 years.
- (vi) The scheduled quarters belonging to National Institute of Infectious diseases, Angoda was given to one Medical Officer since 12 May 1995 for more than 26 years but it was not taken back.
- (vii) The scheduled Administrative Officer's quarters belonging to Lady Ridge way Children Hospital was given to a Senior Assistant Secretary of the Ministry since 01 May 2008 on temporary basis and by 31 December 2021, more than 13 years have

passed but no arrangements have been made to take it back.

- (viii) Housing rent from 19 residential officials had not been collected by District General Hospital, Trincomalee.
- (c) Public Administration
Circular No. 29/98 dated 30 December 1998 and 03/2007 dated 09 February 2007 and Public Administrative Circular Letter No. 02/2009 dated 07 April 2007
- (i) Whenever, recruitment qualification of any service has been changed, as per Circular No. 29/98 language incentives are to be paid according to the Circular Letter No. 02/2009 but in contrary to that, language incentives had been paid to 32 officials of the Sri Lanka Nursing Service of 14 hospitals.
- (ii) As per Paragraph 04:03 of the Circular No. 03/2007, language incentives can be paid after 05 years on the recommendation of a language proficiency test conducted by the Official Languages Department once in 05 years, but 57 officials of the Sri Lanka Nursing Service in 08 institutions and hospitals had been paid non-compliance language incentives.
- (iii) As per Paragraph 04:07 of the Circular No. 03/2007, the payment of language proficiency incentives for languages other than English shall be stopped with effect from 02 February 2007, but 05 officials of the Sri Lanka Nursing Service in 03 hospitals had been paid language incentives inconsistently.
- (c) Public Administration
Circular No. 09/2009 dated 16 April 2009 and 03/2017 dated 19 April 2017
- (i) Although all government institutions shall use fingerprint recording machines to keep records to prove the arrival and departure of officials' attendance, including the Ministry and its 85 hospitals and institutions had maintained arrival and departure registers or diaries without direct supervision, instead of fingerprint recording machines.
- (ii) 103 arrival and departure registers for 1,783 officials in different divisions of the Ministry had been maintained and due to that proper internal control had not been carried out. It

was observed that opportunities were arranged for various irregularities and based on the false information, salaries, allowances, holiday payments and overtime had been paid.

- (iii) There was a discrepancy in the times of arrival and departure registers or diaries and the times of arrived and left from the Ministry premises of 30 official vehicles reserved for 30 executive grade officers including Medical Officers working in the Ministry, during the month of July 2021 only. Overtime allowances were also obtained by using the hours favorable to the officer. Furthermore, according to the times of arrivals and departures of official vehicle to the Ministry premises, holiday pay or overtime allowance was received without completing 08 hours or 06 hours on weekends or public holidays.
- (iv) If the officers were on duty outside the office premises on weekends or had gone away from the office premises on working days or that information should have been entered in the Movement Register. But it was observed that in many cases, it was not recorded in the Movement Register and the Movement Register was not updated and maintained by each division.
- (v) Holiday pay was paid to one senior staff officer for 09 days in July 2021 when confirmed the arrival and departure were not recorded and no outside duty reported according to the Movement Register.

2.5 Issuing and Settlement of Advances

- (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. 21.095 million issued in 663 cases had been settled after a delay of 01 month to 13 months after completion of the work.

- (b) A sum of Rs.343,870 issued on 16 occasions was withheld for a period of 05 days to 206 days and settled without using for the purpose.
- (c) From Rs. 5.806 million issued in 142 instances, Rs. 1.135 million saved after completion of work had been returned after a delay of 10 days to 332 days.
- (d) During the year under review, Rs. 663,400 issued to Provincial Directors of Health Services for conducting different programmes in two instances, had been settled the same amount after a delay of 07 months without conducting those programmes.
- (e) Rs. 222,222 of capital imprest sum of Rs. 3,000,000 given for improvement of Quarantine Centre at Leprosy Hospital on 12 March 2020 and Rs. 30,000 of capital imprest given on 10 November 2021 to Regional Director of Health Services, Galle had not been settled as of 23 March 2022.
- (f) According to the Paragraph 03 of the Public Administration Circular No. 03/2020 dated 30 December 2020, the special advances paid to government officials should be recovered within the year 2021, however, it was not done and the balance of special advances should be recovered from 157 officials by 31 December 2021 was Rs. 167,850.
- (g) As per Budget Circular No. 118 dated 11 October 2004, if the loan balance is not settled within two months of the officer transferred, it should be confirmed that the concerned officer is working in the transferred Department and that Department should be aware in writing regarding this matter. In the third month, that balance of the loan should be recovered through the Monthly Account Summary by the Department which the officer transferred to and after three months the responsible is to show the zero balance of the loan. But, as of 31 December 2021, Rs. 77.07 million balance of loan relevant to the Ministry and its 54 institutions, had not done accordingly and as per Articles 1:6 and 1:7 of Chapter XXIV of the Establishment Code. Out of those loan balances, 59 percent equal to Rs. 45.80 million of 788 loan balances were older than 5 years. 34 percent of remaining loan balances equal to Rs. 26.08 million were exceeded 03 months. Accordingly, 93 percent of the overall loan balance equal to Rs. 71.88 million had become out-standing loan balance due to negligence of officers.
- (h) There cannot be debtor and creditor balances between the institutions within the same budget code, but from the loan balance of Rs. 77.07 million to be recovered by 31 December 2021, 20 percent equal to Rs. 15.48 million loan balance to be recovered from the transferred officers to the hospitals and other health institutions of the Ministry. Further, the total of Rs. 22.01 million loan balance including the Rs. 6.53 million loan balance of which exact place of the officer transferred could not be ascertained, erroneously entered for the purpose of balancing the reconciliation statement. The audit could not rule out this suspicion action.
- (i) The loan balance due on 31 December 2021 from 208 suspended officers was Rs. 9.59 million and 72 percent of that equal to Rs. 6.92 million was more than 5 years

old. The total amount that should have been recovered from 735 officers who left the service was Rs. 19.56 million and out of them Rs. 9.86 million or 50 percent loan balance to be recovered from 380 officers was more than 5 years old. Although this balance has been continuously increasing annually but adequate actions had not been taken to recover the said balance.

- (j) The loan balance of Rs 16.44 million which was to be recovered from the 283 retired officers and out of that amount, Rs.11.47 million or 70 percent was more than a year old. Due to non-compliance with the provisions mentioned in the Sections 4.4 to 4.6 of Chapter XXIV of the Establishment Code regarding the loan balance to be recovered from the deceased officers, the amount of loan due on 31 December 2021 was Rs. 6.57 million. The sum due from 19 officers was Rs. 990,573 or 15 percent of the loan balance which was more than 05 years old.

2.6 Deposits

- (a) The total balance of 08 General Deposit Accounts as of 31 December 2021 was Rs. 1.610 million, out of which there was difference of Rs. 631,001 between the balances of 05 deposit accounts as per the Treasury deposit accounts monthly summary (SA-30) and the records of the Book Keeping Division of the Ministry. But the reasons for the difference were not revealed.
- (b) Rs. 6.50 million had been given to Bio-Medical Engineering Services Division for procurement of medical equipment through transferring to the relevant expenditure code by the Component I of the Primary Healthcare System Strengthening Project which is a World Bank funded project, in the month of December 2020, had been retained in the General Deposit Account as on 31 December, 2021, without being spent for the relevant procurement and without approval of the Treasury.
- (c) Due to non-payment of Employee Provident and Employee Trust Funds payable to its employees by an organization that maintained the cleaning services in the Base Hospital – Kalmunai (North) from the year 2020 to 31 December 2021, Rs. 6.32 million collected from the contractor, was retained in the General Deposit Account as on 31 December, 2021, without remittance to the Employees' Provident Fund and Employees' Trust Fund.

2.7. Losses and Damages

- (a) As on 31 December 2021, the total losses and damages were Rs. 86.24 million and the recovered and written off values during the year were only Rs. 2.39 million and Rs. 709,894 respectively. During the year, the recovery and write-off values as a percentage of the total loss were at a low level of 2.77 percent and 0.82 percent respectively.
- (b) The written-off losses and damages of 25 hospitals and institutions without mentioning the time periods were Rs. 56.15 million and of which, Rs. 10.30 million were carried forward in the financial statements for more than 07 years. Rs. 22.46

million of which the rest of the losses and damages amounted to Rs. 26.98 million did not recovered and written-off, were carried forward in the financial statements for more than 05 years.

2.8 Informal Transactions

The Cabinet approved on 12 July 2016, the payment of a special allowance to 78 designated executive grade officers who were employed within the Ministry at that date.

- (a) Based on that approval, this allowance cannot be paid to the executive officers working in the hospitals and institutions outside the Ministry, but the executive officers working in 40 institutions and hospitals who have submitted information for the audit by 18 February 2022, had been paid Rs. 20.41 million as this special allowance for during the period of 04 years from 2016 to 2020 in contrary to the Cabinet approval.
- (b) It was observed that the Ministry has decided to consider different service categories separately and pay all allowances without identifying the categories that should and should not receive allowances, referred to the letter No. NPC/4/13/CM-1 dated 04 June 2016 sent by the National Pay and Cadre Commission to the Secretary of the Ministry. By paragraph 04 of that letter, it was emphasized that a strict review of all allowances currently paid to the officials of the Ministry should be carried out and a new method of payment of all allowances should be implemented from 01 January 2017, but it had not been followed by 15 April 2022.
- (c) Instead of that the Cabinet approval was obtained on 12 February 2019, to revise this special hourly allowance received in relation to the new salary scale, and on 12 July 2021, the maximum allowance limit of Rs. 10,000 per month was removed and the period of overtime work was increased to 80 hours per month. Accordingly, due to the new hourly rate and the increase of additional working time up to 80 hours, a higher allowance had to be paid compared to the previous allowance and if an officer was employed to maximum in addition to normal duties, the officer would receive 456 percent to 942 percent compared to the previous allowance. It was possible to get a higher value offer.
- (d) Also, this allowance increment was paid to the executive officers employed in hospitals and other institutions outside the Ministry and the total of special allowances paid in the year 2021 to the executive officers employed in 15 hospitals and institutions who submitted information for the audit by 18 February 2022 was Rs. 6.27 million

3 Operational Reviews

3.1 Performance

3.1.1 No taking expected outcomes

A software that was purchased at a cost of Rs. 250,000 in 2014 for maintaining the computerized and updated fixed assets by the National Institute of Nephrology, Dialysis and Kidney Transplant and a software established utilizing Rs. 1.8 million in 2019 by the Castle Street Hospital for Women for testing of patients come to the Sub Fertile Clinic were not utilized even as of 30 April 2022.

3.1.2 Abandoned projects without completing

- (a) Stage I of the construction of eye ward building including a theatre at Teaching Hospital, Kalutara was completed in 03 December 2016, at the cost of Rs. 44.01 million. The contract for completion of the Stage II of the construction within 455 days on the condition, had been offered on 01 June 2017 at a contract value of Rs. 158.71 million and Rs. 34.29 million with taxes, had been paid as an advance to commence the work on 21 July 2017.
- (i) The contractor abandoned the construction site since 30 August 2018, therefore, the contract had been terminated on 13 December 2018 by the Ministry. The advance not re-covered by 30 August 2018, was Rs. 26.67 million and for recovery of that amount, the Construction Protection Fund had been informed on 13 December 2018 to seize the guarantee worth Rs. 29.82 million, but it was failed to collect that money to the Ministry by 07 February 2022.
- (ii) The contractor had filed a case in the Western Provincial High Court of Commercial, against the termination of contract by the Ministry and Attorney General Department had informed that there is a possibility of completing the balance of construction works with a new contractor according to the procurement laws and procedure. However, it was failed to act as per recommendations of Attorney General Department by 07 February 2022 and action was not taken to prepare the final bill taking measurement with the contractor.
- (iii) Due to the abandonment of the construction site with Rs. 44.01 million worth Stage I and Rs. 21.29 million worth Stage II of the construction, iron wire used in concrete beams and slabs of second and third floors of the building were rusted and destroyed and the building is being destroyed due to rain water leakage and entry of various animals.
- (iv) Due to the inadequate current space facilities of the hospital, it could be utilized the ground floor completed on 03 December 2016, for conducting eye clinic and patient care services by repairing, but attention had not been paid by 07 February 2022 for that.
- (v) Due to funds allocation for this construction under wrong expenditure code, Rs. 91,360,920 spent for the project had not been accounted under the non-financial assets of the financial statements of the Ministry.

- (b) As agreed, to provide financial allocation of the Ministry, 31 projects had been commenced at estimated cost of Rs. 27,207.72 million and as of 31 December 2020, Rs. 4,283.87 million spent and abandoned without completion of the work. It was informed that the information on expenditure of 04 projects out of them were not available with the relevant hospitals.
- (c) The total contract value of Rs. 7,408,054 agreements signed with contractors by District General Hospital, Hambantota in 2020 and 2021 for 02 constructions had been suspended by contractors and Rs. 1,500,987 paid to the contractors by the month of July 2021, was an idle expenditure.

3.1.3 Delays in project implementation

03 projects planned to implement by the Ministry at an estimated cost of Rs. 610.93 million, had not been commenced as at 31 December 2020 and there were delays in implementation of 09 projects of an estimated cost of Rs. 3,080.33 million, in 08 hospitals and institutions under the Ministry. It was delayed in 01 year to 15 years.

3.1.4 Projects that have not progressed even though funds have been released

Although, adequate funds had been released by 31 December 2020, there was no satisfied progress of construction of 05 projects at an estimated cost of Rs. 5,511.23 million and the total expenditure was Rs. 932.74 million only.

3.2 Local Funded Projects

Based on the basic estimate of Rs. 1,333.04 million given by Sri Lanka State Engineering Corporation for construction of six-storied theater building at Base Hospital, Horana, dated 16 September 2015, and subject to the approval of Standard Technical Evaluation Committee of the Ministry of Housing and Construction, that contract had been awarded to the Sri Lanka State Engineering Corporation on 27 November 2017, on turn-key basis subject to the condition of completion the work within 24 months. The contract value with taxes was Rs. 1,333.04 million.

