

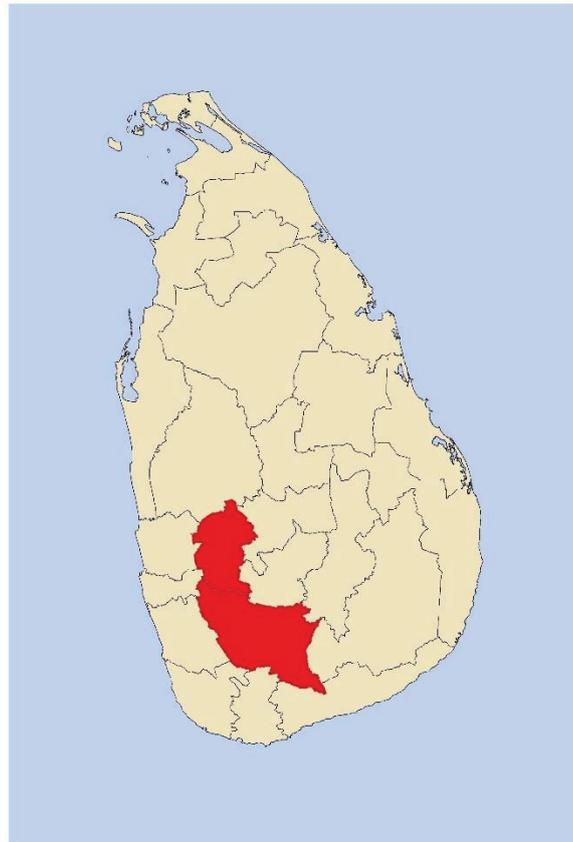
**Situational Analysis on Capabilities of Primary Medical Care Institutes
Towards
Delivery of Primary Medical Care**

**Sabaragamuwa Province
Reorganizing Primary Health Care in Sri Lanka
Preserving our progress, preparing our future**

Primary HealthCare System Strengthening Project (PSSP)

May 2023

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



Sabaragamuwa Province

Acknowledgment

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Dr J.M.W. Jayasundara Bandara
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Abbreviation

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

Executive Summary

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

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

Out of 131 PMCII in Sabaragamuwa province 127 have responded during the data collection. Survey included the following areas of concerns which are directly related to the responsive and qualitative primary care services delivered to people. Relevant questions were included in the questioner with regard to Current Status of Water Supply, Status of Electricity and Backup Generators, Availability of waste disposal methods and Clinical waste management, Physical space and Infrastructure at Primary Care Institutions , Services for curative and preventive care, Availability of Staff Quarters and Current Status, Services readiness at the PMCI, Minimum preparedness for managing communicable diseases in epidemic nature, Medical equipment and other necessities for NCD screening and diagnosis, Human Resource Needs, Patient record system and referral mechanism, Internet connectivity, Laboratory Investigation Facilities, Drug Supply, Drug Storage Facilities, Citizen engagement committee and Grievances redress, Implementation and Analysis of Grievance Redress Mechanism.

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

Introduction

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

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

Primary Medical care Institutions (PMCI) in Sabaragamuwa Province

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

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

RDHS area	DHA	DHB	DHC	PMCU	Total	Response rate %
Kegalle	7	4	8	21	40	91
Rathnapura	7	6	19	55	87	100
Total	14	10	27	76	127	

Methodology

To achieve the DLR 3.3 in the Result Framework, during the pre-planning stage of the activity several meetings were conducted with the provincial health authorities to obtain their insights and views to develop the data collection format compared with the previous format which was used in the year 2018. Based on the comments and insights, draft questionnaire (Annexure 1) was developed and tested in the field . Thereafter all relevant Medical Officers in PDHS office and three RDHS offices were educated on how to use the questionnaire effectively. The training aimed to ensure that the Medical Officers have understood the purpose of the questionnaire, its specific questions, and the proper application for data collection.

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

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

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

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

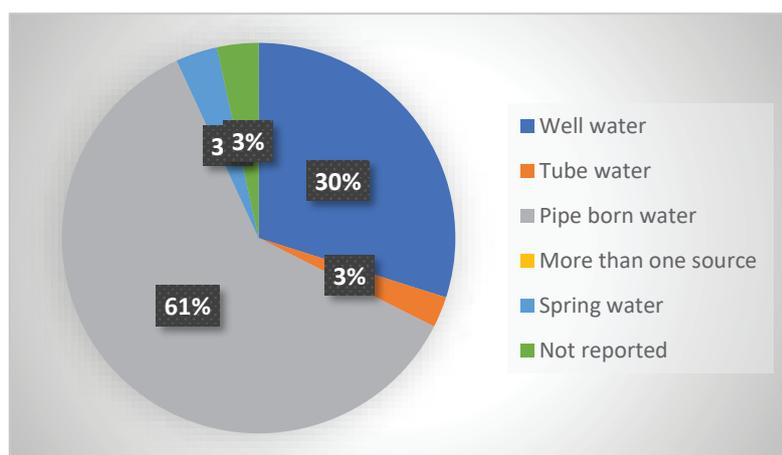
Results

Services and Infrastructure

Current Status of Water Supply

Table 2 Current Status of Water Supply

RDHS area	Well water	Tube water	Pipe born water	More than one source	Spring water	Not reported	Total
Kegalle	16	2	9	9	4		40
Rathnapura	19	1	62	1		4	87
Total	35	3	71		4	4	127



Based on the provided information, it indicates that 30% of the hospitals use well water as a source for their day-to-day activities. Similarly, 3% of the hospitals relied on spring water as a source. On the other hand, the majority of hospitals, totaling to 61%, utilized town water supply as their water source for daily utilization. It helps to identify

potential gaps or areas that may require attention, such as ensuring adequate access to clean and safe water sources for maintaining hygienic standards in therapeutic interventions within the healthcare facilities.

Current status of Well water (Protected or Unprotected)

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

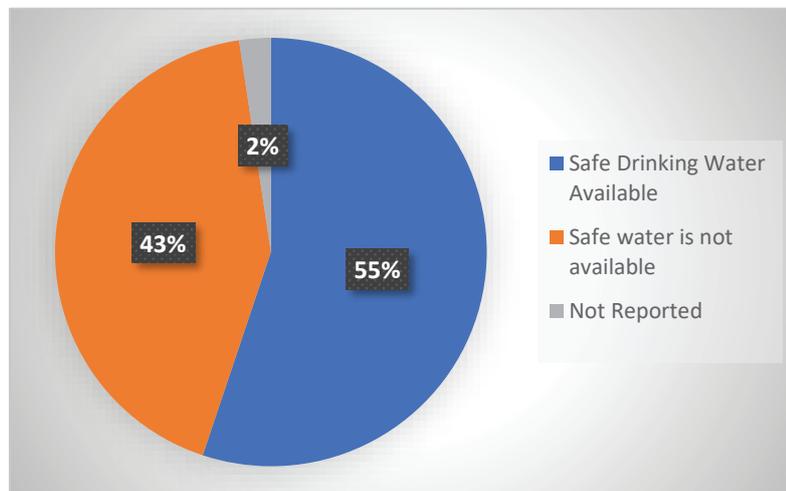
RDHS area	Protected	Unprotected	Total
Kegalle	16		16
Rathnapura	11	1	12
Total	27	1	28

Based on the information provided, it appears that in Kegalle area, 100% of wells are protected where as in Rathnapura area, 92% of the wells are protected.

