

PROVINCIAL DEPARTMENT OF HEALTH SERVICES

EASTERN PROVINCE

ADMINISTRATION REPORT – 2009

1. INTRODUCTION

The Provincial Department of Health Services of the Eastern Province started functioning separately following the Supreme Court Judgment on the demerger of the North Eastern Province on 22.12.2006. Dr. M. Thevarajan was appointed as the first Provincial Director of the Health Sector for the Eastern Province in Year 2007 and he is continuing his services. Following historic election for Eastern Provincial Council held on 10.05.2008, a new Provincial council was formed and a separate Provincial Ministry was set up for the Health Sector under the Provincial Minister Hon. M.L.A.M. Hizbullah. Even though there are nine Departments under his authority, the Provincial Department of Health Services is the major and vital Sector functioning under his purview with the strength of 5,014 numbers of Health Staff.

With a land area of 9,361 sq Km, this Department serves to a population of nearly 1.7 Mn who are the main beneficiaries getting quality health care services (curative and preventive) through 164 nos. of Health Care Institutions with assistance from four Regional Head offices being operated in Ampara , Kalmunai , Batticaloa and Trincomalee.

The overall responsible for the Administration with regard of health services in Eastern Province is vested to this Department. It gives proper guidance and necessary instruction in Planning, Financial Management, General Administration and Public Health. To implement such responsibilities, this Department formed different types of units with necessary facilities.

2. ORGANIZATION OF PDHS OFFICE



Prime Objective towards Quality

2.1 Our Vision

Creating a Healthier population of Eastern Province that contributes to its economy, social, mental & spiritual development of the Nation.

2.2 Our Mission

To achieve the highest attainable health status by responding the peoples' needs in the Eastern Province to ensure access to comprehensive, high quality, equitable, cost effective & sustainable health services.

2.3 Our Commitments

1. Prepare programmes and projects according to the health needs of the people of Eastern Province on priority basis according to the National and Provincial Health Policy.
2. Implement Programmes & Projects as planned according to the National and Provincial Health Policy.
3. Monitor & Evaluate Programmes and Projects.
4. Improve quality of Health Care Services provided in Eastern Province.
5. Establish & develop Health Surveillance and Information System at Provincial, Regional and Institutional level.
6. Strengthen the Capacity of the Organization.
7. Improve Financial Management of the Organization.
8. Expand the services to the areas of special needs.
9. Provide Primary Health Care Services to the returnees and internally displaced population.
10. Assist in the Rehabilitation and Reconstruction process in the Health Sector in the resettlement areas in the Eastern Province.
11. Create a happy and pleasant working environment through which motivate work force to improve the productivity of the Health care services

3. ORGANIZATION OF RDHS OFFICES

3.1 Vision – RDHS office

Healthier Community to ensure optimal mental, physical & social well being of the people.

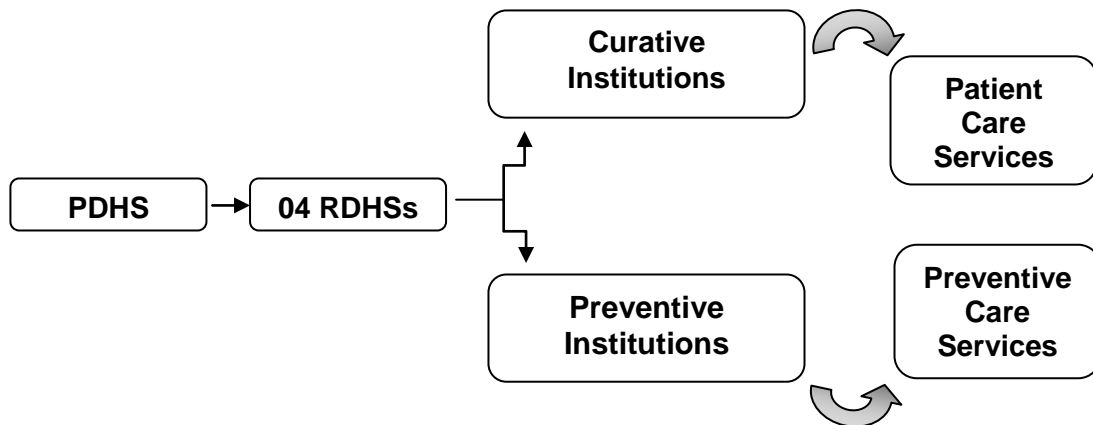
3.1 Mission – RDHS office

Assuring a healthier community by ensuring equitable access to quality health care services while promoting self reliance, personal responsibility and healthy life style among the community.