- (a) According to the contract awarding letter, although works should be commenced within 14 days, it was not possible to commence the work due to problems in the construction site. However, an advance of Rs. 221.14 million including taxes, had been paid to the contractor for commencing the work on 15 December 2017, although they were aware on the that situation. As per guideline 8:9:1 of the Government Procurement Guidelines, there was no proper agreement signed. The construction had been commenced after 06 months from the date of advance paid.
- (b) Action had not been taken to allocate funds up to the year 2022, after allocation of Rs. 19,065 million in 2019 for this project. It was failed to maintain a satisfied progress of construction and hence, it could be covered only Rs. 4.82 million of mobilization advance. The works did not complete by 25 January 2022.
- (c) A revised cost estimate of Rs. 2,465.99 million had been submitted by Sri Lanka State Engineering Corporation dated 15 June 2016 and the requested information relevant to that additional estimate were not submitted by Sri Lanka State

Engineering Corporation. Therefore, it was decided to complete the activities which were within the approved estimate, but action was not taken accordingly even by 31 March 2022.

3.3 Foreign Funded Projects

District General Hospital – Hambantota was constructed by Enras Nonus project and Operational activities were commenced in the month of December 2019.

- (a) It was observed that a proper method for chemical waste management of the hospital had not been established and composable and non-composable chemical waste disposed from the laboratory, blood bank, mortuary and laundry etc. were disposed informal way to a swamp close to the hospital. Furthermore, it was observed that, water coming out from the sewerage system released to a canal and a laboratory sample test for the suitability of releasing that water to the environment was not carried out.
- (b) 13 equipment and machinery those the value was not disclosed provided to the hospital laboratory were idle for a long period due to non-compliance with the laboratory structure and therefore, the expenditure of purchasing and establishment of those equipment was non-economic.
- (c) The Fire Protection System of the hospital had been established and handed over to the hospital by a private company on 01 November 2017 and its warranty period had expired on 01 November 2018. However, the operational activities of new hospital had been started in December 2019, warranty period had expired before utilizing the Fire Protection System. An agreement had been signed with the relevant company for one year period from 17 July 2020 to 18 July 2021 for services and maintenance of the Fire Protection System, subject to the condition of carrying out 03 services per year. The value of the agreement was Rs. 332,500, but it was not done as per conditions of the agreement and only one service had been carried out as of 05 April 2021.
- (d) By 05 May 2021, annual service and maintenance agreements had not been signed with suppliers for established 09 systems of the hospital. As a result, some of systems were idle due to not functioning effectively.

3.4 Procurements

- (a) Due to the decision of the Ministry Procurement Committee that the procurement started for purchasing T-Shirts to the officers of the Ministry could not be approved, that procurement was stopped and 3,348 T-shirts had been purchased utilizing Rs. 2,243,160 through the COVID-19 Emergency Response Asian Development Bank Project funds on 14 July 2020. 3,300 of T-shirts had been issued for distribution to the staff of the Ministry and written evidences for handing over 398 T-shirts worth total cost of Rs. 266,660, were not submitted for the audit. There were 138 number of drivers in the Ministry, but only 57 were received 114 T-shirts at a total cost of Rs. 76,380.

- (b) The contract for providing and installation of Air-conditioning System and Medical Gas System to the Cath Lab at Teaching Hospital- Kalutara based on the condition of completing the work within 63 days, at the contract value of Rs. 5.11 million had been awarded to a contractor on 16 September 2020.
- (i) The contractor had not registered with the Registrar of Public Contracts in terms of sub-section 6 (i) (a) of Public Contracts Agreement Act No. 03 of 1987, and also the contract agreement was not registered within 60 days after the bid was awarded.
 - (ii) Price analysis for relevant to 04 civil works and comparison report for confirmation of relevant technical specifications of 04 works at a cost of Rs. 3.02 million were not submitted for the audit. Therefore, it was not confirmed and the accuracy of constructions, or prices of estimated unit price of them.
 - (iii) According to the technical specifications under those 04 works, different items other than agreed items had been provided and installed without agreement or approval of the hospital. Before making the relevant payment for this work, hospital authority has inquired the advice from the Ministry, but without examining it deeply and issuing specific advice, the problem had been referred to the Hospital Regional Procurement Committee on 31 December 2021 to take a decision.
- (c) The contract to upgrade the Angiogram Room of the Teaching Hospital - Kalutara into a Cath Lab was awarded to a contractor on 24 August 2020 with a contract value of Rs.7,897,480 on the basis of completion of the work within 63 days.
- (i) The contractor had not registered with the Registrar of Public Contracts in terms of sub-section 6 (i) (a) of Public Contracts Agreement Act No. 03 of 1987, and also the contract agreement was not registered within 60 days after the bid was awarded.
 - (ii) Rs. 400,000 was included as a negative value in the engineering estimate to remove 02 doors and 02 windows with lead plates out of the hospital which were installed at a cost of Rs. 2.21 million, on the fourth floor of the new clinical building completed on 25 May 2017, but the related price analysis was not submitted for the audit. Also, it was not confirmed for what purpose the estimates prepared to remove those doors and windows. Also, negative Rs. 400,000 was included in the cost estimate for this work, but the documents did not include information that the price is a negative value or that the amount did not include information that the price is a negative value or that the amount will be deducted during the payment for the work done.
 - (iii) By 23 December 2020, Rs. 8.67 million valued works completed and out of that Rs. 4 million payments had been made on 30 May 2021 for the work done. However, regarding the settlement of the final bill, it has been referred to the Ministry for advice, correct instructions had not been given by paying attention to the issue. Instead of that, Administrative Officer (Buildings) of the Ministry had recommended to the contractor for taking out the 02 doors

with lead plates and 02 windows by paying Rs. 5,000. Accordingly, officers had been paid Rs. 5,000 to the contractor for removing and taking out the 02 doors and 02 windows worth Rs. 2,214,000 which were installed in 2017 but not utilized, due to deliberate or negligence.

- (iv) The relevant price analysis of two works worth Rs. 1,350,000 included in the cost estimate, were not submitted for audit.

- (d) Regarding 07 procurement with an estimated cost of Rs. 36.525 million approved by the Regional Procurement Committee of the Teaching Hospital – Kalutara, procurement timelines were not prepared in accordance with the guideline 4.2.2 and 4.2.3 of the Government Procurement Guidelines and according to the guideline 2.12, members of the Procurement and Technical Evaluation Committees had not submitted a written certificate of Declaration. Furthermore, as per 2.11.2 guideline, attendance register of members had not been maintained by the Secretary of the Committee.

- (e) The authorities of the Colombo North Teaching Hospital had purchased 1,080 of N95 face masks at a cost of Rs. 2050 each considering the emergency needs on two occasions, in 2020 following market price comparison method at the total cost of Rs. 2,214,000.
 - (i) When the Medical Supplies Division had provided sufficient N95 face masks to the hospital, this procurement was made.

 - (ii) The 80 face masks ordered in the first instance were received almost 05 months late, and regardless of the delay, 1,000 face masks had purchased from the same supplier in the second instance without a requirement.

 - (iii) Among 04 bids received for the first procurement, one bid was confirmed to be a fake bid.

 - (iv) In the second instance there were notes that the prices were called by fax from 06 institutions, but the evidence to prove it was not submitted for the audit.

 - (v) The quotations received were not signed by the authorized officers of the respective institutions and out of the 06 institutions, 02 institutions were not registered suppliers for the hospital's surgical consumables. Another bidder was not a face mask supplier. Accordingly, the hospital had failed to maintain transparency in the process of calling quotations and submission of quotations in the first and second procurements.

 - (vi) As per Guideline 6.6.2 of the Drugs and Medical Devices Procurement Guideline 2007, although emergency procurements are to be referred to the Government Agencies, due to the price inquiry was not made from the State Pharmaceuticals Corporation at that time, they had lost the opportunity to

purchase N95 face masks at Rs. 475 each and as a result, they had over paid Rs. 1,701,000 for 1,080 face masks instead of 1,575 per face mask.

- (vii) In both cases, the face masks purchased were not certified and accepted by a responsible officer who has knowledge and understanding of the quality of face masks.
- (f) In the year 2021, 03 Fully Automated Biochemistry Analyzer were purchased for Pathology Lab of the National Hospital, Colombo, following the National Competitive Bidding Method at Rs. 22.2 million and Rs. 15 million had been paid for two machines.
- (i) According to the Guideline 4.2.2 of the Government Procurement Guidelines, a time frame for this procurement had not been prepared. Therefore, in contrary to the section 4.2.3 of the Government Procurement Guidelines, more than 38 weeks had been taken for the procurement. Also, validity period of the bid documents and bid securities had expired by 28 February 2021, but no arrangements were made to extend their validity period.
 - (ii) According to the newspaper advertisement of this procurement, the bid opening scheduled on 06 October 2020, but the bid opening was done 10 days later on 16 October 2020. The accepted reasons for the delay of bid opening were not submitted.
 - (iii) Preliminary activities of the procurement had not been done according to the Guidelines 2.12, 6.3.6 and 2.14.1 of the Government Procurement Guidelines.
 - (iv) Daily capacity of this equipment was 12,000 tests. Before procurement of 03 machines, average daily tests 7,871 had been done utilizing 08 Biochemistry Analyzers belong to the lab in 03 years period of 2019, 2020 and 2021. Out of the 101 types of tests that were included in the specifications prepared for the purchased machine, 63 types of tests that could have been performed using the existing machine during the last 03 years were not performed and the average daily test amount of 22 types of tests was less than 100. However, the accepted written evidence for the need for purchasing 03 new machines having capacity of at least 12,000 tests per day exceeding the average daily capacity, had not been submitted for audit.
 - (v) The Bio-Medical Engineering Services Division prepared the specifications for the purchased machine and published on their web-site on 02 March 2020. But that standard specifications were not applied. Instead of that, separate specifications were prepared and approval of Bio-Medical Engineering Services Division had not been taken. Also 05 critical criteria included in the standard technical specifications were not included in the new specifications prepared.

- (vi) Since the specifications of 02 machines offered by 05 bidders do not match with the required specifications, the remaining bidder was selected as the substantial responsive bidder by rejecting it without making a price comparison, but among the specifications submitted by that supplier, 03 critical criteria were against the required criteria. Irrespective of that, the Technical Evaluation Committee had submitted its recommendations without explaining it, and based on that, the Procurement Committee had given the recommendation to purchase 02 machines.
- (vii) Although it is a critical criterion to obtain the certificate confirming the origin of the product and the date of manufacture (Original Equipment Manufacturer (OEM) and the date of manufacture Certificate), since 02 machines purchased were not obtained those certificates, it could not be confirmed at the audit that those 02 machines are brand new.
- (viii) According to the goods release certificate issued by the Sri Lanka Customs, the cost of 02 equipment purchased was Rs. 48.69 million, but 02 equipment were purchased at a low cost of Rs. 15 million. However, evaluation on availability and prices of reagents required for this equipment to carry out the tests, had not been done and there was no agreement with the supplier. Hence, the equipment was provided at a low cost and the cost of the reagents was allowed to be determined at the will of the supplier.
- (ix) The technical specification for this procurement had been prepared in contrary to the critical criterion, the unit shall be an open system and shall produce accurate test results using any reasonably good quality reagent, as included in the specifications prepared by the Bio-Medical Engineering Services Division. As per bidder's choice, 02 equipment with closed system, instead of open system were provided. As a result, the opportunity to obtain reagents for equipment under competitive bidding had been lost. Regarding the reagents, consumables and calibrators used for this equipment, the unit prices submitted in 17 September 2019 and 29 September 2020 by the supplier, prices had been increased by 14 percent as for 87 types of reagents from Rs. 2,558 to 52,025, for 9 types of consumables Rs. 1,821 to Rs. 4,335, for calibrators from Rs. 3,468 to Rs. 10,838 and it was confirmed that.
- (x) As per Standard Technical Specifications of Bio-Medical Engineering Services Division, reagents and other consumables (startup kit) required for Evaluation Test should be provided, but Technical Specifications prepared by the hospital had not been included it, the supplier had not been provided adequate reagents and calibrators for evaluations tests. As a result, reagents purchased for the old equipment currently used in the laboratory were used for evaluation tests of TPRO, ALB, LDH and BU.
- (xi) In response to the required specification in the bid document "Limited channels will be opened on customer request" was mentioned and it was

mentioned in the evaluation document erroneously as “15 channels can be opened on request” and bid evaluation had been carried out. By 31 January 2022, the hospital had not identified the types of tests of channels that should be opened of 02 equipment supplied and accordingly, the hospital had not taken action to obtain competitive minimum price for the reagents.

- (xii) Although, technically complicated such equipment should be accepted by an expert Bio-Medical Engineer by searching that the equipment is in-compliance with the requested specifications, instead of that, the Pathologist, head of the Pathology Division had accepted the equipment by signing the invoice without a date. Since there was no date, it could not be confirmed that the equipment was received on the invoiced date or thereafter. Therefore, it could not be decided that there was a necessity for charging delay payments as per conditions of the contract.
 - (xiii) Only the relevant supplier had confirmed that the equipment had been installed successfully on 03 September 2021, but the responsible officer from the hospital had not confirmed the success of the equipment installation.
 - (xiv) Only 02 of this equipment were inventoried on 27 September 2021, but the accessories (monitor, UPS, Printer) received with them were not inventoried.
 - (xv) More than 03 years had been spent for the procurement activities, but the acquisition of a suitable place for the installation of 02 equipment and the necessary air-conditioning facilities and required electricity power had not been completed. Therefore, it was observed that the cost of Rs. 15 million of 02 equipment was not fully utilized for patient care even by 30 April 2022.
 - (xvi) The purchase order for the remaining equipment was sent to the supplier on 28 June 2021, as per terms of the order, the equipment was to be supplied between 04 and 08 weeks, but this equipment was delivered to the hospital on 22 February 2022, i.e. more than 23 weeks late. Even by 30 April 2022, the equipment was not commissioned and used for patient examination. Also, the Performance Bond of Rs. 720,000 had not been obtained.
- (g) In the year 2021, a Fully Automated Hormone Analyzer (Architect i2000SR) machine was purchased at a cost of Rs. 4.5 million for the Radio Immunoassay Lab of the National Hospital, Colombo, following the National Competitive Bidding Method.
- (i) The preliminary work of the procurement was not done in compliance with guidelines 2.12, 4.2.2, 6.3.6 and 5.4.10 of Government Procurement Guidelines and the terms 2.14.1 and 4.2.3 of Procurement Guideline Hand Book.