Safe drinking Water availability in OPD and Clinic area

Table 4 Safer drinking Water availability in OPD and Clinic area

RDHS Area	Safe Drinking Water Available	Safe water is not available	Not Reported	Total
Kegalle	37	3		40
Rathnapura	33	51	3	87
Total	70	54	3	127



Ensuring the availability of safe drinking water in the outpatient department (OPD) and clinic areas is essential for maintaining the health and well-being of patients, visitors, and healthcare providers. 70 (55%) PMCH Provide safe drinking water while 54 (43%) PMCH, specifically 51 in Rathnapura currently do not have access to safe drinking water in OPD and Clinics.

Status of Electricity and Backup Generators

Table 5 Status of Electricity and Backup Generators

RDHS Area	DHA	DHB	DHC	PMCU	Total
Mian Line	14	10	27	75	126
Nor reported				1	1
Total	14	10	27	76	127

Availability of Backup Generator - Divisional Hospitals

Table 6 Availability of Backup Generator - Divisional Hospitals

RDHS Area	Available	Not Available	Total
Rathnapura	26	6	32
Kegalle	18	1	19
Total	44	7	51

Current Condition of Backup Generators - Divisional Hospitals

Table 7 Availability of Backup Generator - Divisional Hospitals

RDHS Area	Working	Not Working	Capacity not adequate	Total
Rathnapura	23	3	1	27
Kegalle	16	2		18
Total	39	5	1	45

It appears that all PMCII (except those not reported) are connected to the main electricity line, ensuring a reliable power supply. However, out of the available generators in 44 hospitals, 5 are not in working condition.

Immediate attention should be paid to the fact that 1 generator does not have the sufficient capacity while attending to improve the functionality of 5 generators not working in good condition.

Availability of waste disposal methods and Clinical waste management

Table 8 Waste Disposal Methods

RDHS Area	Segregation Done	Not Done	Not Reported	Total
Rathnapura	78	4	5	87
Kegalle	40			40
Total	118	4	5	127

Table 9 Methods of Handling Clinical Waste

RDHS Area	Burning	Incinerating	Sending to inspirator Available Hospital	Sending to LAs	Not Reported	Total
Rathnapura	60	6	16	2	3	87
Kegalle	7	1	30	1	1	40
Total	67	7	46	3	4	127

Based on the provided information, it is evident that waste segregation methods are being followed in 118 PMCII, while 4 PMCII do not adhere to such practices. The most of PMCII (46) are sending their clinical waste to nearby hospitals for incineration, whereas 3 hospitals are sending their clinical waste to the local authority.

Physical space and Infrastructure at Primary Care Institutions

Physical infrastructure of Primary Healthcare Institutions, including outpatient departments (OPDs) and clinics, should possess a specific physical space in accordance with spatial norms outlined in the circular 01-29/2018 dated 29.06.2018 issued by the Ministry of Health (MoH) to effectively deliver primary healthcare services. There are some common requirements for PMCII: waiting areas, space for dispensary, drug stores, laboratory, rest rooms for staff, space for toilets etc. Based on the findings compared to the specific requirements for PMCII, provincial health authorities should analyze the space requirements considering the given circular, particularly focusing on waiting area, Space for laboratory, Dispensary, drug stores and any other places according to priorities. Out of the total of 127 PMCII, 87 have adequate waiting areas for

the public, while 40 hospitals do not meet the space requirements as specified in the circular. Additionally, there are four PMCUs that do not have waiting area facilities at all. Accordingly, the following tables show the status of different service areas: availability/non availability, adequacy of space in PMCII.

Table 10 Availability of waiting area the Patient

RDHS Area	Adequate	Not adequate	Total
Rathnapura	57	30	87
Kegalle	30	10	40
Total	87	40	127

Table 11 Space adequacy for Dispensary

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Rathnapura	60	20	6	1	87
Kegalle	36	4			40
Total	96	24	6	1	127

Space for Drug Stores

Table 12 Space adequacy for Dispensary

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Rathnapura	47	15	24	1	87
Kegalle	37	2	1		40
Total	84	17	25	1	127

Space for Restroom for Medical Officer

Table 13 Space for Restroom for Medical Officer

RDHS Area	Adequate	Not adequate	Not Available	Total
Rathnapura	35	1	51	87

Kegalle	35	1	4	40
Total	70	2	55	127

Restroom for Nursing Officers

Table 14 Restroom for Nursing Officers

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Rathnapura	30	2	55		87
Kegalle	22		16	2	40
Total	52	2	71	2	127

Restroom for Other Staff

Table 15 Restroom for Other Staff

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Rathnapura	39	1	43	4	87
Kegalle	28	1	10	1	40
Total	67	2	53	5	127

Toilet facilities for patients

Table 16 Toilet facilities for patients

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Kegalle	34	5	1		40
Rathnapura	50	13	22	2	87
Total	84	18	23	2	127

Space for a meeting room

Table 17 Space for a meeting Room

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Kegalle	15	1	22	2	40
Rathnapura	41	5	41		87
Total	56	6	63	2	127

Space for Pantry Area

Table 18 Space Pantry Area

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Kegalle	29	1	9	1	40
Rathnapura	41	3	43		87
Total	70	4	52	1	127

Services for curative and preventive care

To enhance delivery of curative and preventive care in Primary Health Care Institutes where facilities are insufficient or nonexistent, it is essential to improve the required facilities and spaces. This will ensure that the PMCII in the district can effectively meet the healthcare needs of the community. The table of availability of ETU room/ Space for emergency care indicates that out of the 127 PMCIs assessed, 72 of them have adequate space for emergency care. However, there are 39 PMCIs do not have sufficient space, while 16 PMCIs do not have a designated space for delivering emergency care. In this context, provincial health authorities should take immediate necessary actions to establish a space for ETUs, even at the smallest centers, “PMCU”.