3.2 Commitments – RDHS Office

1. Provide complete coverage of comprehensive quality Primary Health Care Services to the public under following areas.
 - Appropriate and early management of common minor ailments and emergencies in Primary Health Care institutions.
 - Fully capable functioning MOOH to coordinate PHC team activities.
 - Improved quality oral health care.
 - Provision of quality maternal and child health care services.
 - Reduced prevalence of non communicable diseases and complications.
 - Reduced incidence of communicable diseases.
 - Established Primary Mental Health Care Service network.
 - Well coordinated behavior change communication system network.
 - Optimal nutritional status of the community ensured.
2. To develop and maintain quality secondary Health Care Services.
3. To establish an efficient District Management and Health Information system.

4. ORGANIZATIONAL ARRANGEMENTS FOR VARIOUS FUNCTIONS



4.1 Patient Care Services (Curative Care Services)

The main objective of the Curative Care Services is to cure or heal diseases by providing medicines and medical advice. The following facilities are provided by curative care services.

1. Providing both Indoor & Outdoor Medical treatment to the sick in District General Hospital, District Base Hospital, District Hospital, Peripheral Unit, Rural Hospitals and Central Dispensaries & Maternity Homes. Central Dispensaries are providing only outdoor treatment.
2. Providing basic specialized care to the patients in Tertiary Care Hospital and establishment of clinics for specialized care at peripheries.
3. Providing Anti Natal and Post Natal Care to Mothers at Hospitals.

4.2 Preventive Care Services / Community Health Services.

The main objective of the Preventive Care Services is to promote health and prevention of diseases. There are 45 MOH divisions functioning at present. The MOH is the Principal Health Manager of the division for preventive care services. The following functions are carried out under Preventive Care Services.

i. Promotion of Maternal Health

- Promotion of maternal health at Ante-natal Clinics.
- Home visits by Family Health Workers for Promotion of Maternal Health.
- Post-Natal home visits by Family Health Workers to see to the health of the mother and child.
- Motivate to restrict home delivery of babies.

ii. Promotion of Child Health

- Induce breast feeding.
- Provide Supplementary Food.
- Improve Child Nutrition.
- Monitoring of infant growth (Weighing and maintenance of records and giving advice)

iii. Immunization

- Polio and Penta
- Hepatitis
- Measles.
- Rubella.
- Japanese Encephalitis (Brain Fever)
- Immunization of Expectant mother or protect the child to be born, from Tetanus.

iv. Reproductive Health Care

- Well Women Clinic (For mother apparently in good Health)
- Family Planning Services. (At clinics and home visits)

v. School Health Clinics

- Carrying out medical check-ups for school children in grades 1, 4 and 7 where the student population is above 200 and carrying out medical check-ups for whole children in schools where the student population is below 200.
- Rubella vaccination to all female students between the ages of 11-15.

vi. Oral Health Clinics (Adolescent and Adult)

- Creation of awareness among all school children with regard to oral hygiene through School Dental Therapist and provision of treatment for minor dental and oral complaints.

- Provision of treatment for adults for oral complaints at Adult Dental Clinics.
- vii. Specialized Clinics**
- Malaria
 - Dengue
- viii. Specialized Campaigns at community level**
- Vaccination Programme for hydrophobia. (Dogs)
 - Active case detection for malaria
 - Spraying for destruction of mosquito
 - Anti Leprosy programme
 - Anti Malaria Campaign
 - Creating awareness in selected groups with regard to sexually transmitted diseases
 - Anti Tuberculosis campaign
 - HIV/AIDS awareness
- ix. Environment Health Activities**
- Creating Awareness on environmental health.
 - Conduct inquiries whenever environmental problems arise.
 - Pre-Checking of Building Plans.
 - Provision of advice with regard to construction of wells, Chlorination of wells and provision of chlorine
- x. Food Hygiene**
- Supervision of places of food consumption
 - Taking samples of food and analyzing them
 - Inspection slaughter houses
 - Legal action where necessary
- xi. Control of Communicable Diseases**
- Visit reported place of Communicable Diseases and carry out inspection
 - Take action to prevent further spreading of communicable diseases
- xii. Training of Volunteer Community Health Workers**
- xiii. Conducting mobile medical clinics for IDPs and resettled population**

These Programmes are managed mainly by Medical Officers of Health, Public Health Inspectors, Health Educators, Public Health Nursing Officers, School Dental Therapists and Public Health Midwives.