- (ii) According to the bid document prepared, the need for 61 types of tests that could be performed by the machine was identified but, no written evidence was submitted for the audit to confirm that need. It was also observed that 21 of the 61 types of tests could have been performed using the old hormone analyzer machine but it had not been performed during the 03 years of 2019, 2020 and 2021, so the need was not properly identified. As per specification no. 31, it had been mentioned that the facilities for analyzing 10 types of tests should be available, as a critical criterion, but all those tests had not been done by the hospital during the past 03 years. 08 types of tests could have been done using the old Hormone Analyzer machine. Accordingly, bidders were limited in their ability of competitive participation by including unnecessary requirement for tests in bidding documents. Furthermore, this new machine installed on 07 July 2021 and only 22 types of tests performed during the period of 08 months up to 31 January 2022 and out of them, 21 tests could have been by the old machine.
- (iii) If any amendment is made to the bid documents, the recommendations of the procurement committee and the approval of the procurement entity should be obtained but, apart from that, it was observed that the bid evaluation process was not done fairly as 04 types of tests were evaluated which were not included in the bid document.
- (iv) The Standard Technical Specifications relevant to this machine was not prepared by the Bio-Medical Engineering Service Division and hospital authority had prepared the Technical Specifications. However, approval of the Bio-Medical Engineering Services for this specification had not been obtained. The specification “unit shall be an open system and shall produce accurate test results using any reasonably good quality reagent” had not been included in the specifications, therefore, the opportunity to purchase reagents for the machine under the competitive bidding was lost. Also, “The ability to provide a backup system on temporary basis etc.” had not been included in the specifications and as a result, it was failed to continue the sample testing service of this machine when the breakdowns occurred and till, they recovered. Further, as per the certificate of releasing goods from the Sri Lanka Customs, cost of this machine was Rs. 21.67 million, but the machine was supplied at a very low cost of Rs. 4.5 million by the supplier. However, the evaluation on availability and prices of reagents required for testing had not been carried out. As a result, it was allowed supplier to decide prices of reagents as his wish by purchasing the machine at low cost.
- (v) Although the warranty period requested in the other similar equipment procurements was 36 months, but in this case, the warranty period had been reduced to 24 months. The accepted reasonable explanations for this reduction were not submitted for the audit. Due to the reduction of warranty

period by one year, the benefit of one year service and maintenance at free of charge had been lost.

- (vi) Only the relevant supplier had confirmed that the machine had been installed successfully on 07 July 2021, but it had not been confirmed by an officer responsible for the hospital.
 - (vii) Only this equipment was inventoried on 11 August 2021, but the accessories (monitor, UPS, Printer, Barcode Printer) received with them were not inventoried.
 - (viii) As per required specifications, laboratory technical staff should be given onsite training in operating the machine and adequate training should be given to Medical Laboratory Technicians in setting up the machine. However, written evidence of completing this requirement was not submitted for the audit. Also, according to the required specifications, the bidder should provide a comprehensive overseas training (Comprehensive training in overseas training center on applications and troubleshooting) for two Medical Laboratory Technicians regarding issues of utilizing this machine and troubleshooting free of charge. But action had not been taken to give such training although nearly 08 months had passed since the installation of the machine.
- (h) A Fully Automated Immunoassay Analyzer was purchased at Rs. 5 million to the Pathology Lab of the National Hospital, Colombo, following the National Competitive Bidding method on 13 August 2021.
- (i) It was not confirmed that the specifications prepared for this procurement had been approved by the Procurement Committee.
 - (ii) The preliminary work of the procurement was not done in compliance with guidelines 2.12 and 4.2.2 of Government Procurement Guidelines and the terms 2.14.1, 4.2.3, 5.3.11 and 6.3.6 of Procurement Guideline Booklet.
 - (iii) According to the newspaper advertisement of this procurement, the bid opening scheduled on 06 October 2020, but the bid opening was done 10 days later on 16 October 2020. The accepted reasons for the delay of bid opening were not submitted.
 - (iv) According to the bid documents prepared for procurement of this machine, requirement for 63 types of tests had been mentioned as a critical criterion, written evidence for identifying that requirement was not submitted to the audit. Although, this machine was installed on 16 August 2021, during the 07-month period up to 31 March 2022, only Troponin I test had been done. However, this test could be done using the Nano Check (POCT) machine at the lab, ADVIA Centaur XP machine at Radio Immunoassay Lab and newly purchased Fully Automated Hormone Analyzer. Accordingly, it was

observed that this machine had been purchased without a real need for the hospital.

- (v) The Standard Technical Specifications relevant to this machine was not prepared by the Bio-Medical Engineering Service Division, and Technical Specifications were prepared by the hospital authority. Approval of the Bio-Medical Engineering Services for this specification had not been obtained. The specification “unit shall be an open system and shall produce accurate test results using any reasonably good quality reagent” had not been included in the specifications, therefore, the opportunity to purchase reagents for the machine under the competitive bidding was lost. Also, “The ability to provide a backup system on temporary basis etc.” had not been included in the specifications and as a result, it was failed to continue the sample testing service of this machine when the breakdowns occurred and till, they recovered. Further, as per the certificate of releasing goods from the Sri Lanka Customs, cost of this machine was Rs. 13.79 million, but the machine was supplied at a very low cost of Rs. 5 million by the supplier. However, the evaluation on availability and prices of reagents required for testing had not been carried out. As a result, it was allowed supplier to decide prices of reagents as his wish by purchasing the machine at a low cost. Considering the unit prices of reagents, calibrators, control and consumable items used in this machine, submitted on 19 September 2019 and 16 October 2020, by the supplier, 104 types of reagents from Rs. 1,960 to Rs. 81,655, 84 types of calibrators from Rs. 2,613 to Rs. 19,158, 67 types controllers from Rs. 2,025 to Rs. 19,158, and 14 types of consumables from Rs. 4,899 to Rs. 19,597 as from 21 percent to 51 percent price increment had occurred.
- (vi) Although, technically complicated such equipment should be accepted by an expert Bio-Medical Engineer by searching that the equipment is in-compliance with the requested specifications, instead of that, the Pathologist, Head of the Pathology Division had accepted the equipment by signing the invoice without a date. Since there was no date, it could not be confirmed that the equipment was received on the invoiced date or thereafter. Therefore, it could not be decided that there was a necessity for charging delay payments as per conditions of the contract.
- (vii) Only the relevant supplier had confirmed that the machine had been installed successfully in the Lab on 16 August 2021, but it had not been confirmed by an officer responsible for the hospital.
- (viii) According to the required specifications, new computer and barcode printer machines should be provided along with this machine, it was observed that, the Central Processing Unit and monitor of the computer which received with the machine were old items and there was no barcode facilities were provided. However, total cost itself had been paid to the supplier without paying any attention in this regard.

- (i) Raw foods had been supplied by two suppliers for supply of cooked food to the patients and junior staff of the Teaching Hospital, Kalutara during the year from January 2021 to January 2022.
- (i) All the information related to the monthly ordering of raw food, supplying raw food by the supplier and payment for that, in the year 2021, had not been submitted for the audit even by 31 March 2022.
- (ii) According to the information regarding the supply of raw foods in the first 4 months of 2021, which was submitted for the audit, it was identified for 2020/2021 and 2021/2022, monthly requirement for foods, fruits and others were 111 and 148 respectively. But, regarding the information on supply of raw food in first 04 months of 2021 submitted for audit, the number of items ordered exceeded 75 percent of the monthly requirement and the number of items not ordered during the 4 months was 45 percent of the total number of items. It was observed that the contract value of non-ordered items for 04 months was Rs. 1,978,640. Also, value of the raw food actually supplied in the first 04 months was about 47 percent of the value of the estimated monthly requirement. According to that, monthly material requirement was estimated without any logical method, thereby making the procurement process complicated and limiting the competition. A few contractors who are aware of this situation offer a low price for the materials that are not ordered and less ordered by the hospital and a high price for the materials that are ordered in excess and get the contract. It was also observed that the hospital authority had avoided ordering food items which were comparatively low prices submitted by the contractor and delays could have been reduced by handing over this procurement to the Regional Procurement Committee by removing unnecessary items and preparing a realistic estimate.
- (iii) Although the hospital authority should make sure that the patients get the diet prescribed by the doctor. In the first 04 months of 2021, papaya was provided less than what was ordered for diabetic patients and in the last months of 2021, papaya and fresh milk, eggs and chicken needed for COVID patients were not provided. Although fish is not a substitute for eggs and chicken meat, the hospital had purchased fish from the Fishing Corporation to fill the shortage. But as per the terms of the contract, the amount spent for that was not recovered from the supplier. Accordingly, it was observed that it was allowed to neglect or refuse the supply of raw food materials at the discretion of the supplier.
- (iv) As a result of non-provision of chicken meat and eggs by the supplier, dried fish by the Fisheries Corporation, it was provided fish for all days instead of providing meat, fish, eggs for meals provided for staff. Therefore, the estimated cost for fish had been exceeded.

- (v) In order to minimize the wastage of food provided to staff, a method to cut-down a certain amount of food had not been arranged and as a result during the audited period from 10 January 2022 to 21 January 2022, large amount of cooked foods remained. It was observed that in some days, more than 34 Kg of rice were remained. On 10 January 2022, when the audit was commenced, food ordered for breakfast, lunch and dinner by staff as 300, 280 and 85 and it was reduced to 110, 225 and 65 as of 20 January 2022. Accordingly, it was observed that the annual expenditure for staff food could have been reduced up to 40 percent, if staff food provision method could have been properly supervised by the hospital authority.
- (vi) The accuracy of weighing scales used to measure the supplied raw foods should be confirmed by calibrating with the Department of Measurement Units, Standards and Services annually, but it was not done accordingly since more than a decade and it was observed that more weight than the due weight was indicated due to the balance of the weighing scale was not available. Accordingly, it was also noted that the payment had been made for the amount more than actual weight of supplied foods since many years by the supplier.
- (j) Hospital cleaning service for the year 2021/2022 was obtained from a private organization by the Teaching Hospital, Kalutara.
 - (i) As per procurement conditions, the laboratory test reports for chemicals used for cleaning to be supplied as agreed by the contractor, had not been submitted and instead of that Material Safety Data Sheets (MSDS) which cannot be accepted as laboratory test report had been submitted. But the attention was not paid for it at the time of bid evaluation and it was recommended based on those data sheets.
 - (ii) The relevant manufacturing institute or brand name of the chemicals agreed to be supplied by the contractor had not been included in the agreement entered and it had not been made the relevant authorities of the hospital aware on the bid conditions. By taking maximum benefits by the contractor, as his wish, without submission of a laboratory report confirming the quality, chemicals with another brand name instead of agreed brand name, had been supplied during the year. It was also observed that the payments had been made for chemicals supplied, based on the agreed unit prices for chemicals of prescribed quality in violation of the terms of the agreement.
 - (iii) In the previous year also, chemicals with the same brand name had been supplied and it was confirmed that the supplied chemicals were not complied with the Sri Lanka Standard 687-1985 by the laboratory test carried out. However, Rs. 8,542,460 had been paid for supplied chemicals including that chemical.

- (iv) The relevant contractor for the year 2021 / 2022 had agreed to give 60 percent discount for chemicals used for cleaning. An appeal against the tender decision stating that it is not possible to supply chemicals of the prescribed standard with that discount and that he has given this discount for the purpose of supplying cleaning chemicals of poor quality and substandard had been submitted. As a result, it was decided to award the tender to this bidder on the basis of an affidavit that he supplies chemicals of the prescribed quality. It was observed that the attention was not paid even in the year under review, regarding these two matters either through negligence or deliberate action of the officers and payments was made to the contractor in favor of contractor and to the disadvantage of the government.
- (v) According to the conditions of the Agreement, it was certified by the Industrial Technology Institute (ITI) that the composition and amount of ingredients had been formally indicated in the containers and chemicals should be provided in un-opened containers, are compliance with the Sri Lanka Standards but the chemicals provided were not complied with those requirements. Therefore, those should have been rejected, but payment of Rs. 369,670 had been made for chemicals supplied for 04 months from March to June 2021 and arrangements had been made to pay Rs. 194,400 for July to September 2021.
- (vi) As no cost estimate was prepared for this procurement, it was not confirmed that how the bid evaluation carried out according to the special criterion of prices submitted for chemicals and equipment should be fair as per market prices.
- (vii) According to the conditions of the Agreement, although the contractor shall submit certified copy of the salary sheet certifying the salaries actually paid to the workers of the cleaning service, to head of the hospital before settling the monthly bills, however, without obtaining such certified and certified copy of actually paid salaries, Rs. 20,102,561 had been paid for 04 months from March to June 2021 as salaries and overtime and from July to September 2021, it was arranged to pay Rs. 15,073,486 for 03 months from July to September 2019.
- (viii) Receipt of chemicals and equipment stocks to be supplied in monthly or annually by hospital, issuing to the wards and sections were informal, and updating stock register was not maintained and therefore, it was observed that the internal control system in this regard was very poor. Due to that reason, in the main stores, as at 12 January 2022, tile cleaner in 21 plastic containers, 63 liters of glass cleaner and HCL cleaning chemicals and 275 Kg of bleaching powder and dish wash powder in 11 polysack containers could not be used as those were expired or there was no expiry date. The contractor had agreed to supply branded equipment but it was observed that any equipment supplied by the contractor was not a branded one. It was not confirmed that the agreed quantity of monthly supply as mentioned in the bid documents were supplied due to out of control by the hospital administration and under the control of supplier.