Dental Room Facilities

Table 19 Dental Room Facilities

RDHS Area	Adequate	Not adequate	Not Available	Total
Kegalle	24	2	14	40
Rathnapura	49	2	36	87
Total	73	4	50	127

ETU room/ Space for emergency care

Table 20 ETU room/ Space for emergency care

RDHS Area	Adequate	Not adequate	Not Available	Total
Kegalle	30	7	3	40
Rathnapura	42	32	13	87
Total	72	39	16	127

Dressing room/ space for wound care

Table 21 Dressing room/ space for wound care

RDHS Area	Adequate	Not adequate	Not Available	Total
Kegalle	34	6		40
Rathnapura	46	27	14	87
Total	80	33	14	127

Injection room facilities

Table 22 Injection room facilities

RDHS Area	Adequate	Not adequate	Not Available	Total
Kegalle	26	1	13	40
Rathnapura	49	20	18	87
Total	75	21	31	127

Clinic Rooms

Table 23 Clinic Rooms

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Kegalle	33	7			40
Rathnapura	56	19	11	1	87
Total	89	26	11	1	127

Office Space for PHMs

Table 24 Office Space for PHMs

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Kegalle	9		30	1	40
Rathnapura	14	2	69	2	87
Total	23	2	99	3	127

Space for breastfeeding

Table 25 Space for breastfeeding

RDHS Area	Adequate	Not adequate	Not Available	Not Reported	Total
Kegalle	10		29	1	40
Rathnapura	14	2	69	2	87
Total	24	2	98	3	127

Availability of Staff Quarters and Current Status

Staff quarters play a crucial role in ensuring the uninterrupted healthcare services, particularly in remote areas. It is essential to have designated quarters for Medical Officers (MOO) and Nursing Officers (NOO) to enable them to provide uninterrupted services. However, the following tables indicate existence of underutilized quarters. Specifically, 16 quarters are underutilized by MOO, 4 by NOO, and an additional 5 quarters by other staff categories. Moreover, there is a shortage of quarters availability for MOO (58), NOO (99), and other staff (70).

These findings highlight the need for provincial authorities to analyze the situation and prioritize the provision of appropriate facilities based on requirements. It is important to assess the specific

needs of MOO, NOO, and other staff members and allocate quarters accordingly. By addressing these issues, provincial authorities can ensure that healthcare professionals have suitable accommodation to ensure their continuous service delivery in remote areas.

Quarters for MOO

Table 26 Quarters for MOO

RDHS Area	fully Utilized	Under-Utilized	Not Available	Not Reported	Total
Kegalle	14	12	14		40
Rathnapura	38	4	44	1	87
Total	52	16	58	1	127

Quarters for NOO

Table 27 Quarters for NOO

RDHS Area	Fully Utilized	Under-Utilized	Not Available	Not Reported	Total
Kegalle	6	3	26	5	40
Rathnapura	9	1	73	4	87
Total	15	4	99	9	127

Any Other Quarters

Table 28 Any Other Quarters

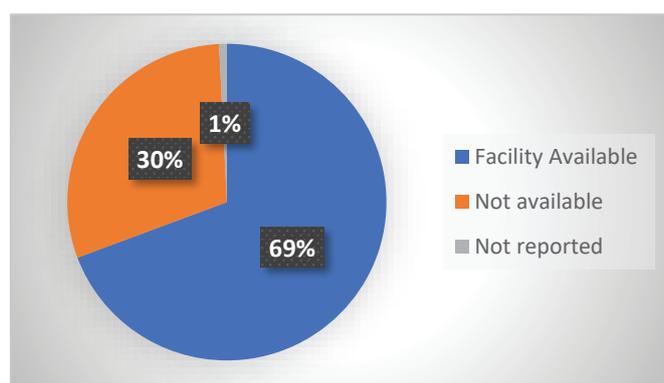
RDHS Area	Fully Utilized	Under-Utilized	Not Available	Not Reported	Total
Kegalle	10	4	19	7	40
Rathnapura	17	1	51	18	87
Total	27	5	70	25	127

Services readiness at the PMCIIs

Cervical Cancer Screening (PAP smear testing)

Table 29 Cervical Cancer Screening (PAP testing)

RDHS Area	Facility Available	Not available	Not reported	Total
Rathnapura	63	23	1	87
Kegalle	25	15		40
Total	88	38	1	127



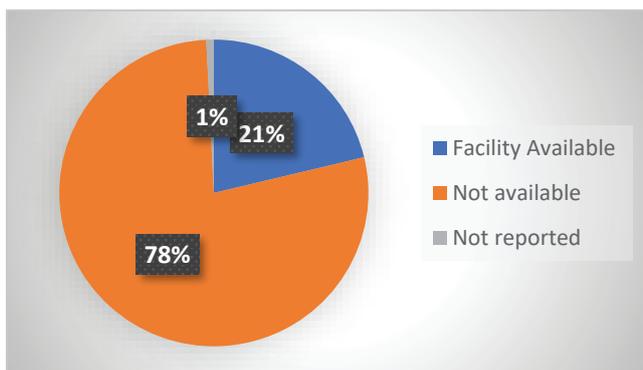
As per the provided information, the pie chart illustrates the distribution of PMCIIs with the service availability for Pap tests. Out of a total of 127 PMCIIs, 69% have reported having the availability of the service for PAP tests, while 30% of PMCIIs do not have such facilities.

These findings highlight the significant gap in the readiness for PAP tests within the PMCU if the Medical Officer of health needs to conduct well women clinic in the PMCU for cervical cancer screening.

Facilities for sputum collection for TB screening

Table 30 Facilities for sputum collection for TB screening

RDHS Area	Facility Available	Not available	Not reported	Total
Kegalle	12	28		40
Rathnapura	15	71	1	87
Total	27	99	1	127



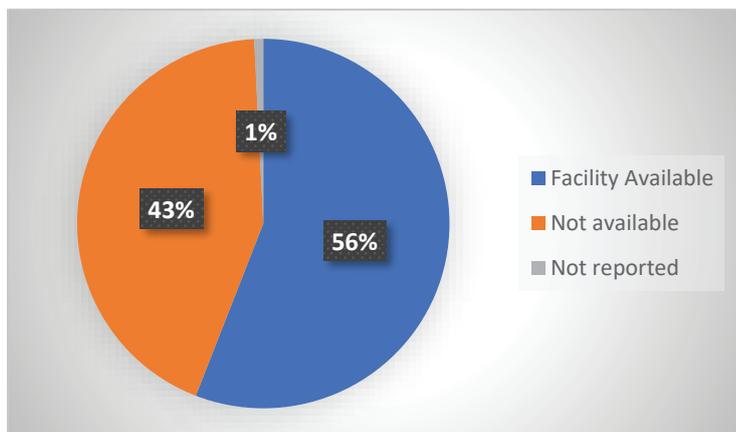
As per the above information, a significant majority of PMCII, specifically 78%, do not have the necessary facilities to collect sputum for TB screening. This indicates a substantial gap in infrastructure and resources, which can hinder the effective screening and diagnosis of tuberculosis (TB) cases.