4.3 Planning Unit

The Planning Unit which is the main center for health related information of the Office of the Provincial Department of Health Services is headed by the MO Planning under direct supervision and guidance of Provincial Director of Health Services. All relevant information including Statistical Information, Human Resource, information on

Development activities and other planning related activities are collected by this unit from the Planning divisions of all four RDHS offices. In addition, monitoring and evaluation of all development activities are done by this unit at Provincial.

The major activities carried out by the Planning Unit

1. Preparation of Annual Investment Plan and Annual Implementation Programmes.
2. Preparation of Health Sector Development Programme (5 years Plan).
3. Implementation, Supervision, Monitoring and Evaluation of Annual Implementation Programme and other Capital Programmes including INGO/NGOO activities.
4. Establishment of Health Information & Management System (HIMS).
5. Collecting & Maintaining Health Sector Data Base including Sectoral Atlas for the Health Sector, Eastern Province.
6. Conducting review meeting to update the knowledge on MIS.
7. Conducting Trainings, Seminars, workshop and arranging study tours.

Other activities carried out by Planning Unit

- a. Preparation of Annual Statistical Hand Book.
- b. Preparation of Administration Report.
- c. Nominating Health Staff for Training Programmes and Scholarships.
- d. Preparation of Foreign Funded Project proposals.
- e. Preparation of Cadre Proposals and updating Manpower information.
- f. Preparation of Progress Report for Capital Works implemented under Provincial funds and other foreign funded projects.

4.4 General Administrative Unit

This unit is responsible for overall management of Administrative matters that are dealt by Administrative Officer under direct supervision of Deputy Director of Administration.

The major activities carried out by the General Administration

1. Define Mission, goals of the Organization.
2. Assess organizational environment and define organizational values and strategy.
3. Delegation of responsibility and job descriptions.
4. Preparation of duties of all staff.
5. Establishment of management practices.
6. Establish Hospital Development Societies.

7. Recruitment of Medical officers, Nurses, PHII, PHMM and other minor categories of staff attached to all medical institutions under the purview of Provincial Health Sector, Eastern Province.
8. Establishment and overall supervision of all staff attached to the offices of the all RDHS
9. Monitoring & directing all activities of staff at medical institutions & office staff at RDHS offices & MOH Offices.
10. Conducting inquiries on allegations against staff at medical institutions & office staff.
11. Promoting efficiency and skills of Health staff by granting them seminars & trainings with assistance of MDTD, SLIDA, INGOO & NGOO.

4.5 Finance Division

The Finance Division of the office of the Provincial Department of Health Services, Eastern Province is headed by the Chief Accountant. Under his, there are four Accountants controlling the financial management at four Regional levels. In addition, one Accountant is attached to GH Trincomalee separately who is also responsible for the financial discipline at this Institution.

During Year 2009, stock verification for most health Institutions were carried out by this Department and all credits and appreciations go to all Accountants and other supportive staff because of their unstinted support in completing this stock verification successfully.

In this Year, we ran our division with great difficulties due to inadequate funds for both recurrent and capital. We faced some Trade Union strikes with regard to nonpayment of overtime. Inadequate experienced staff was also another raw back of the financial department.

Since the Provincial Department of Health Services is a major sector of this Province, it is very important to establish an Internal Audit and Stock verification branch separately to create an effective and efficient working atmosphere in the Health Institutions.

The major activities carried out by the Finance Unit

1. Referring policy guidelines to prepare the budget.
2. Determine the factors which restrict output. (E.g. Cadre , Estimates Expenditure)

3. Prepare initial budget.
4. Coordination and review of budget.
5. Final acceptance of budget.
6. Review budget.
7. Release of imprest.
8. Make payment within the allocation
9. Control Expenditure
10. Report Summary

5. STATUS OF THE HEALTH SECTOR

5.1 Geographical Information

Detail of Population District wise and detail of Health Institutions which provide Curative and Preventive Care services in Eastern are as follows;

Administrative Area (RDHS Regions)	Land Area (in Sq.Km)	Population 2007 Estimated
Ampara	3,329.97	293,911
Kalmunai	1,250.47	415,698
Batticaloa	2,403.91	579,489
Trincomalee	2,728.80	412,547
Total	9,713.15	1,701,645