- (k) The security service for Teaching Hospital, Kalutara and its affiliated institutes had been obtained from a private organization in the year 2021.
- (i) In the document confirming the arrival and departure of the security personnel submitted to the hospital officials, instead of entering the names and signatures of the security personnel who were actually employed in the night shift on the relevant dates, the names and signatures of the security personnel who were not employed in the night shifts were included. The same thing happened throughout the contract period but it was not supervised by the relevant officials. Also, a plan for placement of 35 security officers on day and night basis had not prepared and as per contract agreement, if a person is employed in the security service outside the list submitted initially, the head of the hospital should be informed about it. However, the company had employed security personnel outside the document submitted on 21 April 2021 and 31 December 2021 to the hospital, without informing head of the hospital. As a result of these facts, it was observed that there is a risk of assigning responsibility in case of any problem that arises regarding the security of the hospital, while there is also a risk that the hospital authorities will provide legal security of the people who have been paid by the hospital with false name and signatures have committed misconduct in the outside society during that time.
- (ii) In terms of contract agreement, not a single security service superintendent or controller shall work for more than 12 hours continuously at a time without any payment, but it was observed during the inspection of a sample of 03 months from October to December 2021 that 32 security personnel were employed continuously for a period ranging from 24 hours to 180 hours beyond 12 hours. In addition, during the year under review, security personnel were overpaid Rs. 486,330 to the company for 377 days and night shifts which were not employed. Further, according to the agreement, a fine equal to one day salary should be charged for one under-provided employee, but Rs. 273,480 was not charged as penalties for 212 under-provided employee work shifts in 06 months from May 2021 to October 2021.
- (iii) According to the contract agreement, the concerned security agency shall be responsible for security of the territory of the institution providing the security service and all the fixed and moveable properties and assets located there, but the security division shall not record the information regarding the vehicles entering and leaving the hospital premises and it was observed that the outside vehicles were being brought into the hospital premises through the exist gate.
- (l) More building maintenance services of the National Hospital – Kandy had been handed over to a single contractor.
- (i) According to the letter of delegation of power on financial control issued by the Secretary of the Ministry on 28 February 2020, emergency maintenance works should not be assigned to a single contractor but should be assigned

to the list of registered contractors in order. Contrary to that rule, 201 work papers with an estimated cost of Rs. 35,885,380 or 68 percent of the 295 work papers with an estimated cost of Rs. 70,761,279 completed in National Hospital - Kandy in the year 2020, were assigned to one maintenance contractor.

- (ii) According to the recommendation of the Technical Evaluation Committee and the decision of the Procurement Committee, only this contractor which was selected for the residential maintenance of the wards and units of the hospital, was allowed to establish a project site in the hospital premises.
 - (iii) According to the financial authorization letters for the years 2020 and 2021, only works such as water leaks, toilet pits over flowing or collapsing, electricity leaks, severely dilapidated roofs and buildings, which are introduced as emergency maintenance, should be carried out by registered contractors within the limit of Rs, 300,000. However, during the years 2019 and 2020, Rs. 940,569 was paid to the contractors in January 2021 and March 2021 for the completion of 79 such non-emergency maintenance works which could have been performed by the hospital maintenance division.
 - (iv) In the year 2020, no work estimates related to maintenance works had been assigned to the hospital Technical Officer to prepare or supervise those works, and in the year 2021, only the work of preparing estimate of Rs. 97,610 had been done for one maintenance work and due to adequate staff were not employed in the hospital maintenance division, most of the maintenance works were outsourced due to insufficient manpower.
- (m) For the period of December 2019 to October 2021, Rs. 2,244,592 had been paid for the contractors for the disposal and burial of unclaimed corpses, inanimate organs, stillbirths and infants at the De Soyza Women Hospital.
- (i) It was observed that the internal control and supervision regarding the disposal of dead body parts, such as not preparing a basic cost estimate of a disposal unit, allowing the use of contractor's scales, not ensuring that the scales are calibrated up-to-date, not introducing a system for de-watered placenta weight measurement, allowing excess weight to be applied to disposal, and not verifying that these disposals are done legally, were at very poor level.
 - (ii) It was observed that various methods were adopted for disposing of body parts in several other hospitals under the Ministry, but guidelines were not issued for the method to be selected based on the capacity of the hospital in a manner that minimizes the cost to the government and minimizes fraud and errors.
 - (iii) Without any comparison due to the fact that no cost estimate has been prepared for the disposal of 01 kg of placenta, an infant body, 01 kg of aborted parts and 01 kg of body parts, compared to the unit prices of the year 2020, the hospital had made payments based on unit prices submitted by contractors with price variations of 521 per cent per unit of the material

in the year 2021 of up to 6371 percent. As a result, compared to the year 2020, the cost of disposal of non-living body parts in 2021 had increased by Rs. 749,710 or 8070 percent and the cost of disposal of aborted parts had increased by Rs. 21,928 or 696 percent.

- (iv) For the period from 01 June to 31 December 2021, a contract value of Rs. 1,218,017 had been entered into with the Ceylon Electricity Board for the maintenance and provision of services for air conditioners and refrigerators in the hospital, but due to the fact that the services were not provided properly from the year 2021. The mortuary refrigerator, which was leaking water, had failed to recover. Due to this, it was observed that payments were also made for the water that had accumulated in the placenta and inanimate body parts according to their weight.
- (v) It was observed at the audit investigation on 26 January 2022, water had accumulated in the containers which were kept in the refrigerator with the weight of placentas removed from 553 deliveries in the hospital during the period from 21 December 2021 to 25 January 2022, due to poor functioning of the refrigerator. Accordingly, average weight of unit of placenta with water was 995 grams. Also, at the audit investigation done on 03 February 2022, weight of the placentas removed from the 19 deliveries occurred on the previous day was 10,700 grams and average weight of unit of placenta was 563 grams. According to the information obtained from the internet, it was observed that the range of the weight of a placenta removed from the delivery is 500 grams to 800 grams and due to store in the refrigerator, weight of a placenta with accumulated water is 01 Kg. When calculation made based on that criterion, Rs. 1,020,970 had been over paid to the contractors for 29,616 Kg of placenta for the period of 01 year and 11 months from 29 November 2019 to 26 October 2021 and it had been planned to over pay Rs. 35,640 for 891 Kg of placenta during the period of 27 October 2021 to 20 December 2021 to the contractor.

3.5 Assets Management

- (a) The diesel generator which was provided and installed at Blood Bank of the Teaching Hospital – Kalutara under Chinese assistance in 2015 has not been functioning since 2019, but necessary action had not been taken for repairing it for utilization.
- (b) The Kone 60 Automated Chemical Analyzer which can perform 21 types of blood tests located at the Pathology Lab of the National Hospital, had been malfunctioned due to an electrical leak occurred on 13 July 2021, however, it was failed to restored by 30 April 2022 and hence that machine is being idled for more than 08 months.
- (c) The Metamizer machine worth USD 701,336 provided in the year 2018 to the Teaching Hospital – Kurunegala, under the project on Clinical Waste Management of Government Hospitals, implemented by the Ministry with foreign and local loan assistance, had not been properly handed over to the hospital. Therefore, it was confirmed that the relevant supplier had removed parts of the machine without

being informed the hospital with formal written approval. It was observed that the hospital internal administrative system regarding the assets protection, is at very poor level.

- (d) The main canteen of the District General Hospital – Hambantota had been maintained by a supplier more than a year from January 2020 to February 2021, without an agreement and total of Rs. 1,608,537 including taxes, water, electricity and delay charges and charges of maintaining canteen at the hospital in 2020 and 2021, sum of Rs. 1,094,000 from the supplier had not been charged by 06 July 2022 and May 2022,
- (e) When construction of the Hambantota Hospital, on-call room / doctors' room had been constructed for each and every section and ward for doctors. However, it was observed that out of 24 homes constructed for Medical Officers, and 21 had been utilized as on call rooms. Accordingly, quarters had been utilized for other purposes and the income of Rs. 1,428,000 had been lost for the period of 17 months from January 2020 to May 2022.

3.6 Transactions in the form of financial irregularities

- (a) As of 30 April 2022, the officer who is working as the Deputy Director – OPD of the National Hospital - Colombo, had been approved two-year study leave with pay since 03 November 2019, but she informed that only one year leave is used up to 02 November 2020. According to the information submitted for the audit, she had been paid Singapore Dollar 26,376, on behalf of the approved one-year foreign training period, but out of the one year, more than 08 months she was staying in Sri Lanka, foreign training allowance was received. It was not informed the Ministry that online training is received during the staying at Sri Lanka, and obtaining foreign training allowance as well as the monthly salary for that period were illegal.
- (b) The internal control system for the vehicle pool of the Ministry was poor. Therefore, it was allowed to make payments for different types of incorrect payments. The investigation regarding this matter was limited only to July 2021, and due to some information requested for the month was not submitted and submitted information was incomplete.
 - (i) The vehicle arrival and departure documents maintained by the security division were not maintained properly, clearly and updating. Sometimes arrival of a vehicle was recorded but departure was not recorded and vehicle numbers had not been clearly noted down in some instances.
 - (ii) According to the information submitted for the audit, as of the month of July 2021, there were 30 reserved vehicles for Ministry officials and 63 pooled vehicles. Out of 30 reserved vehicles, only 16 vehicles' monthly running charts for the month of July 2021 were submitted for the audit and rest of the vehicles' monthly running charts were not submitted to the audit by 20 June 2022. Monthly running charts relevant to the 16 vehicles submitted to the audit were not maintained properly and updating. Specially, the drivers who attached to those 16 vehicles had been on duty for 24 hours as each day from 6.00 a.m. to following day 6.00 a.m. and it was certified by the officer

who reserved the vehicle. Hence, it was observed that relevant drivers had been obtained unusual overtime allowances.

- (iii) The gate pass had been used for reserved vehicles for Ministry officials or pooled vehicles or to departure from Ministry premises and come back, but there were some instances of that gate passes were not completed as formally, clearly and readable. It was not clearly mentioned that the officer who requesting the vehicle, duty and vehicle number. Furthermore, there were some instances that the vehicle had taken out of the Ministry several times using one gate pass, it was not certified and signed by the driver and it was not certified and signed by a security officer.
- (c) At the making payment for cleaning service for the period of August 2018 to January 2019 by the Castle Street Hospital for Women, Rs. 3,855,188 had been made without checking monthly attendance register and salary sheets of staff of the cleaning service and due to making arrears of the salaries, Rs. 3,354,552, contrary to the 04 conditions given by the Ministry Procurement Committee on 17 December 2018 regarding payments of allowances increased by the government for personnel in cleaning service industry as per the extraordinary gazette notification no. 2080/22 dated 16 July 2018, total of Rs. 7,209,740 had been over paid to the supplier.
- (d) Extra duty allowances had been paid to the Nursing Officers of the National Hospital - Kandy and Teaching Hospital – Peradeniya.
 - (i) Although it is responsible for the prescribed duty is performed on behalf of obtaining over time allowance and also over time allowance was not paid for a period of inactivity as per Section 2 of Chapter VIII of the Establishment Code of the Democratic Socialist Republic of Sri Lanka, it was allowed to pay for extra duty allowances on more than 36 hours per week when calculating overtime payments according to the Ministry circular number 02/19/2009 dated 27 March 2009. Accordingly, at the National Hospital – Kandy, due to the calculation of extra duty allowance by adding 08 hours per day to the worked days, on behalf of the days on leave by 225 Nursing Officers who have the shift is more than 06 hours, 48 Nursing Sisters and 11 Special Grade Nursing Sisters during the period from 27 December 2020 to 25 September 2021, total of Rs. 15,094,800 for approximately 46,612 inoperative hours as 2 hours per holiday had been paid. At the Teaching Hospital – Peradeniya, due to the calculation of extra duty allowance, adding 10 hours per day and 08 hours per day each respectively to the worked hours on behalf of the days on leave during the 08 months period from January to August 2021 by 04 Special Grade Nursing Officers and 64 Nursing Officers who have the shift is more than 06 hours, Rs. 1,947,010 for approximately 6,226 inoperative hours as 4 hours and 2 hours per holiday had been paid.
 - (ii) It was observed that when giving extra duty allowances to the nursing staff, it is considered the basis of weekly service period from Sunday 07.00 a.m. to next Sunday 07.00 a.m. every week, and extra payment is made for each hour for more than 36 hours per week service. Anyhow, when called for duty on the rest day, since he has to work for a period of 42 hours per week

and exceeds the limit of 36 hours mentioned above, additional allowances were paid for remaining 06 hours. Then the arrangement had been made to pay additional allowance for rest of the 06 hours period. It was observed that double stipends are paid for the same period of time as holiday pay is also paid for performing duties on that weekend. Accordingly, 11 Special Grade Nursing Officers of the Kandy National Hospital had been paid Rs. 1,318,578 as holiday wages and Rs. 331,800 as additional service allowances for performing their duties on weekends during the period from 27 December 2020 to 28 August 2021 and during the period from 27 December 2020 to 28 August 2021 in the Teaching Hospital, Peradeniya, two allowances were paid for the same duty period in the form of holiday wages of Rs.448,197 and extra service allowances of Rs.331,800 for performing duties on weekends.

- (iii) Special Grade Nursing Officers of the National Hospital - Kandy sign that they have been on active duty for 12 hours during the standby period, and ward duty for 12 hours daily during the standby period as normal practice without evidence of being called up for active duty, recorded active duty as office duty or night watch and received full extra duty allowance. As a result, during the period from 27 December 2020 to 25 September 2021, Rs. 589,340 was overpaid as extra duty allowances. Also, the Special Grade Nursing Officers of Teaching Hospital - Peradeniya sign that they have been on active duty for about 06 hours during the waiting period, and ward duty for about 06 hours during the daily waiting period as a general practice without evidence that they have been called for active duty. Recorded active duty as office duty or night watch and received full extra duty allowance. As a result, during the period from 27 December 2020 to 28 August 2021, Rs. 240,950 was paid more as extra duty allowances.
- (iv) The Duty Roster was not formally prepared with the approval of the head of the institution for the Special Grade Nursing Officers of Teaching Hospital-Peradeniya to be employed on standby duty. Also, Special Grade Nursing Officers had not followed a duty shift system to work on public holidays. There were occasions when all the Special Grade Nursing Officers reported for duty on public holidays without the approval of the head of the institution. During the period from 27 December 2020 to August 2021, Rs. 239,052 was paid as holiday wages for working on 20 days of government holidays and the cost could have been reduced through a shift system, but no attention was paid to it.
- (v) Only one special grade Nursing Officer had been worked in Teaching Hospital, Peradeniya since the year 2011, and three more officers had been attached in 2019 and 2020. According to an analysis of the service hours performed by these officers during the period from 2018 to August 2021, the average number of extra duty hours increased from 344 hours to 841 hours instead of the reduction in the number of extra duty hours due to the increase in the number of officers due to the division of duties. It was observed that it had increased by about 144 percent.