On the other hand, a smaller percentage of PMCII, accounting for 21%, do have the required facilities for sputum collection for TB screening. However as sputum collection centers cannot be established in each institute, the staff is encouraged to identify those who need to be investigated for TB are compulsorily referred to those hospitals with facilities.

Facilities to deliver primary oral health care package

Table 31 Facilities to deliver primary oral health care package

RDHS Area	Facility Available	Not available	Not reported	Total
Kegalle	21	18	1	40
Rathnapura	50	37		87
Total	71	55	1	127



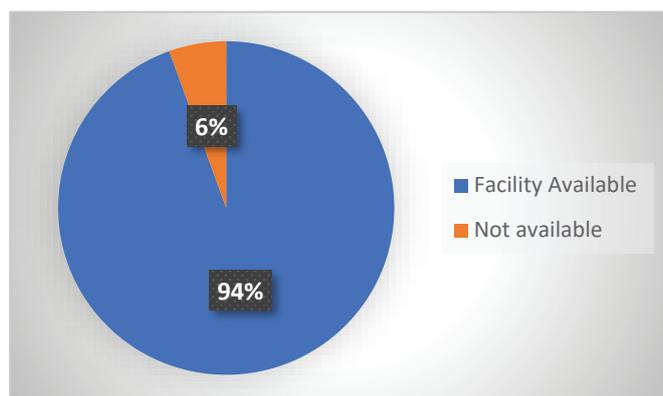
The table above shows that 56% of PMCII have the necessary facilities to deliver primary oral health care package. This indicates that almost half of the PMCIs surveyed are equipped with technology and Human Resource to provide essential oral health services to patients.

However, it is noteworthy to mention that 43% of PMCII do not have the required facilities to deliver primary oral health care at present. It appears as a significant gap in delivery of primary care so that authorities are encouraged to pay the attention as oral health care is an essential commodity in any population.

Facilities to manage the basic emergency

Table 32 Facilities to manage the basic emergency

RDHS Area	Facility Available	Not available	Total
Kegalle	39	1	40
Rathnapura	81	6	87
Total	120	7	127



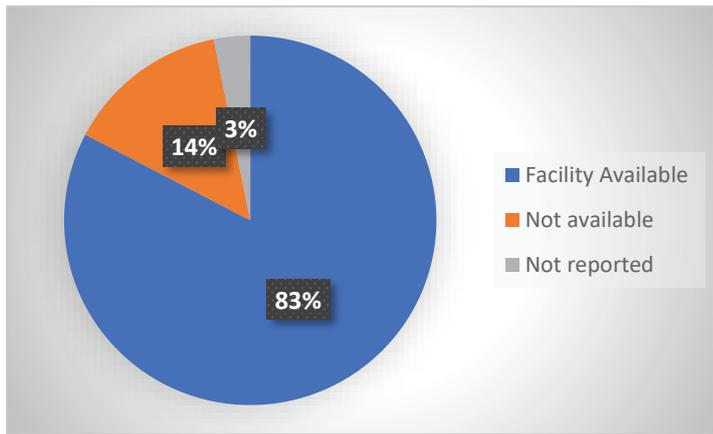
Based on the provided information, it is commendable to note that 94% of PMCII in the province are equipped to provide basic emergency care services to the public. This indicates a significant achievement in ensuring that a majority of PMCII have the necessary facilities and resources to handle emergency situations effectively.

However, 6% of PMCII still do not have the required facilities to fulfill the basic emergency care needs. Maximum efforts should be made to address this gap and ensure that all PMCII in the province are prepared to handle emergency situations promptly and efficiently.

Counseling service through the hospital

Table 33 Counseling service through the hospital

RDHS Area	Facility Available	Not available	Not reported	Total
Kegalle	29	10	1	40
Rathnapura	76	8	3	87
Total	105	18	4	127



As per the table above, it is commendable to note that 83% of PMCIIs in the province provide counseling services to the public. This indicates a significant achievement in ensuring that a majority of PMCIIs have the necessary facilities and resources to handle counseling activities effectively.

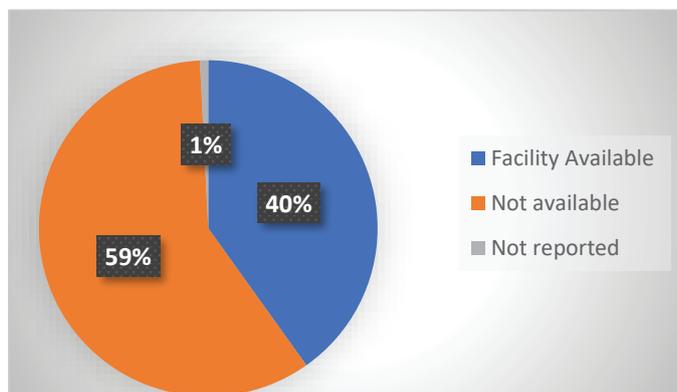
However, it is also important to note

that 14% of PMCIIs still do not have the such facilities to ensure better mental healthcare for people.

Providing Mental Health activities or conducting clinics

Table 34 Providing Mental Health activities or conducting clinics

RDHS Area	Facility Available	Not available	Not reported	Total
Kegalle	30	10		40
Rathnapura	21	65	1	87
Total	51	75	1	127



Mental healthcare activities play a significant role in providing essential primary care services to individuals in need. However, above information indicates that, it is of great concern that 59% of the PMCIIs surveyed do not have a dedicated mental healthcare clinics service. This indicates a significant gap in the availability of mental health services within the PMCIIs.

On a positive note, 40% of the PMCIIs have the necessary facilities to provide mental healthcare services

Minimum preparedness for managing communicable diseases in epidemic nature

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

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

Specifically focusing on divisional hospitals, an analysis was conducted, which revealed the following findings: out of the 51 divisional hospitals, 29 DH have designated separate areas available, 34 have established triage areas, and 37 display major symptoms at the entrance of their Outpatient Departments (OPDs). It is essential that all PMCII should improve their preparedness for managing outbreaks before the next epidemic comes to country.