5.2 Curative Care Institutions under Provincial Health Authority

Institutions	Ampara	Kalmunai	Batticaloa	Trincomalee	Total
General Hospital	–	–	–	1	01
Base Hospital	1	1	2	2	06
District Hospital	1	7	5	–	13
Peripheral Unit	1	4	1	3	09

Rural Hospital	3	-	5	7	15
CD & MH	3	4	6	4	17
Central Dispensary	17	10	17	14	58
Chest Clinic	1	1	1	1	4
Leprosy Hospital	-		1	-	1
Total	27	27	38	32	124

5.3 Curative Care Institutions under Authority of Ministry of HealthCare & Nutrition, Colombo

S.No.	Name of the Institutions	Total No.of Beds
1	Teaching Hospital , Batticaloa	696
2	General Hospital Ampara	428
3	Ashraff Memorial Hospital, Kalmunai	253
4	Base Hospital ,Kalmunai North	300
5	Base Hospital, Akkaraipattu	121
6	Base Hospital, Kantale	161

5.4 Curative Care Institutions under Authority of Ministry of HealthCare & Nutrition, Colombo

There are 42 Nos. of MOH Offices and 184 Nos. of Gramodaya Centers which are responsible for the preventive and primitive aspects of Health care for the people especially for mothers and children. In addition, there are other specialized Campaigns for the control of Malaria, Leprosy, Rabies, Respiratory disease control and Sexually transmitted diseases.

Preventive Care Institutions in Eastern Province – 2009

Institutions	Ampara	Kalmunai	Batticaloa	Trincomale e	Total
GHC	50	54	42	37	183
School Dental Clinic	3	4	5	6	18
MOH	7	13	14	11	45

AMC	1	1	1	1	04
STD Clinics	1	1	1	1	04
Total	62	73	60	56	255

The detail of Curative & Preventive Health Care Institutions is shown in Annexure VII.

6. ACHIEVEMENTS- 2009

- Infrastructure Development
- Supply (Vehicles & Equipments)
- Capacity Building

6.1. Infrastructure Development-2009

i. Under PSDG- 2009

Districts	Items	Expenditure (Rs.in Mn)
Trincomalee	Extension of RDHS office building	2.3
	Const. of Generator room & shifting of Generator with necessary wiring at GH Trincomalee	5.7
	Improvements to Hospital Buildings at GH Trincomalee	3.6
	Improvements to water supply to CD & MH Wan ela	1.0
Ampara	Renovation of RDHS quarters at RDHS office Ampara	0.67
	Renovation of staff quarters at RH Thottama	0.3
Batticaloa	Renovation of male ward at DH Eravur	2.6
	Construction OPD Block at BH valaichenai	4.5
	Construction of BME unit Stage I	7.0
Kalmunai	Const.of Ward complex at PU Central camp	13.1
	Construction of OPD Building at DH Akkaraipattu Stage I	8.1

ii. Under Health Sector Development Project-2009

Districts	Items	Total Estimated cost (Rs. in Mn)
Head office	Extension of Planning unit	
Trincomalee	Construction of clinic Building at GH Trinco	11.0
	Const. of Para medical staff qrs at GH Stage III	6.5
Batticaloa	Construction of MOH office Vavunathivu	4.0
	Construction of MO quarters BH Valaichenai	6.2
	Reconstruction of CD Mandur with basic ETU	4.00
	Construction of 24 beds ward complex Stage I at RH Chenkalady	8.9
Ampara	Construction of premature baby care unit stage III at BH Dehiattakndiya	4.3
Kalmunai	Construction of OPD Building stage II at DH Oluvil	1.95
	Construction of chest ward at DH Sammanthurai	5.00



Newly constructed of MOH Office at Vavunathivu in Batticaloa - under WB/HSDP

iii.Under NECORD - 2009

RDHS Region	Items	Expenditure (Rs.in Mn)
Trincomalee	Const of GHC at Jayanthiwewa	5.3
	Const. of Consultant qrs at BH Muthur	4.8
	Const. of ETU with MO qrs at PU Pulmoddai	
	Const. of three storied MO qrs at BH Muthur	22.16

	Const. of mortuary at GH Trincomalee	7.8
	Repairs to MO Qrs at CD & MH Wan ela	4.3
	Repairs to MO Qrs at CD Morawewa	3.0
	Const. of CD & MO Qrs at Kumburupitty	7.0
	Const. of 36 bed ward 7, OPD block & MO Qrs at RH Gomarangadawela	32.0
Batticaloa	Construction of RDHS office	30.0
Kalmunai	Construction of MOH office Sammanthurai	8.1