3.7 Non-economical Transactions

- (a) Rs. 4,383,545 had been paid to a private company for disposal of 34,289 Kg of clinical waste and 2,727 Kg of sharp waste in Teaching Hospital – Kalutara in May 2019, but at the audit investigation on 11 January 2022 it was observed that the waste had not been removed from the hospital premises and stored in 02 containers.
- (b) An Engineering Division had been established in the Ministry.
- (i) According to the Organization Chart of the Ministry, the Additional Secretary (Engineering Services) was not entrusted with the supervision of any division or individual and there was no downward flow of authority or upwards referral to the Secretary of the Ministry under that position.
- (ii) There was no mechanism to forward files related to constructions, through Additional Secretary (Engineering Services). Instead of that, the organization chart had been prepared in such a way that the files regarding construction subject is forwarded to Secretary to the Ministry through Director General of Health Services, through Additional Secretary (Administration).
- (iii) The files related to constructions, had been forwarded to Deputy Director General (Logistics) by Director (Building) Administration who was an officer of Grade III of Sri Lanka Administrative Service and below him, an officer of Grade I of Sri Lanka Engineering Service, had been appointed as Director (Building) Engineering. Accordingly, an officer of Grade I of Sri Lanka Engineering Service had been appointed under an officer of Grade III of Sri Lanka Administrative Service although they are parallel services.
- (iv) According to the information submitted to the audit, during the year 2020, among 62 construction projects implemented by the Ministry, both positions, Contractor and Consultant /Engineer of 30 projects worth, estimated cost of Rs. 31,650,382,750 had been awarded to the single institution and as a result, it was observed that there may be effects on the more efficient and effective execution of a project, as well as on protection of fairness, independence and transparency of implementation of the project.
- (v) According to the Agreement signed by Director General of Health Services in the year 1991 with Central Engineering Consultancy Bureau, consultancy services had been awarded to the Bureau up to year 2021 without competitive bidding and 52 projects among 62 projects implemented in the year 2020, provision of consultancy services had been awarded to the Bureau. Accordingly, economic benefits to be received by the competition had also been lost.
- (vi) Only in some time, State Engineering Corporation and State Development and Design Corporation had been selected for consultancy service and therefore, it was observed that the Ministry had not adopted a firm and formal policy for obtaining consultancy services.

- (vii) There is an Engineering Division consisting with 43 officials of construction field including, Additional Secretary (Engineering Services), Civil, Mechanical and Electrical Engineers, Draftsmen and Technical Officers, in the Ministry, but for construction projects as well as renovations and repairs carried out by hospitals annually and planning and preparing estimates and supervision activities had been outsourced to the external intuitions such as Engineering Consultancy Bureau, on a fee-paying basis.
 - (viii) Estimates had been prepared using the higher rates approved by the Central Engineering Consultancy Bureau while the rates approved by the Building Department of the Central Government, Provincial and Divisional Secretariate offices were available.
 - (ix) The attention had not been paid to save large amount of money annually, by expansion of Engineering Division and assigning these tasks to the Engineering Division by implementing a mechanism of flow of responsibilities up to the Secretary to the Ministry under a formal hierarchy.
- (c) The District General Hospital – Hambantota has facilities to wash and clean the clothes slightly stained with blood and body fluids, through central supply of laundry service, but during the 06 months from August 2019 to February 2021, all dirty clothes were washed by an external contractor, and Rs. 17,823,232 had been paid for this.
- (d) The internal telephone system of District General Hospital - Hambantota consisting of 600 telephones was established by a private company with a version bearing the number SUV-8300, and due to the expiry of that version, an amount of Rs.1,798,200 had been paid to the supplier to upgrade it to a version bearing the number SUV/9100. But, the supplier had used an upgrade version related to the model number SUV/8100, the entire amount spent for it was an uneconomical expense.
- (e) A computer system (PACS /RIS) for radiation related investigations had been established in the Radiation Department of the National Hospital - Kandy.
- (i) Based on the report given by the Technical Evaluation Committee on 02 October 2019 that the computer system (PACS) introduced to computerize the radiological inspection system of the hospital has been successfully completed, total of Rs.30,831,350 with VAT to the contractor had paid by 17 November 2020. However, more than 02 years have passed since the project was reported as completed and more than a year has passed since the full payment was made, by the time of the audit on 30 January 2022, this system has not been used in the hospital to fulfill the desired objectives.
 - (ii) Although one of the main objectives of introducing this system was to avoid the huge cost of printing the film, during the period from 02 October 2019 to 31 December 2021, the date on which the Technical Evaluation Committee certified that the project was completed, more than Rs. 77 million had been spent for printing the film. And since the cost of this system includes the cost of storing the film, instead of reducing the cost of printing, there was a cost added to that cost.

- (iii) Only the front office of the Radiology Department was doing the data entry in the patient registration documents for radiological examinations in this computer system, but instead of patient's hospital registration number, it was observed that the work is not done properly due to the fact that the serial number in the register of the Radiology Department is entered into the system and those numbers are not entered correctly as well as there is no system to confirm that it is included in the daily testing system.
- (iv) There was no facility in the system to ensure that all the X-ray machines used in the hospital were connected to the computer system, and 04 X-ray machines used in the Cardiology Unit of the hospital were not connected to the computer system. Since the storage capacity of 02 machines is not enough, the test data had been stored on CD/DVD discs at an additional cost.
- (v) A System Requirement Study/Analysis (SRS)) had not been conducted by the two parties on this system, and only a proposal for introducing the project proposal for PACS implementation) had been prepared. Accordingly, it was observed that reporting facilities were not developed under the project to use the data stored in the system to obtain statistical information required for hospital administration and to obtain reports for various analysis.
- (vi) While paying specimen allowances to Radiographers for radiological examinations carried out during the off regular duty hours, no attention was paid to the formal development and use of facilities in this system to obtain data on the number of examinations carried out.
- (vii) To start a project to set up a Picture Archival and Commutation System (PACS) with Radiology Information System (RIS) in 20 hospitals and a tele radiology center under the Ministry, an agreement had been signed on 02 October 2019, for a loan amount of US\$ 33,250,000 between the Secretary of the Ministry and a Chinese Company. As per this agreement, a new PACS project was planned again in the Kandy National Hospital and the basic work was done to implement it by 30 January 2022. There is a possibility that the entire cost incurred for the currently installed PACS system will become an idle cost if the Ministry takes steps to introduce another PACS / RIS project in a field where the PACS system that was installed in the hospital at that time has not been properly functioning even after more than a year has passed.
- (viii) The patient registration document maintained to record the examinations carried out by 44 different types of X-ray machines in the X-Ray Department, was a vague and informal document and the serial numbers for each examination were not formally recorded. Also, the accuracy of the number of after-hours radiological examinations could not be ascertained as the monitoring officer did not document the examinations performed by the radiologists after normal duty hours.

3.8 Management Weaknesses

- (a) According to the Public Administration Circular No. 03/2017 dated 19 April 2017, measures should be taken to keep records of officers' arrival and departure by using fingerprint recording machines in all government institutions and as per the letter No. DMS/0016 dated May 12, 2017, issued by the Secretary of the Treasury to the Secretary of the Ministry of Health, if the fingerprint machines are not operational from 01 July 2017 to verify the arrival and departure of the health staff, it should be ensured that overtime allowances are not paid as per the current salary.
- (i) 213 fingerprint machines installed by the Ministry at a cost of Rs. 31.08 million for the Ministry, hospitals and institutions belonging to it remained unused and idle.
 - (ii) In the year under review, based on the current salary, Rs. 41,895.54 million was paid for wages and Rs. 32,415.05 million for overtime and holiday wages, a total amount of Rs. 74,311.02 million was paid. The total cost of the overtime and holiday wages was 77% of the cost for wages.
- (b) The Magnetic Resonance Imaging (MRI) Scanner was established on 09 May 2016 at the cost of Rs. 367 million in the Epilepsy Unit of National Hospital, Colombo.
- (i) About 5,000 patients who were referred for tests had missed the opportunity to get the service as it took about a year to perform the first test after installing the machine.
 - (ii) By January 2022, there is a waiting list of 639 patients in addition to daily referrals, and the average cost of uninterrupted power supply for the machine is Rs. 3.7 million. However, the Uninterruptible Power Supply (UPS) equipment had been inactive for 17 months, due to the fact that proper functioning of the machine had been affected and thus the patients going for the tests and the related health staff were in a lot of trouble.
 - (ii) Also, the audit was of the opinion that due to the prolonged inactivity of this equipment, there is a risk of damage to the sensitive functional parts of the machine during sudden power failures.
- (c) During the period from year 2018 to 2020, number of retired officers and workers of the Ministry and 25 hospitals and institutions come under the Ministry was 897. It was confirmed according to the following facts that the internal control system regarding the preparation and submission of information on the pensioner's pensions and widows/widowers was to be at a weak level.
- (i) It was unable to achieve targets of paying pensions due to submission of applications to the Department of Pensions with a delay of 1 month to 54 months after retirement.
 - (ii) Due to non-maintaining the personnel files of officials and staff by updating and submission of retirement applications without paying attention to the terms and conditions of retirement wages circulars, there were several instances that the applications were rejected.
 - (iii) There were delays of 01 to 23 months to submit in completing the pension information of the widows/widowers and children of 58 officers and employees who died after working in 16 hospitals and institutions including the Ministry

- (d) According to the plans for the construction of radiology rooms in Hambantota New Hospital, plans were made to install a Fluoroscopy X-Ray machine and a Basic X-Ray machine, but instead, two Ceiling Mounted Digital X-Ray machines were installed in the main Radiology Department and X-Ray machine which was proposed for the Emergency Department was not installed. Accordingly, the Radiographers had informed the Director General of Health Services on 16 January 2020 that the hospital's radiology services could not be performed with quality and efficiency, but these deficiencies had not been completed by July 2021. Also, it was observed that the performance of the Philips Digital Diagnose C 50 type Ceiling Mounted Digital X-ray machine received from the Enras Nonus project is lower than the Shimadzu flow mounted X-ray machine and the Fuji DR system in Hambantota Old General Hospital.
- (e) According to the information submitted by only 18 hospitals and institutions as of 25 April 2022, compared to the year 2019 when hospital services were operating normally, in 2021, when COVID -19 epidemic in the country, the number of in-patients by 26 percent, the number of OPD patients by 67 percent, and the number of various clinical patients by 38 percent had decreased in those 18 hospitals. In this situation, if the parties responsible for properly utilizing the hospital staff, overtime and additional service allowances could be reduced in 2021 compared to 2019, but 39.7 percent of medical officers, 25 percent of nursing officers and 39.6 percent of other personnel received overtime and additional services had increased.
- (f) According to the information submitted for the audit regarding the performance and progress of the Flying Squad Division of the Ministry in the year 2021, there was 483 incomplete investigations as of 01 January 2021 and 521 investigations which were initiated in the year 2021, totaled to 1,001 investigations. Out of them, 577 or 58 percent were not completed. In 24 instances, there were 33 to 245 day delays in between the date of complaint and date of appointment of officers to the investigations.

4. Human Resource Management

4.1 Expenditure on attached staff, actual staff and personnel salaries

- (a) There were 16,108 vacancies relevant to 216 posts at different levels and 2,866 excess of relevant to 26 posts. In those vacancies, among essential posts for conducting health services, 1,706 Medical Officers, 55 Dental Surgeons, 2,203 Nursing Officers, 683 Nursing Sisters, 154 Medical Laboratory Technologists, 51 Occupational Therapists, 81 Pharmacists, 270 Radiographers, 32 Public Health Inspectors, 406 Public Health Midwives, 161 ECG Recordist, 1,970 Attendants were vacant. There were 2,706 surplus recruitments for the post of Health Work Assistant (Junior), a non-technical post of primary grade. Also, outside the formal recruitment procedure, the number of casually recruited for the post of health assistant was 29 and in addition, 80 officers were recruited for 09 unapproved posts on 31st December 2021.

- (b) On 07 November 2017, the Department of Management Services had given approval to the Ministry for one post in the special grade of the Sri Lanka Planning Service named Director General (Planning). But the post was not filled by 25 April 2022.
- (c) All Medical Officers and Dental Surgeons with any post-graduate qualifications were given an equal opportunity to enter the deputy administrative positions, without giving priority to the Medical Officers with post-graduate qualifications in medical administration. According to the information submitted for the audit, 79 Medical Officers who have acquired expertise on disease prevention and patient care services had been appointed to administrative posts in the Ministry as of 15 April 2021. Therefore, it was observed that the amount spent by the government for those Medical Officers to obtain expertise in disease prevention and patient care services had become an idle expenditure and that there is a shortage of expert Medical Officers in maintaining the curative and preventive services in the respective sectors where the expertise was acquired.
- (d) As the possibility of appointment to senior medical administrative posts is only available to officers with medical administration and community medicine specialization who have completed 03 years in the rank of deputy medical administration and medical officers who have joined the deputy medical administration service with other post-graduate specialization will serve in the same position till retirement, that the officers who have specialized in medical administration and are waiting for admission in the rank of Deputy Medical Administration have lost the opportunity to get those posts. As of 25 November 2021, 110 officers with medical administrative expertise are awaiting for appointments and it was confirmed that those officers had not been absorbed to the medical administrative service. Accordingly, it was not revealed whether these 110 Medical Officers, who have expertise in medical administration, were employed in positions related to disease prevention and patient care services or were paid salaries and allowances without being appointed to any position.
- (e) Out of 250 posts in community medicine throughout the island, 160 posts were vacant, but 80 officers with expertise in community medicine were appointed to medical administration positions.
- (f) According to the information submitted for the audit, 281 officers were appointed for 15 posts were employed or released in 11 other agencies outside the Ministry such as Army Hospitals, Prison Hospitals, Police Hospitals, Navy Hospitals, Air Force Hospitals, Sir General John Kotalawala Defense University Hospital, State Ministry of Drugs Production, Supply and Regulation, Ministry of Labour, Ministry of Internal Trade Food Safety and Consumer Affairs, National Drugs Quality Assurance Laboratory and National Medicine Regulatory Authority Ministry of Consumer Affairs, the National Drug Quality Assurance Laboratory, and the National Drug Regulatory Authority.