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

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

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

RDHS area	Available	Not Available	Total
Kegalle	6	13	19
Rathnapura	23	9	32
Total	29	22	51

Separate triage area Sign posted at the entrance of all hospitals

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

RDHS area	Available	Not Available	Total
Kegalle	6	13	19
Rathnapura	28	4	32
Total	34	17	51

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

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

RDHS area	Available	Not Available	Total
Kegalle	6	13	19
Rathnapura	31	1	32
Total	37	14	51

Medical equipment and other necessities for NCD screening and diagnosis

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

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

No	Essential Medical Items	Kegalle			Rathnapura		
		AD	NAD	NA	AD	NAD	NA
1	BPA	40			85	1	1
2	Microscope	16		22	16	1	70
3	Thermometer	32	8		77	10	
4	Nebulizer	39	1		82	4	1
5	ECG machine	38	1	1	62	5	19

6	Oxygen supply cylinders	39		1	77	3	7
7	Ophthalmoscope	32		7	64	3	20
8	Measurement tape & stadiometer	39			81	2	4
9	Weighing machine	39			80	4	3
10	Pulse oximeter	35		3	69	3	13
11	Glucometer and strips	39		1	75	6	5
12	Cholesterol meter and strips	39		1	77	3	6
13	Urine ketone tests	3		36	12		74
14	Spaces for inhalers	29		11	44	2	41
15	Tuning fork	28		12	70		17
16	Snellen chart	38		2	79	1	7
17	Torch	36	2	2	75	2	9
18	WHO/ISH prediction chart	28		10	77	2	7
19	Evidence based clinical protocols	31		7	65		21
20	Flow charts with referral criteria	28		9	64		22
21	Patient clinical records	40			79		5
22	Medical information register	13			80		3
23	Stethoscope	39			77	1	9
24	Weight scale with or without height measuring	39			83		3
25	Height measuring rod for children and adult	36		2	79	1	6
26	Weighing scale for infants	35		4	74	1	12
27	Length board for infants and young children up to age 2 years	33		6	71		15
28	Examination bed	38	1		83	2	2
29	Tongue depressor	20		13	63	1	23
30	Tender hammer (Knee hammer)	15		18	64	1	21

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

Human Resource Needs

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

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

In Sabaragamuwa among the surveyed PMCII, 53 out of 127 still do not meet the minimum requirement of having at least two Medical Officers. It is imperative to note that this shortage should be addressed by increasing the number of MOO in these PMCII.

Availability of Nursing Officers in position:

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

However, a significant concern arises within the Sabaragamuwa Province, where 31 PMCII do not have a single Nursing Officer in position. This issue demands immediate attention from the respective authorities to rectify the staffing gap.

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

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

Availability of Graduate Medical Officers

Table 39 Availability of Graduate Medical Officers

RDHS area	Medical Officers				Total
	A(MO=0)	B(MO=1)	C(MO=2)	D(MO>3)	
Kegalle	2	23	4	11	40
Rathnapura	3	43	17	24	87
Total	5	66	21	35	127

Availability of RMO/AMO

Table 40 Availability of RMO/AMO

RDHS area	Registered Medical Officers			Total
	A(MO=0)	B(MO=1)	D(MO>3)	
Kegalle	21	16	3	40
Rathnapura	66	21		87
Total	87	37	3	127

Availability of all medical Officers (Graduate MO and RMO)

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

RDHS area	All Medical Officers			Total
	B(MO=1)	C(MO=2)	D(MO>3)	
Kegalle	16	10	14	40
Rathnapura	37	23	27	87
Total	53	33	41	127

Availability of Nursing Staff

Table 42 Availability of Nursing Staff

RDHS area	Nursing Officers (NOO)				Total
	A	B	C	D	
Kegalle	17	8	4	11	40
Rathnapura	14	38	11	24	87
Total	31	46	15	35	127

Other Essential Categories for Primary Healthcare Services

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

Availability of Ward Sister

Table 43 Availability of Ward Sister

RDHS area	Ward sister		Total
	A	B	
Kegalle	35	5	40
Rathnapura	81	6	87
Total	116	11	127

Availability of Dental surgeon

Table 44 Availability of Dental surgeon

RDHS area	Dental Surgeon			Total
	A	B	C	
Kegalle	24	15	1	40
Rathnapura	54	32	1	87
Total	78	47	2	127

Availability of Medical Laboratory Technologists (MLT)

Table 45 Availability of Medical Laboratory Technologists (MLT)

RDHS area	MLT		Total
	A	B	
Kegalle	32	8	40
Rathnapura	75	12	87
Total	107	20	127

Availability of PHNO

Table 46 Availability of PHNO

RDHS Area	PHNO		Total
	A	B	
Kegalle	35	5	40
Rathnapura	80	7	87
Total	115	12	127

Availability of Pharmacist

Table 47 Availability of Pharmacist

RDHS area	Pharmacist			Total
	A	B	C	
Kegalle	34	3	3	40
Rathnapura	76	11		87
Total	110	14	3	127

Availability of Dispenser

Table 48 Availability of Dispenser

RDHS Area	Dispenser				Total
	A	B	C	D	
Kegalle	4	24	11	1	40
Rathnapura	25	53	9		87
Total	29	77	20	1	127

Availability of Development Officer

Table 49 Availability of Development Officer

RDHS Area	Development Officers				Total
	A	B	C	D	
Kegalle	3	11	10	16	40
Rathnapura	8	39	33	7	87
Total	11	50	43	23	127

Availability of Management Assistant

Table 50 Availability of Management Assistant

RDHS area	Management Assistant			Total
	A	B	C	
Kegalle	33	4	3	40
Rathnapura	73	11	3	87
Total	106	15	6	127

Patient record system and referral mechanism

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

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

Received information indicates that out of the total, 100 PMCII utilize HIMS system, while the remaining PMCII have not yet implemented HIMS

Currently available digital patient record system

Table 51 Currently available digital patient record system

RDHS area	HIMS	Any Other	Not Reported	Total
Kegalle	32	1	7	40
Rathnapura	68	5	14	87
Total	100	6	21	127

Internet connectivity

When evaluating the internet facilities in PMCIs, it is of concern that 40 hospitals out of the total have no internet connectivity. This indicates a significant gap in the connectivity leading to inaccessibility to essential online system at those specific PMCII. It is essential to address this issue and ensure that all PMCII have a reliable internet connectivity to establish cloud based HIMS

Table 52 Internet connectivity

RDHS area	Yes	No	Not Reported	Total
Kegalle	31	8	1	40
Rathnapura	52	32	3	87
Total	83	40	4	127

According to the study, it was found that some Primary care Institutes have multiple types of internet connectivity, such as wired and Wi-Fi connections. In order to ensure efficient and effective usage of internet connectivity in PMCI, it is recommended that MoH and provincial health authorities study the feasibility of providing a unified connectivity solution. For example, the bellow information depicts those 20 hospitals having both kind of connectivity of wired and Wi-Fi.

Nature of the connectivity

Table 53 Nature of the connectivity

RDHS Area	Connectivity					Total
	Fiber	Wired	Wifi	More than one	Not reported	
Kegalle	2	2	13	18	5	40
Rathnapura	3	2	44	2	36	87
Total	5	4	57	20	41	127

Laboratory Investigation Facilities

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

Availability of Medical Laboratory Technicians (MLT):

- There are 22 hospitals in the province that have laboratory facilities with MLT staff.
- 7 PMCII, have relief MLT staff to support laboratory operations.