RDHS office Batticaloa



MOH Samanthurai

iv. Under UNICEF Project 2009

RDHS Regions	Detail of Activities	Expenditure (Rs.in Mn)
Trincomalee	Improvements to Water & Sanitation facilities at PU Pulmoddai	0.4
Batticaloa	Construction of Paediatric Ward complex BH valaichenai	

v. Under GAVI / HSS Project 2009

RDHS Regions	Detail of Activities	Expenditure (Rs.in Mn)
Trincomalee	Refurbishment of GHC Manalchenai	1.40
	Supply of Electricity & improvements to GHC Gantalawa	0.24
	Improvements to GHC Illangaithurai Muhathuwaram	0.22
	Refurbishment of GHC Kaddaiparichchan	1.29
	Supply of 50 sets BP Box & Weighing scales	0.48



GHC Kaddaiparichchan



GHC Gantalawa



GHC Manalchenai

vi. Newly Opened buildings during Year 2009

- ❖ MO quarters at DBH Mahaoya
- ❖ MOH Quarters at MOH Lahugala
- ❖ Consultant quarters at DBH Mahaoya
- ❖ MOH office Padiyathalawa
- ❖ MO quarters at RH Panama
- ❖ GHC Kallady
- ❖ DH Addalaichenai and DH Sainthamaruthu (Administration block)
- ❖ DH Centralcamp and DH Karaitivu (Administration block)
- ❖ DH Ninthavur
- ❖ DH Maruthamunai
- ❖ MOH Sainthamarurhu
- ❖ MOH Sammanthurai



GHC Kallady



MOH office Lahugala



MO quarters at DBH Mahaoya



MOH quarters Lahugala

Special Achievement in 2009

- ❖ Foundation Stone was laid down By Hon .Minister for Health, Nimal Sripala De Silva to construct ward complex at GH Trincomalee. With help of AmeriCare & ADB fund.
- ❖ There are 70 vacancies for PHFO in EP has not been filled for long period. PDHS take necessary action to fill the vacancies with approval of Ministry of Health, Colombo with the assistance of NECORD and HSDP. 70 Nos of PHFO trainees recruited in 2009.

- ❖ PDHS office, Eastern Province implemented following activities to prevent the HIV/AIDS in 2009 with assistance of NECORD at the cost of 14 Mn.
 - i. Art Competition in Provincial level
 - ii. Quiz competition in Trinco district
 - iii. Leaflets
 - iv. Time table, file covers and name stickers
 - v. School bags for students in IDP camps and resettle area
 - vi. Awareness programme



Quiz Competition

• Japanese '5S' system in Health institution

- ❖ PDHS office introduced the 5s system in year 2008 and they received a commendation award from National Productivity Secretariat, Colombo.

- ❖ RDHS office Ampara and DH Mahaoya were too received commendation award and MOH Ampara received 3rd place from National Productivity Secretariat, Colombo



22 Health institutions identified and staffs were motivated through a workshop conducted by a very talented resource person Mr.Ravi Puvanendran.



6.2 Supplies

6.2.1 Vehicles – Received during Year 2009

RDHS Regions	Location	Source	Type of Vehicle
Trincomalee	MOH Muthur	GAVI	Pick up
Kalmunai	RDHS office	HSDP	Motor Bicycle(2 Nos)

6.2 Capacity Development

6.2.1 Local Training Programme in 2009

RDHS Region	Name of the Training	Duration	Conducted /Sponsored	No. of Participant
Ampara	Inventory and store management system	01 day	HSDP	55
	Life skill and occupational training	01 day	HSDP	100

	Health information management system	01 day	HSDP	100
	Collection of Health data	02 days	HSDP	25
	Advocacy program on tobacco, alcohol & narcotic drugs	1 day	NATA	55
Batticaloa	Training on positive Thinking 7 Motivation conducted by MDTD collaboration with PDHS	2 day	MDTD	100
Trincomalee	Training Programme on Adolescent Health	2 days	UNICEF	265
	Nutrition Counseling for Pregnant Mothers with Low BMI & Anemia	1 day	UNICEF	175
	Integrated Nutrition Package implementation	1 day	UNICEF	174
	Implementation Integrated Nutrition Package	3 days	UNICE	140
	EmOC Training	4 days	UNICE	60
	EmOC Training	4 days	FHB	60
	Community Leaders trained on Nutrition	2 days	UNICE	321
	AEFI Training	1 day	GAVI	35
	Management of Anaphylactic shock following immunization	1 day	GAVI	35
	In-service training programme on MCH	1 day	GAVI	90
	TOT on Oral Health care for PHII	1 day	HSDP	30
	5S training	3 day	HSDP	68
	National Maternal Death Review	1 day	FHB	36