- (i) The officers were not released to the institutions on a full or secondment basis and no salary payment program was implemented by the institutions and the Ministry had paid the salaries and allowances without verifying whether they were actively engaged in the services of the institutions. As a result, vacancies had been created in approved positions for the Ministry, but those vacancies had not been filled.
 - (ii) 110 officers were employed in those institutions for more than 04 years and according to the information submitted for the audit, during the 21 months from January 2020 to October 2021, the salaries and allowances paid to them by the Ministry amounted to Rs.615,242,544 had not been re-imbursed by the Ministry.
 - (iii) Although the ministry had not paid the salaries and allowances to 12 officers, but the Ministry had done the administrative work of those officers and the Ministry had paid the salaries and allowances to two medical officers who were attached full-time to the Sri Lanka Police Department.
- (g) A driver had been released to the Ministry of Local Government and the Ministry of Economic Development on the basis of reimbursement from the relevant ministry, but Rs. 429,269 paid by the Ministry as salaries and allowances during that period had not been re-imbursed. As per paragraph 04 (d) of Public Administrative Circular No. 03/2020 dated 31 December 2020, 25 percent due to protect pension entitlement and 6 percent widow/widower male and orphan contributions in case of releases on secondary basis. No proof of recovery was presented and the disaster loan balance of Rs. 211,840 as on January 07, 2020 assigned to the Sri Lanka Television Corporation was not recovered properly.
- (h) A doctor worked at Kalutara General Hospital, who was suspended from duty with immediate effect on 03 May 2001, had been considered as vacated of the post from 01 June 2002. The personal file of this officer was not submitted for audit till 07 April 2022 and arrangement had not been taken to recover Rs. 752,100 of vehicle loan and distress loan.

Sgd: I. Samarage
Deputy Auditor General
For Auditor General

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	2017	2018	2019	2020	2021
Maternal mortality ratio per 100,000 live births (FHB data)	39	32	28.83	30.2	-
Infant mortality rate per 1000 live births (FHB data)	9.0	9.1	10.1	8.4	9.1
Children under-five mortality rate per 1000 live births (FHB data)	10.9	10.6	11.0	9.8	-
TB treatment success rate (NPTCCD data)	84.6%	84.2%	84.1%	84.2 %	-
Dengue case fatality rate (Dengue Control Unit)	0.24% (440 deaths)	0.11% (56 deaths)	0.15	0.11	0.08
Child (less than 15 years) cases of Leprosy (ALP data)	204	179	181		
Percentage of people living with HIV currently receiving antiretroviral therapy (NSACP data)	36.98%	44.53%	51%	51.72 %	66.59
Number of new HIV infections per 1,000 uninfected population (NSACP data)	0.01	0.0082	0.01	0.01	0.01
Health worker density (per 10,000 population) (Annual Health Bulletin data)			population 21,803,000	Population 21,919,000	Population 22,156,000
Medical Specialists	1.04 (2,221)	1.05 (2,270)	1.15 (2,500)	1.18 (2,595)	1.17 (2,601)
Medical Officers (Excluding administrators & Specialists)	8.10 (17,375)	7.96 (17,244)	7.97 (17,369)	8.56 (18,765)	9.12 (20,209)
Dental Surgeons	0.69 (1,473)	0.72 (1,561)	0.64 (1,396)	0.71 (1,547)	(1,600)
Nursing Officers	21.2 (45,480)	21.2 (46,024)	21.4 (46,755)	(39,405)	(41,073)

Indicator	2017	2018	2019	2020	2021
Pharmacists and Dispensers	1.55 (3,314)	1.59 (3,442)	1.61 (3,517)	(3,645)	(3,666)
Midwives including Supervising Midwives and Hospital Midwives	4.00 (8,571)	4.08 (8,852)	4.04 (8,819)	(8,623)	(9,045)
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)	11 (RHMIS)	8.9 (RHMIS)	8.4 (RHMIS)	8.2 (RHMIS)	8.3
Children under 5 years who are wasted (FHB data)	9 (RHMIS)	10.2 (RHMIS)	9.9 (RHMIS)	8.6 (RHMIS)	7.8
Child immunization: Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine (Epidemiology Unit data)	96.3% (EPID)	95% (EPID)	98% (EPID)		
Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (Global Health Observatory data)	Not available	Not available			
Hospital- MRSA bacteraemia rate per 10,000 patient days	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: 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%	96%	91.1%	89.89%	
Waiting time at OPD without lab investigations (Minutes)	40.7	46	48.5	44.15	

Performance Indicators of Line Ministry Hospitals (Base Hospitals and above)

Indicator	Name of Hospital											
	National Hospital of Sri Lanka	National Hospital Kandy	Teaching Hospital Anuradhapura	Teaching Hospital Batticaloa	Teaching Hospital Colombo North Ragama	Teaching Hospital Colombo South Kalubowila	Teaching Hospital Jaffna	Teaching Hospital Kalutara	Teaching Hospital Karapitiya	Teaching Hospital Kuliya	Teaching Hospital Peradeniya	Teaching Hospital Ratnapura
Dengue case fatality rate for the year	0.9	0	0	0.174	0.09	0.16	0	0.26	0.19	0.43	0	0.22
Proportion of deaths out of patients admitted with myocardial infarction during the year	22	7.78	10.97	11.82	11.5	11.07	15	3.69	9.06	5.34	9.8	7.49
Number of beds	3278	2639	2060	1163	1729	1358	1348	1184	1890	679	969	1452
Bed occupancy rate	61.59	49	51	69.36	54	59.1	60.11	54.45	57.73	43.17	55.05	52.17
Number of major surgeries performed during the year	20486	16459	15318	7947	8173	8560	10235	5943	10908	2800	7674	3476
Percentage of essential drugs for NCD management available throughout the year	94.1	89.47	100	87.50	93.75	100	100	9	100	84.61	96.44	100
Number of investigations performed per MLT per year	55340	32758	52387	57583.70	82028	96145	41075	38294	3766.89	38.04	45620	42661
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	89.2	24.12	0.94	4.83	2.6	4.04	42.8	3.0	112	0.6	1.5	21.32

Indicator	Name of Hospital											
	National Hospital of Sri Lanka	National Hospital Kandy	Teaching Hospital Anuradhapura	Teaching Hospital Batticaloa	Teaching Hospital Colombo North Ragama	Teaching Hospital Colombo South Kalubowila	Teaching Hospital Jaffna	Teaching Hospital Kalutara	Teaching Hospital Karapitiya	Teaching Hospital Kuliyaipitiya	Teaching Hospital Peradeniya	Teaching Hospital Ratnapura
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	-	42	35	34.68	47.5	59.46	35.75	38.90	-	44.67	49	40.65
Rate of post LSCS infections for the year	-	42.05		0.42	0	0.83	-	0.10	-	0.49	--	0.55
Percentage of staff (by category) who underwent at least one capacity building programme during the year												
1. Doctors	13.45	58.22	0.75	47	13.2	17.8	20.8	41.66	21.20	17.24	17.21	96.86
2. Nurses	23.78	44.58	0	24	35.4	35.7	7.35	41.66	73.2	16.83	44.99	22.67
3. Other technical officers	13.78	58.86	34	47	3.2	-	0	28.77	19.73	14.28	3.17	2.9
4. Minor staff	3.64	27.14	0	24	26.7	28	13	42.80	35.71	11.19	34.63	10.04
Average number of general OPD patients seen per doctor per day	13.3		16	19	22	11	31	13	30	26	13	21

Indicator	Provincial General Hospitals		Board Managed Hospitals - Name of Hospital		
	Provincial General Hospital, Badulla	Provincial General Hospital, Kurunegala	Sri Jayewardenepura General Hospital	Wijaya Kumaratunga Memorial Hospital	Dr. Nevil Fernando Hospital, Malabe
Dengue case fatality rate for the year	1	0	0	0	0
Proportion of deaths out of patients admitted with myocardial infarction during the year	11.11	8.83	9.47	5.26	1.55
Number of beds	1514	2355	958	137	300
Bed occupancy rate	46.46	53.9	54.5	71.14	25.4
Number of major surgeries performed during the year	13165	15691	3772	5793	291
Percentage of essential drugs for NCD management available throughout the year	96	18.75	100	87.5	99.49
Number of investigations performed per MLT per year	43770	81255	36682	17726	8343
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	45.43	96.55	-	7.63	0.033

Indicator	Provincial General Hospitals		Board Managed Hospitals - Name of Hospital		
	Provincial General Hospital, Badulla	Provincial General Hospital, Kurunegala	Sri Jayewardenepura General Hospital	Wijaya Kumaratunga Memorial Hospital	Dr. Nevil Fernando Hospital, Malabe
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	38.9	56.70	50.27	-	37.65
Rate of post LSCS infections for the year	0.29	0.6	0	-	100
Percentage of staff (by category) who underwent at least one capacity building programme during the year					
1. Doctors	11.8	135	64	-	0
2. Nurses	39.6	97.8	161	7.3	3.5
3. Other technical officers	24	10.47	75	-	31
4. Minor staff	17.1	8.9	52	-	0
Average number of general OPD patients seen per doctor per day	34	24.97	14	26	15

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	4	0	0	0	-		-	-	0.09	-	-	
Proportion of deaths out of patients admitted with myocardial infarction during the year	0	0	NA	NA	0	-		-	-	14.1	-	-	
Number of beds	469	343	1015	366	368	32		1409	503	200	581	272	
Bed occupancy rate	51.70	59.7	39.36	55.75	30.64	38.96		54.96	35	80	44.2	31.3	
Number of major surgeries performed during the year	4267	2778	11347	5608	1680	129		-	16924	-	765	-	
Percentage of essential drugs for NCD management available throughout the year	100	100	100	100	62.50	-		100	18.17	93.8	100	0	
Number of investigations performed per MLT per year	22399.56	29633	18823.75	26727	65	-		29604	12449	18599	35143	20881	
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	2.49	115.6	100	0.66	9.4	0.65		24.46	18.17	52.45	1.76	0	

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 Mallewatta
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	36.43	34	NA	39.17	0	-		-	-	-	-	-	
Rate of post LSCS infections for the year	0.87	0.14	NA	0.56	0	-		-	-	-	-	-	
Percentage of staff (by category) who underwent at least one capacity building programme during the year													
1. Doctors	10.4	22	80.05	0	0	-		96.4	83.21	49.2	-	16	
2. Nurses	13.73	19	13.72	0	0	-		78.79	83.0	78.9	50	77	
3. Other technical officers	10.48	0	6.48	0	0	-		55.5	90.14	13	11.1	19	
4. Minor staff	21.1	0.8	9.96	0	0	-		26.1	95.21	77.5	33.2	25	
Average number of general OPD patients seen per doctor per day	4.28	4	18.11	8	7.6	10		0.97	25.96		6	10	

Indicator	District General Hospital Ampara	District General Hospital Chilaw	District General Hospital Embilipitiya	District General Hospital Hambantota	District General Hospital Kegalle	District General Hospital Matara	District General Hospital Matale	District General Hospital Monaragala	District General Hospital Nawalapitiya	District General Hospital Negombo	District General Hospital N'Eliya	District General Hospital Polonnaruwa	District General Hospital Trincomalee
Dengue case fatality rate for the year	0.96	0	0	-	0	0	0	0	0	0.11	0	0	1.5
Proportion of deaths out of patients admitted with myocardial infarction during the year	11.27	10.9	8.22	14.3	11.77	10.6	9.4	10.85	26.87	9.75	16.14	14.91	13.7
Number of beds	749	592	475	771	806	1075	873	579	430	798	783	1135	523
Bed occupancy rate	52.9	48.89	63	66.5	46.6	49.6	41.7	59.28	37.6	54.7	43.80	50.67	55
Number of major surgeries performed during the year	2497	4790	4409	4740	5095	7723	4029	2581	2509	3168	739	6199	3078
Percentage of essential drugs for NCD management available throughout the year	--	92	25	100	90.4	92.11	78.94	69	99	12	75	68.75	86.1
Number of investigations performed per MLT per year	3576	47926	62168	70990	26416	24123	27281	32087	74131.23	39589	19425	80118	41719.35
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	0.23	-	99.96	22.6	3.6	10	1.26	28.74	2.16	71.4	14.35	4.58	21.05

Indicator	District General Hospital Ampara	District General Hospital Chilaw	District General Hospital Embilipitiya	District General Hospital Hambantota	District General Hospital Kegalle	District General Hospital Matara	District General Hospital Matale	District General Hospital Monaragala	District General Hospital Nawalapitiya	District General Hospital Negombo	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	39.5	59	34	49	48.06	49.7	53.53	43	39.7	44.5	31.9	45.61	40.1
Rate of post LSCS infections for the year	0.6	0.1	0.003	-	0	0	0.91	0.72	0.74	0.8	0.74	1.60	0.1
Percentage of staff (by category) who underwent at least one capacity building programme during the year													
1. Doctors	88.23	92	8.9	42	45	9.1	0	46	81	1.3	60	80	38.20
2. Nurses	77.57	94	0	82	66	16.4	0	55	71.7	1.08	100	23.89	15.98
3. Other technical officers	118.51	62	0	-	20	0	0	18	59.7	0	20	3.28	-
4. Minor staff	12.89	80	0	28	20	3.8	0	09	36.1	0	20	0	26.47
Average number of general OPD patients seen per doctor per day	20	13	38	25	17	27	21.19	39	24	11	32	43	5.83

Indicator	Base Hospital Akkaraipattu	Base Hospital Beruwala	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	
Proportion of deaths out of patients admitted with myocardial infarction during the year	15		8.33		13.84	4.1	
Number of beds	309		285		283	413	
Bed occupancy rate	49.11		3.13		54.1	33	
Number of major surgeries performed during the year	1630		331		2071	2158	
Percentage of essential drugs for NCD management available throughout the year	96		100		93.75	46.36	
Number of investigations performed per MLT per year	5929.55		27937		41549	47806	
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	99.21		3.33		95.10	100	