Unavailability of MLT in some hospitals:

- One divisional hospital where the laboratory is not functional due to the unavailability of MLT staff indicating a challenge in recruitment.

Lack of laboratory facilities in some hospitals:

- There are 1 DHB & 18 DHC without laboratory facilities.
- This suggests that patients seeking laboratory services in these areas may need to rely on alternative hospitals or healthcare facilities.

Sample sending from PMCII to nearby hospitals:

- 13 PMCII in the Sabaragamuwa province send their samples to nearby hospitals for laboratory testing.

Table 54 Availability of Laboratory facilities

RDHS area	A			B			C	D			E			Not reported	Total
	DHA	DHB	DHC	DHB	DHC	PMCU	DHB	DHB	DHC	PMCU	DHB	DHC	PMCU	PMCU	
Rathnapura	7	3	4	1	1	2		1	13	48	1	1	1	4	87
Kegalle	7		1	2	1		1		5	13	1	1	8		40
Total	14	3	5	3	2	2	1	1	18	61	2	2	9	4	127

A - A functioning laboratory with MLT is available

B- Laboratory available, but functions with relief MLT

C- Laboratory available, but not functioning due to the unavailability of MLT

D- No Laboratory

E- Sending samples to nearby lab

Providing laboratory services to nearby hospitals

In the Sabaragamuwa province, out of the 22 hospitals with available laboratory facilities, it is noteworthy to mention that they are providing laboratory services to 15 nearby hospitals within the lab network. This indicates a collaborative approach to ensure access to laboratory testing.

Table 55 Laboratory service providing

RDHS Area	Service providing			Total
	DHA	DHB	DHC	
Rathnapura	4	2	3	9
Kegalle	6			6
Total	10	2	3	15

Alternative Approaches for laboratory Services

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

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

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

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

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

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

By ensuring access to glucose and cholesterol lab tests through alternative approaches, PMCII can effectively meet the diagnostic needs of their patients. Managing the minimum required tests in PMCII that do not have their own laboratory involves adopting alternative approaches. According to the survey results, the majority of PMCII (63 out of 81) utilize the strips method for conducting blood glucose test including 2 DHB, 16 DHC and 45 PMCU. In fact, The survey findings indicate that six PMCII send their samples to a central laboratory for testing. However, it is concerning that seven PMCII reported not using any alternative methods other than referring patients to private laboratories for their required tests. This dependence on private laboratories may result in increased out of pocket costs for patients and potential disparities in access to essential diagnostic services. To improve the situation, it is recommended that efforts be made to expand the utilization of alternative methods in PMCII without their own laboratories. This can include implementing the strips method, establishing connections with nearby hospitals or central laboratories for sample testing, or introducing point-of-care machines for on-site testing.

Alternative laboratory methods

Table 56 Usage of alternative methods for blood glucose

RDHS Area	A			B	C		D		E	Not reported	Total
	DHB	DHC	PMCU	PMCU	DHC	PMCU	DHC	PMCU	PMCU	PMCU	
Kegalle	1	4	4	1		1	1	5	2		19
Rathnapura	1	12	41		1	1			5	1	62
Total	2	16	45	1	1	2	1	5	7	1	81

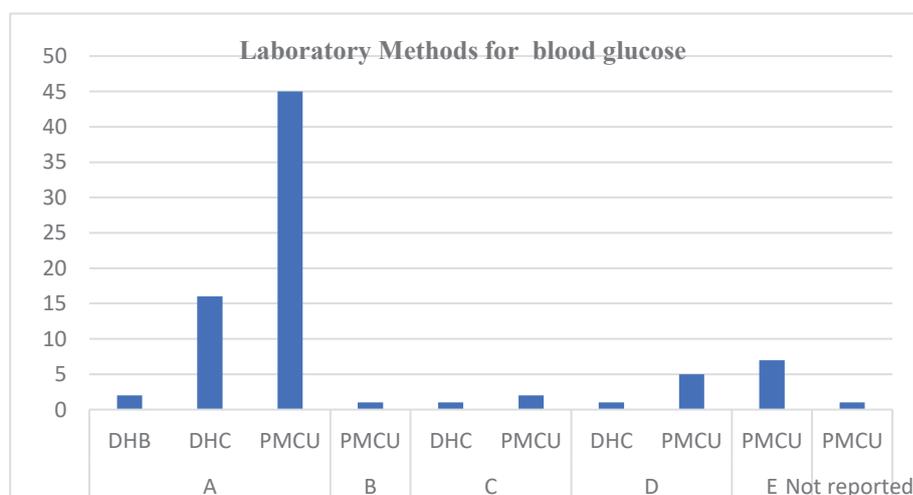
A: By glucose meters / Cholesterol meter

B: Point of care

C: By sending sample to laboratory in nearby hospitals

D: By Sending samples to Central Laboratory

E: By patient through private laboratory



Cholesterol

Table 57 Usage of alternative methods for cholesterol

RDHS Area	A			B	C		D		E	Not reported	Total
	DHB	DHC	PMCU	PMCU	DHC	PMCU	DHC	PMCU	PMCU	PMCU	
Kegalle	1	4	4	1		1	1	5	2		19
Rathnapura	1	12	41		1	1			5	1	62
Total	2	16	45	1	1	2	1	5	7	1	81

Creatinine

Table 58 Usage of alternative methods for creatinine

RDHS Area	B		C	D			E	Not reported			Total
	DHC	PMCU	PMCU	DHB	DHC	PMCU	PMCU	DHB	DHC	PMCU	
Kegalle		4	1	1	1	5	2		4	1	19
Rathnapura	1	18					11	1	12	19	62
Total	1	22	1	1	1	5	13	1	16	20	81

Drug Supplies

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

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

Drugs Ordering and estimating annual drug requirement

In the survey conducted, it was found that the majority of PMCII follow a self-assessment approach for drug ordering and estimating the annual drug requirement. Specifically, out of the 127 PMCII surveyed, 122 reported preparing their annual estimate independently. Additionally, these PMCII assessed their annual drug requirement by increasing a certain percentage from the previous year's estimates. By adopting self-assessment approaches to drug ordering and

estimating annual drug requirements, PMCII can enhance their ability to provide essential medications to patients without interruptions. Continuous evaluation and improvement of these practices will contribute to efficient drug management and ultimately improve the quality of care delivered in primary health care settings.