Nutrition Counseling programme in Trinco



AEFI training under GAVI Project in Trinco



5s Training in Trinco

6.3.2 Overseas Training Programme 2009

21 days Training programme on young leaders organized by JICA from 21st September to 10th October 2009 in Japan. One medical officer selected for this programme by JICA from Eastern Province.

6.3 Human Resource Development (Appointment in 2009)

Category of Staff	2009
Medical officer	197
Nursing officer	141
MLT	19
Radio grapher	-
Pharmacist	03
Dispenser	04
Physiotherapist	01
Occupational Therapist	01
Ophthalmic technologist	-
ECG Recordist	05
EEG Recordist	-
SL	240

7. FINANCIAL PROGRESS

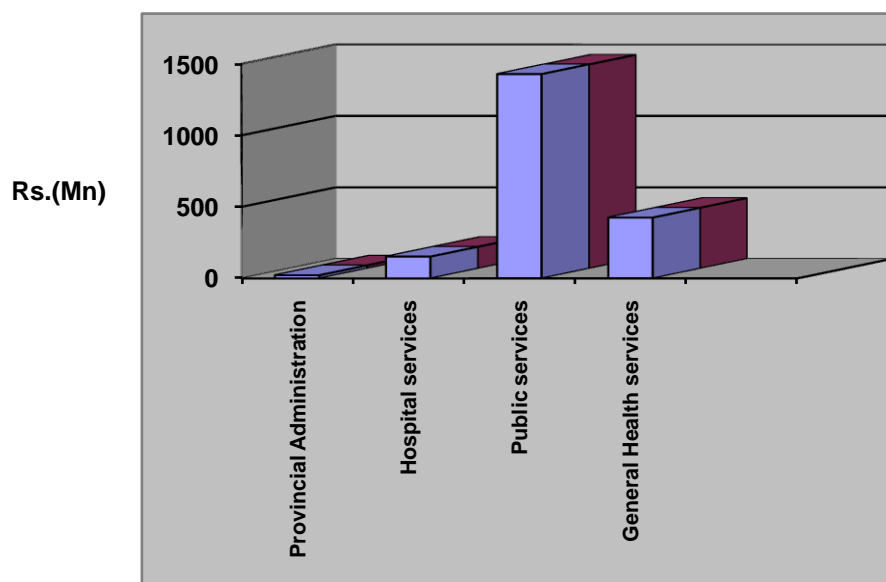
➤ Recurrent

➤ Capital

7.1 Recurrent Expenditure - 2009

Program Number	Title of the Program	Total Provision (Rs.)	Total Expenditure (Rs.)
3	Provincial Administration	22,061,700	22,056,286
70	Hospital Services	152,355,900	152,349,714
71	Public Health Services	1,428,567,500	1,427,178,810
72	General Health Services	425,056,900	425,050,069
	TOTAL	2,028,042,000	2,026,634,879