Indicator	Base Hospital Akkaraipattu	Base Hospital Beruwala	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	40.95		96.9		49.55	48.7	
Rate of post LSCS infections for the year	0.4		1.27		0.11	0.6	
Percentage of staff (by category) who underwent at least one capacity building programme during the year							
1. Doctors	5.8		90		16.25	35	
2. Nurses	43		90		4.87	53	
3. Other technical officers	26		0		6.38	42	
4. Minor staff	24		33.5		0	11	
Average number of general OPD patients seen per doctor per day	21		23		25	15	

Performance Indicators of Healthcare Institutions / Programmes / Projects

Institute of Oral Health Maharagama

Key performance indicators	Target for 2021	Progress		
		2019	2020	2021
Percentage expenditure for local purchase for drugs out of total allocation for the year		73.7	99.8	41.4
OPD attendance per day		220	89	83
Percentage of children fissure sealant applied out of the total pediatric patients visited POHU		2	12.8	8.3
Percentage of patients who underwent root canal treatments in restorative unit		4.8	4.9	6.7

Anti-Filariasis Campaign

Key performance indicators	Target for 2021	Progress		
		2019	2020	2021
Microfilaria rate	0.01	0.01	0.04	0.03
Infected rate	0.5	1.08	0.91	0.41
Infective rate	0.1	0.07	0.16	0.07
New lymphedema patients	400	633	545	320

Anti-Leprosy Campaign

*Final data not available

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
New cases detected		1660	1072	
NCDR (per 100000 population)		7.61	4.87	
Child percentage		10.9	10.63	
Deformity percentage		5.51	6.8	
Multi-Bacilar (MB) percentage		58.47	61.94	

Anti-Malaria Campaign

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
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	3	3
Percentage of healthcare institutions with no stock outs of malaria drugs and commodities	100	100	100	100

National Cancer Control Programme

Key Performance indicators	Target for 2021	Progress		
		2019	2020	2021
Publication of cancer incidence data	Availability of the latest publication of “Cancer Incidence Data” should be not more than 3 years from the current year	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.	National Cancer Incidence data up to 2019 published.
Conducting National Advisory Committee meetings	Four meetings a year (1 per quarter)	One meeting conducted.	2 meetings were conducted	3 meetings were conducted.
Conducting District Review meetings	26 meetings a year (1 per District)	6 district reviews were conducted.	None of the district reviews were conducted due to COVID 19 situation.	5 district reviews (Rathnapura, Galle, Kandy, Anuradhapura, Batticaloa) were conducted.
Development of proper guideline & referral pathways for common cancers	Availability of guideline & referral pathways for common cancers	Early detection guidelines on breast, oral, oesophageal, colon & rectum, prostate, thyroid and	“National guideline on Early Detection & referral pathways of common cancers in Sri Lanka, for primary care physicians” was printed and	Clinical management guideline on breast cancer, cervical cancer & oral cancer was published.

		gynaecological cancers were updated and quotations were called for publications.	distributed to the district level.	
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National Chronic Kidney Disease Programme

Indicator	Target for 2021	Progress		
		2019	2020	2021
Percentage of persons screened, with CKDu high risk, against target population of 2,418,954		178,651	37,660	79,452
Number of dialysis machines in government hospitals of Sri Lanka		419	482	510
Number of Patients undergoing Hemodialysis		8246	8755	9518
Number of Patients undergoing Peritoneal Dialysis		394	479	760
No of Kidney transplants conducted in government hospitals		282	153	212

National Dengue Control Unit

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
Dengue incidence (per 100,000 population)		481.81	141.52	162.14
Dengue Case fatality Rate		0.15	0.11	0.08
Entomological index		9.8	8.7	9.2

National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

Key Performance Indicators	Target for 2021 (%)	Progress (%)		
		2019	2020	2021
Case detection rate	53.2	59.0	50.4	46.4
TB treatment success rate	90	84.2	82.2	Data not available

National STD/ AIDS Control Programme

Indicator	Progress		
	2019	2020	2021
Number of cases with HIV - Newly Detected	440	363	411
Number of PLHIV on ART	1846	2166	2402
Number of Children with HIV due to mother to child transmission- Cumulative since epidemic started	86	88	90
Percentage of HIV positive women who received EMTCT services	100	100	100
Percentage of babies born to HIV positive women who tested HIV positive	0	0	0
Number of HIV positive babies born to HIV positive women who received EMTCT services	0	0	0
Number of HIV positive babies born to HIV positive women who did not receive EMTCT services	0	0	0
Percentage of people living with HIV currently receiving antiretroviral therapy (NSACP data)	51	51.72	66.59
Number of new HIV infections per 1,000 uninfected population (NSACP data)	0.01	0.01	0.01

Epidemiology Unit

Key Performance Indicator	Target for 2021	Progress		
		2019	2020	2021
Immunization coverage for key vaccine preventable diseases - BCG, Penta-valent, DT, Measles	99%	>95%	>95%	>95%
Surveillance of communicable diseases - Completeness of reporting (reporting from all MOH offices)	100%	100	100	91.2
Incidence of confirmed COVID-19 cases (per 100,000 population)	-	-	202.2	2530.2
COVID-19 Case Fatality Rate	-	-	0.47%	2.71%
COVID-19 Vaccination Coverage				
- 1 st dose for the target population	-	-	-	100.0%
- 2 nd dose for the target population	-	-	-	94.6%
- Booster dose for the target population	-	-	-	27.7%
- 1 st dose for the total population	-	-	-	73.0%
- 2 nd dose for the total population	-	-	-	63.2%
- Booster dose for the total population	-	-	-	18.5%

Family Health Bureau

Key Performance Indicator	Progress	
	2020	2021
Percentage of pregnant mothers registered before 8 weeks	80.9	81.9
Percentage of teenage pregnant mothers registered	4.1	4.0
Percentage of 35 year age cohort attendance to WWC out of 1% of estimated population	46.5	26.8
Percentage of 35 year age cohort attendance to WWC out of 0.8% of estimated population	58.1	33.5
Percentage of pregnant mothers protected for Rubella	98.5	98.5
Maternal Mortality Ratio	30.2	-
Percentage of under 5 children with underweight	13.1	12.9
Percentage of under 5 children with stunting	8.2	8.3
Percentage of under 5 children with wasting	8.6	7.8
Infant mortality rate	8.4	9.1
Neonatal mortality rate	6.4	6.5
Percentage of mothers received at least 1 postpartum visit during 1st 10 days for deliveries reported	94.2	92.5
Percentage of eligible couples using any family planning method	67.6	57.1

Health Promotion Bureau

Key Performance Indicator	Target for 2021	Progress		
		2019	2020	2021
Percentage of MOH areas with one active Mothers' Support Group per PHM area	75	50	60	65
Percentage of PHM areas with three active Mothers' Support Groups	50	15	30	35
Percentage of Mothers' Support Groups registered with the HPB via App / online	10	0	< 1	1

No. of training programmes conducted	50	-	-	47
No. of sessions conducted	-	-	-	20
Percentage of MOH areas with one established Happy Village per MOH area	100 (One Happy Village per MOH area)	56.5 (200 Happy Villages)	70.5 (250 Happy Villages)	81 (287 Happy Villages)
Average reach of the HPB Facebook page	2 million (25 – 30 Facebook users in the country)	50,000	3.6 Million	4.84 Million

National Blood Transfusion Service

Indicator	Target for 2021	Progress		
		2019	2020	2021
Number of hospital blood banks providing 24 hour service	89	80	89	86
Number of whole blood collection per year	400,000	444,450	399,650	325,000
Number of Hospital Transfusion Committee meetings conducted	20	15	10	12
Number of blood banks providing therapeutic apheresis	32	35	31	32

Medical Research Institute

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
Number of Lab tests performed		1,424,915	1,331,953	1,234,001
Number of research projects handled		51	15	41

Medical Supplies Division

Key Performance Indicator	Target for 2021	Progress		
		2019	2020	2021
Availability of updated formulary items list	100	-	-	90
Percentage of institutes fully completed by MSMIS Expansion Project	100	12	25	26
Percentage of Institutes partially completed by MSMIS Expansion Project		-	-	45
Percentage of institutions covered by stores upgrading project	100	-	-	77

Director Nursing – Medical Service

Key Performance Indicator (In-service Training Programme for Nursing Staff)	Target for 2021	Progress		
		2019	2020	2021
No. of NCD Training Programmes	-	09	09	-
No. of Disaster Training Programmes	12	07	04	0
No. of Midwives Training Programmes (Soft Skills)	09	09	02	0
No. of Sisters/ Masters Training Programmes	-	09	03	-
No. of Incharge Nursing Officers Training Programmes	-	03	01	-
No. of Infection Control Training Programmes	03	03	-	01
No. of SGNO Capacity Building Training Programmes	-	01	-	-
No. of Emergency & Trauma Care Training Programmes	10	07	04	02
No. of Awareness programme on handling of patient Covid 19 Training Programmes	10	-	-	04

Medical Statistics Unit

Key Performance Indicators	Target for 2021	2019	2020	2021
Updated Health Institutions List	Prepare a complete list of health institutions	Prepared the complete list of health institutions for 2018	Prepared the complete list of health institutions for 2020	Prepared the complete list of health institutions for 2021
Annual Health Bulletin (AHB)	Publishing the Annual Health Bulletin - 2019	Printed & distribution of Annual Health Bulletin -2016 Web publishing of Annual Health Statistics -2017	Printed and distributed Annual Health Bulletin – 2017, published the Annual health Bulletin – 2018 in the Health Ministry website	Published in the Health Ministry website and printed the AHB 2019
eIMMR System	Implement the eIMMR system in all hospitals in Sri Lanka which have capability to start the system	Implemented in 24 new hospitals	eIMMR system is functioning in 539 hospitals island wide by the end of 2020	eIMMR system is functioning in 570 hospitals island wide by the end of 2021
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 engaging in hospital statistics in every RDHS area by the end of each year	Successfully completed the review programmes on eIMMR system and training programmes on statistics in all the RDHS areas by the end of 2019	Conducted only 3 training programmes due to the limitations due to Covid – 19 pandemic situation.	Conductd only 13 training programmes due to budget limitation.
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 for each year. Prepare the mid-year population estimates by MOH Areas for each year.	Updated the GN list of each MOH Area in Sri Lanka for 2019. Prepared the mid-year population estimates by MOH Area for 2019.	Updated the GN list of each MOH area in Sri Lanka for 2020. Prepared the mid-year population estimates by MOH area for 2020	Updated the GN list of each MOH area in Sri Lanka for 2021. Prepared the mid-year population estimates by MOH area for 2021

Public Health Veterinary Services

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
No. of review meetings	3	5	2	1
No. of training programmes	25	48	8	10
No. of people visited the exhibition hall	10000	7400	25000	*
No. of leaflets distributed	25000	27000	40000	35000
No. of school children covered through awareness programmes	25000	20000	25000	*

* Programmes were not conducted due to COVID – 19 pandemic

Quarantine Unit

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
International Health Regulations (IHR) core capacity index		54%	67%	-
No. of travelers vaccinated against yellow fever		4831	2281	3533
No. of ships inspected for Ship Sanitation Certification		306	396	605

Directorate of Non-Communicable Diseases

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
Persons over 35 years screened for selected NCDs at Healthy Lifestyle Centers		6.9%	3.7%	2.88%
No. of MOH areas with two or more HLC		-	288	NA
Percentage of Medical Officers trained on NCD prevention and control (NCD and risk factor management guidelines)		20%	25%	30%
Coverage of inward injury surveillance system in Base Hospitals and above		35%	37.8%	34.9%

Directorate of Mental Health

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
Number of districts with at least one psychiatrist and acute psychiatric in ward care	25	24	24	24
Number of districts with intermediate care units	18	16	17	17
Number of districts with alcohol rehabilitation units	11	9	10	10
Number of districts having at least one community support centre	20	15	15	18
Suicide rate per 100,000 population	14.3	14.8		15.2

Education, Training and Research Unit

Indicator	Progress		
	2019	2020	2021
Basic/ Post Basic Training			
Number enrolled in Basic Trainings	3789	4489	3993
Number of trainees who successfully completed Training	2119	4205	3467
Number of trainees with Post Basic Nursing Training completed	497	751	952
In-service training			
Number with Second Language Training Completed	7657	1574	155
Number with Individual Training Completed	358	106	155
Number with Group Training Completed	50325	8289	8277
Research			
Number of Research proposals received for research allowance payments	172	82	19
Number of Research proposals approved for research allowance payment	114	29	19

National Institute of Health Sciences, Kalutara

Key Performance Indicator	Target for 2021	Progress		
		2019	2020	2021
Basic Training programs conducted		5	4	4
Inservice programs conducted		13	8	15
Maternal deaths	-	0	0	1
School Medical Inspection (SMI) coverage		97.8%	24.4%	0%
Dengue incidence		K-844	K- 164	K- 316
		B- 1946	B- 337	B- 280
Food premises registration (Food act)	-	-	-	0%
Well women coverage (35 years)		57%	52.5%	46.9%

Disaster Preparedness and Response Division

Key Performance Indicator/s :	Target for 2021	2019	2020	2021
Number of Disaster Management Drills conducted in the hospitals	15 Disaster Management 15 hospitals	01. DM Drill at NHSL 02. National level disaster drill & review of drills conducted 2018 03. 16 Hospitals DM drills conducted	01. National level disaster drill & review of drills conducted 2018 02.CBRN-Table top drill at DPRD 03. Planned to do 15 hospitals DM drills but not done due to crisis situation (COVID 19) in the country	02 Drills conducted at DGH Gampaha and Sri Jayawaranapura General Hospital, 13 table top excersices adapting to covid situation
Number of Re - Awareness Training Programmes for Nursing Professionals on Disaster Management	01. 12 Re-awareness Programmes for Nursing Professionals on Disaster Management	01. 08 Re/Awareness programme for nursing professionals on disaster management 02. 07 Re-Awareness programme for nursing officers`	01.04 Re-awareness programme for nursing professionals on disaster management 02.04 Re-	02 Re-awareenss programme for nursing officers grade iii on Emergency & Trauma care