Drugs Ordering

Table 59 Drugs Ordering

RDHS Area	Annual estimates are prepared by PMCI	Regional level drug stores will take care	The regional office will discuss with you and do the calculations	Not Reported	Total
Kegalle	40				40
Rathnapura	82	1	1	3	87
Total	122	1	1	3	127

Estimate annual drug requirements

Table 60 Estimate annual drug requirements

RDHS Area	Increase by a certain percentage from last year's estimates	Regional-level officers will do the calculations	Not involve at all	Not Reported	Total
Kegalle	34	5		1	40
Rathnapura	82	1	1	3	87
Total	116	6	1	4	127

The survey aimed to investigate the frequency of shortfalls in essential drugs and the practice of prescribing medications and requesting patients to purchase them from outside sources. The results indicate the following trends among the surveyed PMCII (127 in total)

Frequency of Drug Shortages:

2% of PMCII reported rare occurrences of drug shortfalls during the survey period. This suggests that a majority of institutes were able to maintain a steady supply of essential drugs without significant interruptions.

73% of PMCII experienced frequent occurrences of drug shortages. This indicates a notable proportion of Primary care institutes faced challenges in maintaining an adequate drug supply, which can impact patient care and healthcare delivery.

21% of PMCII reported occasional shortfalls in drug availability. While not as rarely as the aforementioned category, this still highlights instances where patients may experience transient difficulties in accessing to necessary medications.

External Prescription Practices:

2% of PMCII managed to provide medications within their own system, indicating that a less number of PMCII were able to meet the medication needs of patients from their own drug supply.

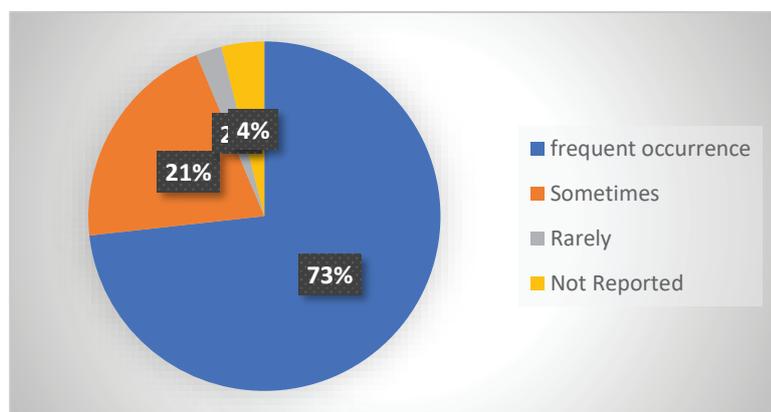
72% of PMCII frequently asked patients to buy drugs from outside sources. This suggests that a significant percentage of PMCII relied on patient’s purchasing power on medications externally, which may have attributed to causes of not maintaining a steady drug supply.

24% of PMCII managed to address drug shortages to some extent, potentially through alternative means such as sourcing medications from other facilities or utilizing available resources within the system.

Shortfall of essential medicines at the institution

Table 61 Shortfall of essential medicines at the institution

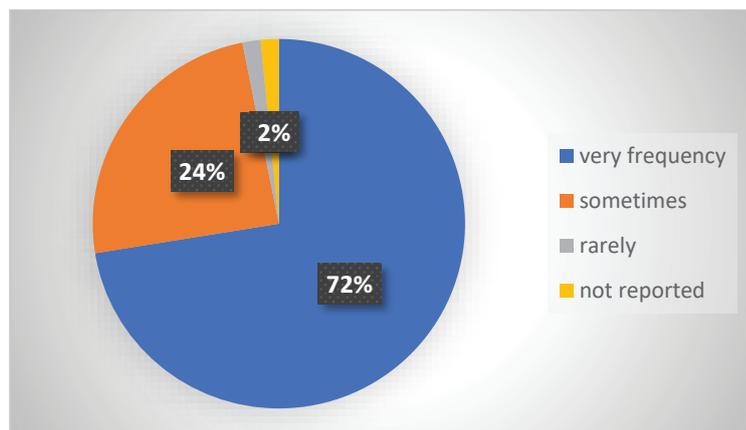
RDHS Area	Frequent occurrence	Sometimes	Rarely	Not Reported	Total
Kegalle	16	21	2	1	40
Rathnapura	77	5	1	4	87
Total	93	26	3	5	127



Prescribe drugs & request patients to buy from outside

Table 62 Prescribe drugs & request patients to buy from outside

RDHS Area	Very frequency	Sometimes	Rarely	Not reported	Total
Kegalle	13	25	1	1	40
Rathnapura	79	6	1	1	87
Total	92	31	2	2	127



Drug Storage Facilities

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

Among the 127 PMCII, the following trends were observed:

Air-Conditioning Facilities:

66 (52%) have dedicated air-conditioned drug storage rooms. These facilities ensure that medications are stored at the recommended temperature to maintain their efficacy.

Refrigeration Facilities:

In cases where air-conditioning rooms are not available, 113 PMCII (89%) use refrigerators as an alternative method to maintain the optimum temperature for drug storage.

Only 11 institutes (8%) reported not having any refrigeration facilities, suggesting a potential need for improvement in those specific facilities.

These findings indicate that the majority of PMCII (113 out of 127) have implemented effective measures for drug storage, either through air-conditioned rooms or refrigerators. However, the two PMCII without any refrigeration facilities should be considered immediately to ensure that all Primary care institutes adhere to proper drug storage practices.

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

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

Good storage facility with AC to store pharmaceuticals

Table 63 Good storage facility with AC to store pharmaceuticals

RDHS Area	Yes	No	Not reported	Total
Kegalle	32	7	1	40
Rathnapura	34	53		87
Total	66	60	1	127

A refrigerator to store such required

Table 64 A refrigerator to store such required

RDHS Area	Yes	No	Not reported	Total
Kegalle	36	2	2	40
Rathnapura	77	9	1	87
Total	113	11	3	127

Citizen engagement committee and Grievances redress

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

Awareness of FFC Guidelines:

Out of the total 127 PMCII, 115 have demonstrated awareness of the FFC guidelines. This indicates a considerable level of familiarity with the purpose and objectives of FFCs.

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

Establishment of FFCs in the Sabaragamuwa Province:

In the Sabaragamuwa Province, 101 Primary care institutes have successfully established FFCs, indicating their commitment to community engagement and improved service delivery.

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

Frequency of FFC Meetings:

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

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

Overall, the findings suggest a positive trend in FFC awareness and implementation in primary health care settings. To maximize the benefits of FFCs, it is essential to ensure that all PMCII are aware of the FFC guidelines and actively work towards establishing FFCs. Ongoing support and

guidance should be provided to PMCII, particularly those that have not yet established FFCs, to facilitate the implementation process. Regular FFC meetings should be encouraged to promote collaboration, addressing concerns, and enhance the quality of primary health care services in the respective regions.