Recurrent Expenditure 2009



- Recurrent Allocation
- Recurrent Expenditure

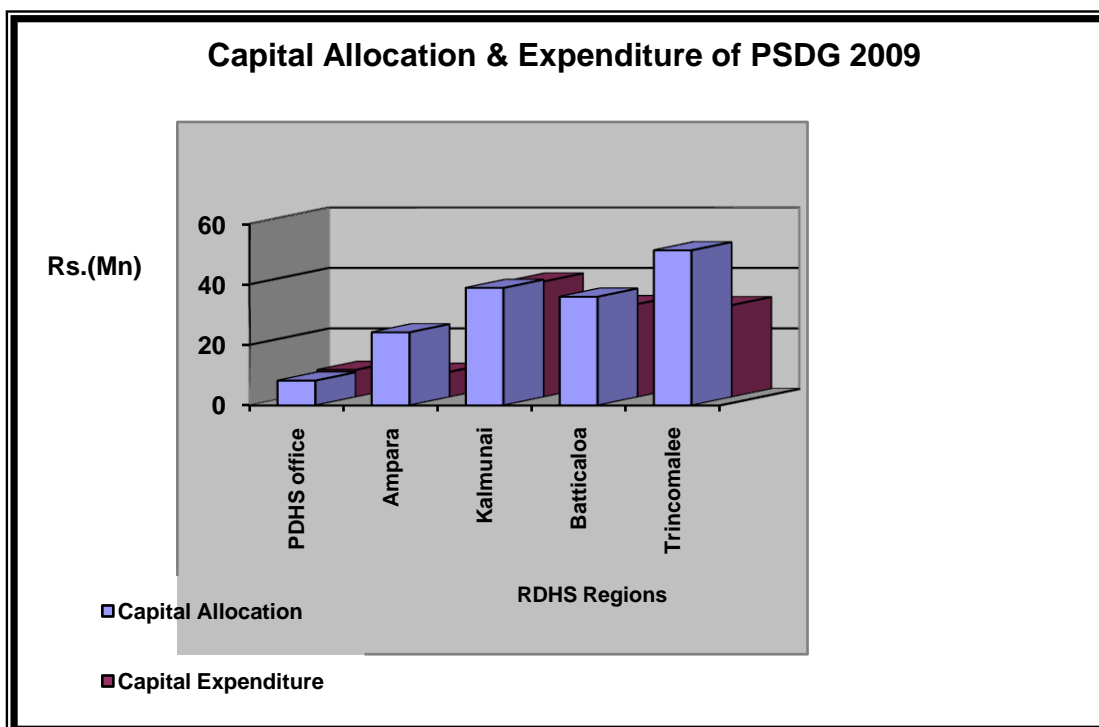
7.2 Capital Expenditure -2009

i. Under PSDG - 2009

Rs.158.35 Mn was allocated for the health sector of the Eastern Province. Out of this only 166.9 Mn imprest released. As a result, it was unable to commit some urgent works in 2009.

District Wise allocation & Expenditure under PSDG - 2009

RDHS Region	Allocation (Rs. Mn)		Expenditure (Rs. Mn)	
	PSDG	Additional PSDG	PSDG	Additional PSDG
PDHS Office	8.2	-	8.99	
Ampara	24.16	-	8.35	
Kalmunai	25.83	13.0	28.38	9.82
Batticaloa	29.51	6.4	24.41	6.34
Trincomalee	35.25	16.0	30.39	
TOTAL	122.95	35.4	100.52	16.16