	02.10 Re-awareness programme for nursing officers grade iii on Emergency & Trauma Care	grade III on Emergency & Trauma Care	awareness programme for nursing officers grade II 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		01. Procurement of Equipment for new emergency operation center at Polonnaruwa RDHS office 02. Procurement of external hard disk for JMO office-colombo	01. Upgraded Emergency Alert System for Mulleriyawa National Mental Institute 02. Procurement of 6 Infrared Thermometers.	
Printing of Publications	01. Annual Bullatine 2019 (500 books) 02. Annual Bullatine 2020 (500 books)	01. Printing 1500 handbooks for disaster relief workers in Sinhala 02. Printing health sector Disaster Preparedness and Response Plans for Kalutara, Mannar, Kilinochchi, Jaffna District booklets- 500 (each from 125) 03. Printing 200 books – Review of Health Sector Response to the Easter day attacks in Sri Lanka 2019	01. Printing 500 copies of Annual Bulletin 2018 02. Printing Health Sector Disaster Preparedness and Response Plans for Vavuniya & Mullaitivu districts booklets 250 (each from 125)	Printing 500 copies of Annual bullatine 2019

Directorate of Healthcare Quality and Safety

Indicator	Progress (%)		
	2019	2020	2021
Quarterly Performance Review Meetings (PRMs) conducted	50	50	100
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	116/200 (58%)	135/200 (68%)	193/200 (96%)
Number of (Percentage of) staff trained as Master Trainers on Clinical Audits	146/100 (146%)	87/100 (87%)	164/150 (109%)
Percentage of healthcare facilities which commenced reporting of adverse events		97	97

Planning Unit

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
Availability of Annual Action Plans	Available	Available	Available	Available
Availability of Annual Performance Reports of the previous year	Available 2020	Available 2018	Available 2019	Available 2020
Frequency of updating and publishing HR Profile	Two reports	Two reports	Two reports	Two reports
Frequency of Monitoring Annual Action Plans	03 reports	03 reports	03 reports	03 reports

Organization Development Unit

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
Number of HDC meeting Conducted	6	6	1	4
Number of National Health Development Committee meetings Conducted	2	2	2	1
Number of approved Job Descriptions	53	2	2	1

Number of meetings conducted to draft the Job descriptions	50	2	2	7
Number of Capacity Buildings Programmes conducted	10	-	3	4
Number of Capacity building programmes Conducted of health staff of special hospitals(Base hospital Type B)	6	-	-	-
Number of meetings conducted to the health management Units (HMU) at the Specialized hospitals	4	-	-	2
Number of meetings conducted for drafting of the Organization structure of the MoH	5	-	-	3
Number of meetings conducted to Improve the research culture in organizations	1			1
Number of meetings conducted to Promote integrated medical system	2	-	-	-
Availability of action plans for strengthening & development of the integrated systems	2	-	-	-
Number of awareness programmes conducted in health/ non-health institutions regarding the integrated system	1	-	-	-
Number of Reviews of the resources, services and infrastructure facilities of apex hospitals in four provinces/ ADB piloting area	2	-	-	-
Number of meetings conducted for Selecting National level reviews of services/ facilities in health care institutions	12	-	-	-
Number of meetings conducted for Revision of the National health performance framework	2	-	-	-
Number of quarterly reports prepared for accountability of donations in institutions	4	-	-	4

Finance / Planning Unit

Key Performance Indicators	Target for 2021	Progress		
		2019	2020	2021
Preparation of Capital Budget Estimate	2022 Budget	100%	100%	100%
Preparation of Performance Progress Report	2020/2021	100%	100%	100%

International Health Unit

Key Performance Indicators	Target for 2021	Progress			
		2018	2019	2020	2021
No. of activity proposals approved and sent to donor agencies		WHO- 194 (Obligated amount is Rs.244,907,528.00)		WHO -103 of proposals (Obligated amount is Rs 559,346,197.00)	
		Other sources -10 (Obligated amount is Rs.44,978,548.00)		Other Sources sasakawa – 10 of proposals and Obligated amount is Rs. 20,588,280.00	
				Special funds (SEARO) for Covid 19. 18 of proposals and 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)	UNFPA – 44 of proposals (Obligated Amount is Rs 21,455,077.53)
		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)	UNFPA – 04 of proposals (Obligated Amount is Rs 5,303,742.77)
No. of progress review meetings		WHO- 02 UNFPA-02 UNICEF-02	WHO-02 UNFPA-01 UNICEF-01	WHO – 01 UNFPA – 01 UNICEF - 01	WHO – 02 UNFPA – 01 UNICEF - 01
No. of workshops on WHO proposal writing		Two days two workshops	Two days two workshops	Two day one workshop	-

Provision of fellowships to officers in the Ministry of Health		305 of fellowships awarded for 995 fellows	260 of fellowships awarded for 585 fellows	16 fellowships awarded for 29 fellows.	03 of fellowships awarded for 04 fellows.
Facilitating to grant visa & concurrences		Granting 30 Visa and 46 Concurrences	Granting 26 Visa and 34 Concurrences	Granting 117 Visa and 19 concurrences	Granting 22 Visa and 19 concurrences

DDG (Logistics) Unit

Key Performance Indicators	Target for 2021	Progress %		
		2019	2020	2021
Completing number of Constructions		25	35	20
Finalizing Allocation		80	95	70
Completing the stages of awarded Constructions		85	70	70
Completing number of Service maintenance		90	90	80
Solving the complaints about the security service & cleaning service		95	95	80
Commencing Procurement activities		10	10	50
Awarding number of contracts		83	83	75
Preparing Number of cabinet memorandum		100	100	80
Processing land acquisition		20	20	25

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, Sri Lanka identified and finalized 46 indicators which are relevant to health. Thirteen core indicators of SDG 3 had been subdivided into 38 health indicators which included 16 indicators for the measurement of Universal Health Coverage. The remaining 08 indicators were non-SDG 3 but related to health.

In January 2017, Ministry of Health established a National Steering Committee on SDG 3 to support, guide and oversee progress of achieving SDG 3 Core Health Indicators (CHI) in Sri Lanka. Two National Steering Committee Meetings were held in 2020 and one meeting was conducted in 2021.

Another significant milestone is the development of strategic plan to achieve the targets set for 2030. A two-day residential consultative workshop on development of Strategic Plan and National Action Plan on achieving SDG 3 was held in June 2019. A two -day follow-up meeting was held to finalize the National Action Plan in December 2019 where respective directorates presented their action plans. However, with the establishment of the SDG Council, a consultative meeting was held by the council to develop the strategic framework and to decide the organisations responsible for the indicators. Accordingly, the Ministry of Health has been given the responsibility of reporting 31 SDG 3 indicators and 3 non-SDG 3 indicators. The finalized National Action Plan for achieving SDG Targets by 2030, Ministry of Health, Sri Lanka was awarded for printing in December, 2021.

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 five 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.

Progress of the SDG indicators in 2021 is given in the table below:

Table 04 – Progress of the SDG indicators in 2021

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement	
			2020	2021
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	9.8 (FHB)	10.5 (FHB)
	3.2.2 Neonatal mortality rate	4 per 1000 live births	6.3 (FHB)	6.5 (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	32.2 (NPTCCD)	29.7 (NPTCCD)
	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	Survey has been planned to establish baseline and target for this year.		
	3.3.5 Number of people requiring interventions against Neglected Tropical Diseases (NTD)			
	1. Dengue- Number receiving treatment for dengue per year	21,000	34,411 (DCP)	35,924 (DCP)
	2. Rabies- Number of deaths due to human rabies	Zero human rabies deaths by the year 2030	26 (PHVS)	25 (PHVS)
	3. Filariasis - Number of new lymphedema cases due to filariasis	Zero number of new lymphedema cases by 2030	523 (AFC)	322 (AFC)

	receiving treatment per year			
	4. Leprosy- Number receiving treatment for leprosy per year	1000 by 2030	1137 (ALC)	993 (ALC)
	5. Leishmaniasis- incidence of reported cases of leishmaniasis per year	<1 per 100,000 by 2030	4066 (Epidemiology Unit)	2637 (Epid Unit)
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 a. Drugs	17.4%	2.4%	Responsibility of reporting is no longer with MoH
	b. Alcohol	10%	5% (2018)	
	3.5.2 Total alcohol per capita (age 15+ years) consumption	3.8 litres per person	3.56 (NATA)	4.63 (NATA)
3.6 By 2030, 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)	79.5% (FHB)	79.9% (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	Data Not available	Data Not available
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	3.8.1 Coverage of essential health services – 14 tracer indicators Reproductive, maternal, newborn and child health	80%	66%	

essential medicines and vaccines for all				
	3.8.1.1 Family planning – same as 3.7.1			
	3.8.1.2 Pregnancy and delivery care: Antenatal care coverage – at least four visits (%)	> 99%	98.9% (2016)	Data Not Available
	3.8.1.3 Child immunization: % of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine (instead of DPT, Sri Lanka is giving PENTA 3)			
	3.8.1.4 Child treatment: Care seeking for symptoms of Acute Respiratory Infection (ARI)	Data Not Available	52.3% (2016)	This indicator is not reported annually
	3.8.1.5 Tuberculosis: TB treatment success rate	84.6%	84.2%	
	3.8.1.6 HIV/AIDS: Antiretroviral therapy (ART) coverage	15.3%	51.72%	
	3.8.1.8 Water and Sanitation: Population using safely managed sanitation services	91.2% (2016)	This indicator is not reported annually	
	Population using safely managed drinking water service	90.4% (2016)	This indicator is not reported annually	
	3.8.1.9 Hypertension: Age-standardized prevalence of non-raised blood pressure	80%	This indicator is not reported annually	
	3.8.1.10 Diabetes: Age-standardized mean fasting plasma glucose (mg/dl) for adults aged 18 to 69 years	80mg/dl	This indicator is not reported annually	
	3.8.1.11 Tobacco: Age-standardized prevalence of adults	90%	This indicator is not reported annually	

	>=15 years not smoking tobacco in last 30 dys			
	3.8.1.12 Hospital Access			
	3.8.1.13 Health workforce: Health worker density and distribution (per 1000 pop.)			
	3.8.1.14 Health security: International Health Regulations (IHR) core capacity index	70%	62%	
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.	Data Not Available	Data Not Available
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%	Data Not Available	Data Not Available
3.b Support the research and development of 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	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	BCG (100) DPT 3 (100) Polio 3 (100) MCV 2 (100) Tetanus T (100) HPV 2 (100)	BCG (99.2) DPT 3 (98) Polio 3 (98) MCV 2 (97) Tetanus T (98) HPV 2 (58)	
	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)	Data Not Available	Data Not Available

access to medicines for all				
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 Cardio Vascular Disease (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 United Nations (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. The responsibility of reporting the SDG indicators were entrusted to other organizations. A Consultative meeting was conducted with Register General Department to discuss obtaining SDG related information.

CHAPTER 6

Human Resource Profile

6.1 Cadre Management

	Approved Cadre	Existing Cadre	Vacancies/ (Excess)
Senior	17,509	15,594	1,915
Tertiary	1,069	623	446
Secondary	42,692	37,095	5,597
Primary	31,508	26,253	5,255
Total	92,778	79,565	13,213

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	Nursing Officers (Basic Training)	2654	3 years	1,459,700,000.00
2	Public Health Midwives	752	1 ½ years	413,600,000.00
3	Public Health Laboratory Technicians	61	1 ¼ years	33,550,000.00
	Total	3467		1,906,850,000.00

Overseas Training Programmes

Name of the programme	No. of staff trained	Duration of the programme		Total investment (USD)	Nature of the programme (Abroad)	Output / knowledge gained*
		From	To	Local		
Special sessions of the world health assembly	02	29 th Nov.	01 st Dec.	4,760	Switzerland	Conference
COVID Liason Officer (CLO) for SL Team - Tokyo	01	16 th July	14 th Aug.	4,675	Japan	Workshop
Biological Weapons Convention Meetings of Experts in Geneva	01	30 th Aug.	08 th Sep.	5,675	Switzerland	Meeting

* 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. In 2021, only three overseas programmes were participated by the Health Ministry officials due to COVID-19 pandemic.

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	Complied		
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	Complied		
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	Reply for audit queries have been delayed due to receiving clarifications from several institutions.	Informed the heads of relevant institutions to submit clarifications on due date according to the Audit Act.
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	Complied	-	-
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	Due to Covid situation in 2021, only three meetings could be held	All 04 meetings are scheduled for 2022
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	Not Complied	It could not be submit the reports on time due to COVID-19 situation, current situation of the hospital works and lack of hospital staff.	Officers have been informed to carry out the board of surveys with the maximum capacity. Accordingly, action will be taken to submit the reports on due date since 2022.

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	Not Complied	It was unable to complete as per the excesses and deficits circular since delay of reports.	Institutions have been informed to take action regarding the excesses and deficits by submission of board of survey reports on due date..
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	Some projects have agreed to repair those vehicles	Remaining vehicles will be discarded, once those vehicles are selected
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	Complied		
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	Not Complied	Several hospitals & health institutions have not been settled during the due time.	Each hospital & health institution has been informed to do the settlements on time by checking balance sheet of each

	had those balances been settled within one month			month.
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 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	Not Complied	Relevant subjects were not completed and relevant parties were not requested.	It has been informed hospitals and health institutions to settle balances by presenting general deposits at each month
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	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		All staff officers and 60% of the non-staff officers have been issued duty lists and for others being prepared
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	Complied		
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	Complied		

	against the public authority by this website or alternative measures			
17.3	Bi- Annual and Annual reports have been submitted as per section 08 and 10 of the RTI Act	Complied		
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	Not Complied	Targeted by 2022	Planned to achieve in 2022
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	Continous monitoring	--	Progress Report 2022
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 2020 – 2030 with collaboration of WHO. Two committees were appointed to facilitate the process (High level expert committee and working committee). First draft of the plan was sent for comments of an expert panel

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	Complied. 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	Staff Officers – Complied Non-Staff Officers – Not Complied	-- Poor awareness about the format	Informed all the sections to submit according to the circular (for 2022)
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	Complied		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.

END