Awareness of Friend of Facility Committee “Suwaseva Mithuro”

Table 65 Awareness of Friend of Facility Committee “Suwaseva Mithuro”

RDHS Area	Yes	No	Not reported	Total
Kegalle	38		2	40
Rathnapura	77	8	2	87
Total	115	8	4	127

Establishment of “Suwaseva Mithuro”

Table 66 Establishment of “Suwaseva Mithuro”

RDHS Area	Yes	No	Not reported	Total
Kegalle	38		2	40
Rathnapura	63	20	4	87
Total	101	20	6	127

How frequently do they meet

Table 67 Establishment of “Suwaseva Mithuro”

RDHS Area	Monthly	Quarterly	Annually	not reported	Total
Kegalle	3	33	2	2	40
Rathnapura		64	2	21	87
Total	3	97	4	23	127

Implementation and Analysis of Grievance Redress Mechanism

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

Grievance Box (Suggestion box)

Out of 127 PMCIIs surveyed, 102 have established grievance boxes at their premises to collect public grievances.

However, there is a need to encourage and promote the establishment of grievance boxes in the remaining 17 PMCIIs to ensure a standardized and accessible approach for receiving grievances.

Regular Analysis of Grievances:

Only 76 PMCIIs reported conducting weekly analysis of grievances received through the grievance boxes.

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

Awareness and Responsibility:

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

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

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

Any grievance/ suggestion box kept at the institution

Table 68 Any grievance/ suggestion box kept at the institution

RDHS Area	Yes	No	Not reported	Total
Kegalle	27	8	5	40
Rathnapura	75	9	3	87
Total	102	17	8	127

How frequently check the box

Table 69 How frequently check the box

RDHS Area	Weekly	Monthly	Not looking at it	Not reported	Total
Kegalle	4	23	1	12	40
Rathnapura	72	2	1	12	87
Total	76	25	2	24	127

Corrective measures are undertaken in such situations.

Table 70 Corrective measures are undertaken in such situations.

RDHS Area	Yes	No	Not Reported	Total
Kegalle	26	8	6	40
Rathnapura	15	57	15	87
Total	41	65	21	127

Conclusion

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

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

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

Situation Analysis 2023

Primary Healthcare System Strengthening Project – PSSP

Section 1 of 4

1. Name of Enumerator _____
2. Designation _____
3. Contact Number _____
4. Email _____
5. Date of visit _____

Section 2 of 4

Institution Details

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

Section 3 of 4

Services and Infrastructure

- 3.1 Water supply services to the hospital

Well water	<input type="checkbox"/>	Protected well	<input type="checkbox"/>	Unprotected well	<input type="checkbox"/>
Tube well	<input type="checkbox"/>				
Pipe born water	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 3.3 Main source of electricity

No electricity	<input type="checkbox"/>
Main line	<input type="checkbox"/>
Generator	<input type="checkbox"/>
Solar power	<input type="checkbox"/>
Other	<input type="checkbox"/>

- 3.4 Availability of backup generator

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 3.5 If yes Current condition of the generator

Working	<input type="checkbox"/>
Not working	<input type="checkbox"/>
Capacity not adequate	<input type="checkbox"/>
Other	<input type="checkbox"/>

3.6 Waste disposal methods

3.6.1 Is the segregation of waste done?

Yes No

3.6.2 How do you handle disposal of clinical waste?

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

Physical space and Infrastructure and HR requirements at Primary care institutions

3.7 Physical space and Infrastructure

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

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

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

3.8 Availability of Health Quarters and current status

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

3.8.1 Any Other quarters please specify:

Services for curative and preventive care work

3.9 Infrastructure Facilities to deliver services

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

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

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

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

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

Equipment and other items used for NCD screening and diagnosis

3.11 Availability of essential medical equipment

	Yes	No	Number Adequate	Number Not Adequate
Blood pressure apparatus				
Microscope				

Thermometer				
Nebulizer				
ECG machine				
Oxygen supply cylinders				
Ophthalmoscope				
Measurement tape & stadiometer				
Weighing machine				
Pulse oximeter				
Glucometer and strips				
Cholesterol meter and strips				
Urine ketone tests				
Spaces for inhalers				
Tuning fork				
Snellen chart				
Torch				
WHO/ISH prediction chart				
Evidence based clinical protocols				
Flow charts with referral criteria				
Patient clinical records				
Medical information register				
Stethoscopes				
Weight scale with or without height measuring				
Height measuring rod for children and adults				
Weighing scales for infants				
Length board for infants and young children up to age 2 years				
Examination bed				
Tongue depressor				
Tendon hammer (knee hammer)				

Human resource needs

3.12 Availability of HR

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

Section 4 of 4

Project-Related Specific Question

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

Yes No

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

Yes No

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

Yes No

4.4 Dose the hospitals has facilities to manage the basic emergencies

Yes No

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

Yes No

4.6 Are you providing mental health activities or conduct clinics?

Yes No

Patient record system and referral mechanism

4.8 Currently available digital patient record system

HIMS HHIMS Any Other

4.9 Does the hospital have internet facility?

Yes No

4.10 If yes what kind of connectivity?

Fibre
Wired
Wi Fi router
Dongle
Other

4.11 Does the hospital have local wired network system?

Yes No

4.12 Do you have computer facilities at the institute?

Yes No

Laboratory investigation facilities

5. Availability of laboratory facilities

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

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

Yes No

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

.....

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

Yes No

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

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

Drug supplies

6. How do you make the orders for medical supplies

- Annual estimates are prepared by you
- Regional level drug stores will take care of that
- Regional office will discuss with you and do the calculations
- No specific mechanism to do this

6.1 How do you estimate your annual drug requirements?

- Increase by certain percentage from last year's estimates
- Regional level officers will do the calculations
- Not involve at all

6.2 How frequently you experience with shortfall of essential medicines at your institution

- Frequent occurrence
- Sometimes
- Rarely

6.3 How frequently you prescribe drugs and request patients to buy from outside pharmacies

- Very frequently
- Sometimes
- Rarely

6.4 Do you have a good storage facility with AC to store pharmaceuticals

Yes No

6.5 Do you have a refrigerator to store such required

Yes No

Citizen Engagement

6.6 Are you aware about existing government guidelines on functioning of Friends of facility committee "~~Suwasewa Mithuro~~"

Yes No

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

Yes No

6.8 How frequently they meet

- Monthly
- Quarterly
- Annually

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

Yes No

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

Yes No

6.11 If Yes- How frequently you check the box

- Weekly
- Monthly
- Not looking at it

6.12 Any corrective measures are undertaken in such situations.

Yes No

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

.....

.....

Authorization

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

.....
Authorized Officers' Name and designation

Date:

.....
Authorized Officers' Signature