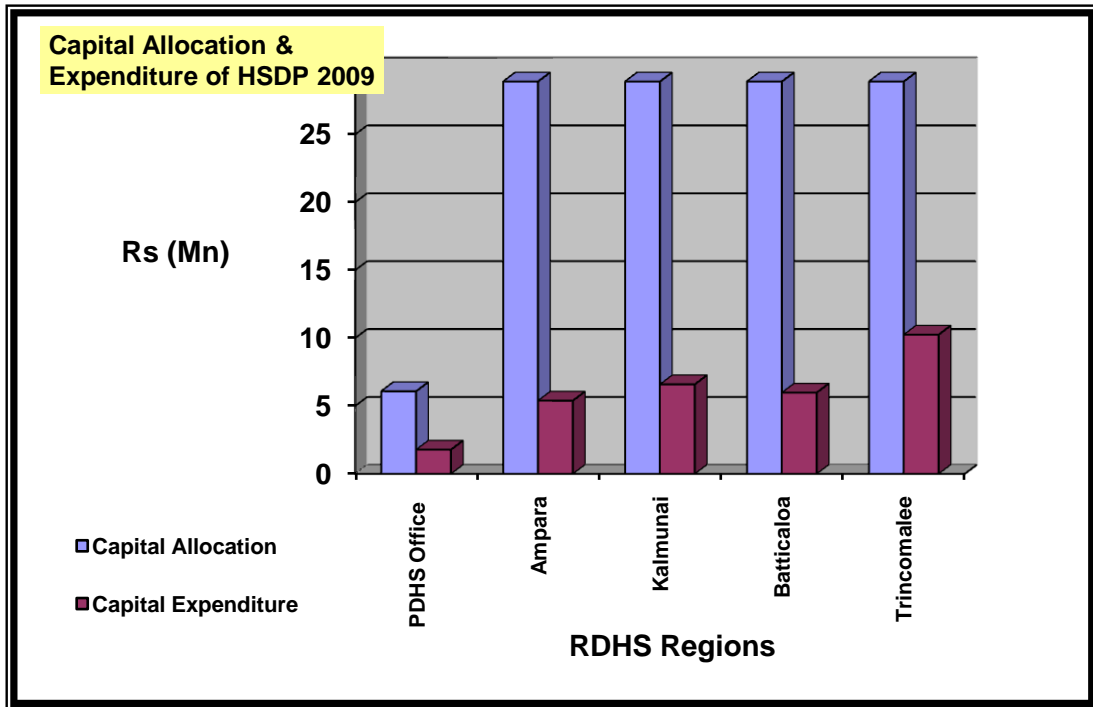
ii. Under HSDP – 2009

The Objective of the HSDP is to support District and Provincial level Health Authorities to improve efficiency, equity and quality of health care by strengthening their Planning, Management and Monitoring capacity with a specific focus on supporting Preventive Care Services. HSDP mainly focused on filling the gaps existing in the following thrust areas.

- Maternal & Child Health Care Services Accessible.
- Preventive Health care for communicable and non communicable diseases.
- Curative care services for communicable and non communicable diseases.
- District Management Capacity.
- Nutritional Status of the community.

Under HSDP Project in 2009, 121.65 Mn was allocated and the expenditure was Rs. 30.00 Mn.

RDHS Region	Allocation (Rs)	Expenditure (Rs.)
PDHS Office	6,082,737	1,780,998.74
Ampara	28,892,255	5,396,068.63
Kalmunai	28,892,255	6,592,503.36
Batticaloa	28,892,255	5,984,393.40
Trincomalee	28,895,239	10,253,460.15
Total	121,654,741	30,007,424.28



iv. Under Criteria Based Grant (CBG) – 2009

RDHS Region	Allocation (Rs. In '000)	Expenditure (Rs. in '000')
Ampara	2,315.00	1,383.00
Kalmunai	2,650.00	500.00
Batticaloa	2100.00	1,659.00
Trincomalee	3,985.00	2,462.00
Total	11,050.00	6,004.00

v. Development Activities under Members fund

RDHS Region	Allocation (Rs. In '000)	Expenditure (Rs. in '000')
Ampara		
Kalmunai	85.00	0.00
Batticaloa		
Trincomalee	50.00	34.00
Total	135.00	34.00

v. Development Activities under Gamaneguma Programme

RDHS Region	Allocation (Rs. In '000)	Expenditure (Rs. in '000')
Ampara	100.00	
Kalmunai	270.00	
Batticaloa	570.00	570.00
Trincomalee	170.00	169.00
Total	1,110.00	739.00

8. PRIVATE HEALTH REGULATORY COUNCIL

Dr.M.Thevarajan, PDHS of the Eastern Province is one of the Council members of the Private Health Regulatory Council. More than 40 Private Health Institutions are registered under this Act in the Eastern Province.

9. ISSUES AND CONSTRAINTS

i. Inadequate Allocation

a) Recurrent allocation

Health employees from many hospitals underwent trade union action on demand of overtime payment as there was severe shortage in recurrent imprest during Year 2009.

b) Capital allocation

- There are 119 hospitals & 45 MOH offices under Provincial Health Administration.
- Many hospitals were recently upgraded and newly established. So these hospitals had to be provided with basic facilities such as medical equipments, hospital furniture items, etc.
- In addition, some hospitals are still very old and they need urgent renovation works. Also buildings of other existing health institutions too need regular maintenance.
- But the capital allocation approved for Year 2008 was very limited. As a result, it was unable to attend repairs/renovation of works.

ii. Development activities

- Due to demand of increased population in some areas, hospitals in these areas are to be upgraded. Also, there is a need for establishment of new institutions in view of delivering a satisfactory health service to the needy.

- In addition, some institutions need additional infrastructure facilities like wards, ETU, Operation Theatre , Quarters, etc.
- Whereas, the planned development activities were not accommodated in the Action Plan -2009 because of the limited capital allocation.

iii. Inadequate Transport Facility

- Since some new hospitals and MOH offices are to be opened, they have to be provided with transport facility.

iv. Not revised cadre

- Eastern Province health sector cadre for all category of staff has not been revised for last fifteen years. Even though , new hospitals and MOH offices have been established and many hospitals were upgraded , cadre was not revised according to the actual demand.
- Necessary applications for obtaining **Additional cadre requirement** were submitted to Management Services Department (MSD), Colombo through proper channel. But approval has not yet been received. As a result, it is unable to appoint necessary health staff to be required according to the actual cadre requirement. This leads to a limited delivery of health care services especially in the remote and resettlement areas.