



Annual Performance Report 2024

Ministry of Health

Annual Performance Report

2024

Expenditure Head No: 111

Ministry of Health

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CHAPTER 1

Institutional Profile/ Executive Summary

1.1 Introduction

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

At present, much emphasis and focus are made by the Ministry of Health towards strengthening primary healthcare, whilst maintaining the efficient and effective secondary and tertiary care services. These endeavours are carried out with the ultimate aim of achieving Universal Health Coverage (UHC), which would ensure access to promotive, preventive, curative, rehabilitative and palliative health services of good quality, to all people in need, while ensuring utilization of these services without exposing to any financial hardships.

The total of 1,208 health care institutions as of 31.12.2024 were categorised under the three levels of care based on the General Circular No. 01-18/2020 dated 03.03.2020 and titled “Facilities offered at different categories of Medical care Institution” as given below:

Table 01 - Summary of Health Care Institutions as of 31.12.2024

No.	Level of Care	Category of Hospital	Number of Hospitals		
			Line Ministry	Provincial Ministry	Total
01	Tertiary Care	National Hospital	03	00	03
02		Teaching Hospital	11	00	11
03		Specialized Teaching Hospital	06	00	06
04		Other Specialized Hospital	09	05	14
05		Board Managed Hospital	01	00	01
06		District General Hospital	13	07	20
		Sub Total	43	12	55
07	Secondary Care	Base Hospital Type A	07	28	35
08		Base Hospital Type B	01	44	45
09		Board Managed Hospital	01	00	01
		Sub Total	09	72	81

No.	Level of Care	Category of Hospital	Number of Hospitals		
			Line Ministry	Provincial Ministry	Total
10	Primary Care	Divisional Hospital Type A	01	66	67
11		Divisional Hospital Type B	01	147	148
12		Divisional Hospital Type C	01	276	277
13		Primary Medical Care Unit	11	569	580
		Sub Total	14	1,058	1,072
		Total	66	1,142	1,208

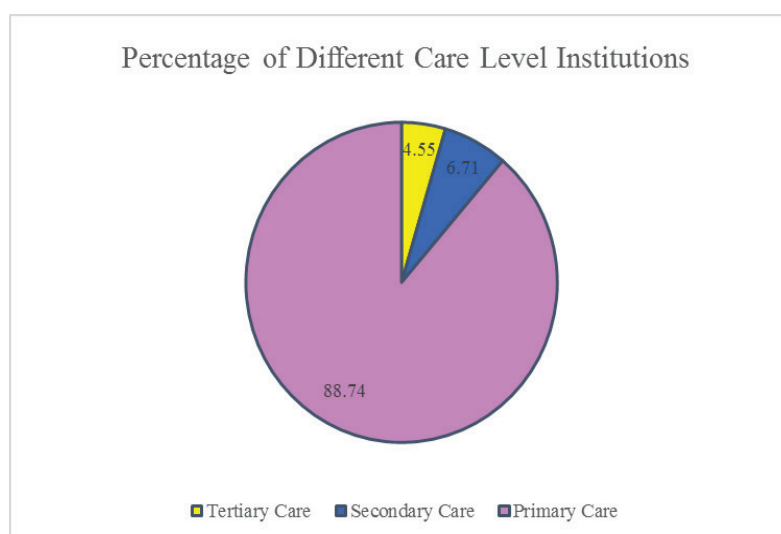


Figure 01 – Percentage of Different Care Level Institutions

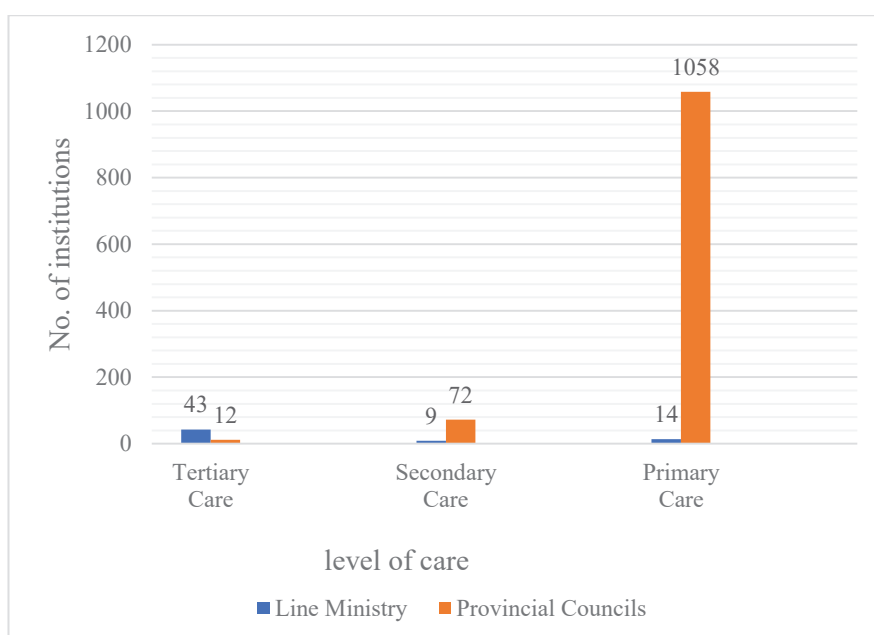


Figure 02 – Number of institutions based on the level of care

In the Private Health Sector of the country, total of 212 private hospitals are functioning with 5,788 bed capacity.

Further, there are four Ayurveda Teaching Hospitals (in Borella, Gampaha, Kaithady & Trincomalee), seven Research Hospitals (in Nawinna, Ampara, Manchanthudawa, Hambantota, Medawachchiya, Nindavur & Mihintale) and one Homeopathic Hospital (in Welisara) are functioning which are mainly under the Indigenous Medicine Sector.

This Annual Performance Report for the year 2024 shows the progress of the annual health sector work plan, as well as the overall health sector performance, against the set targets for year 2024. Further, this publication, reports the progress of the key performance indicators, giving an overview of the achievements during the past two years. Aligning the year 2024, the report has included the performance of pharmaceuticals production, supply and regulation division and the indigenous medicine sector.

A total of Rs. 64,551.40 million had been allocated for the implementation of 79 capital projects and programmes (foreign and locally funded) in 2024 and only 52.64% has been utilized under Expenditure Head No: 111. The details are given in the Table 02:

Table 02 - Summary of the Financial Progress

#	Description	No. of projects / programmes	Allocation for 2024 (Rs. Mn)	Expenditure (Rs. Mn)	% of Utilization
1	GoSL- funded capital programmes	33	26,236.45	20,540.84	78.29
2	GoSL- funded capital ongoing projects	22	10,474.16	4,174.99	39.86
3	Foreign-funded capital Grant programmes	07	4,877.45	1,095.04	22.45
4	Foreign-funded capital ongoing projects	14	22,563.34	8,108.54	35.94
5	Budget Proposals - 2024	03	400.00	59.77	14.94
	Total	79	64,551.40	33,979.18	52.64

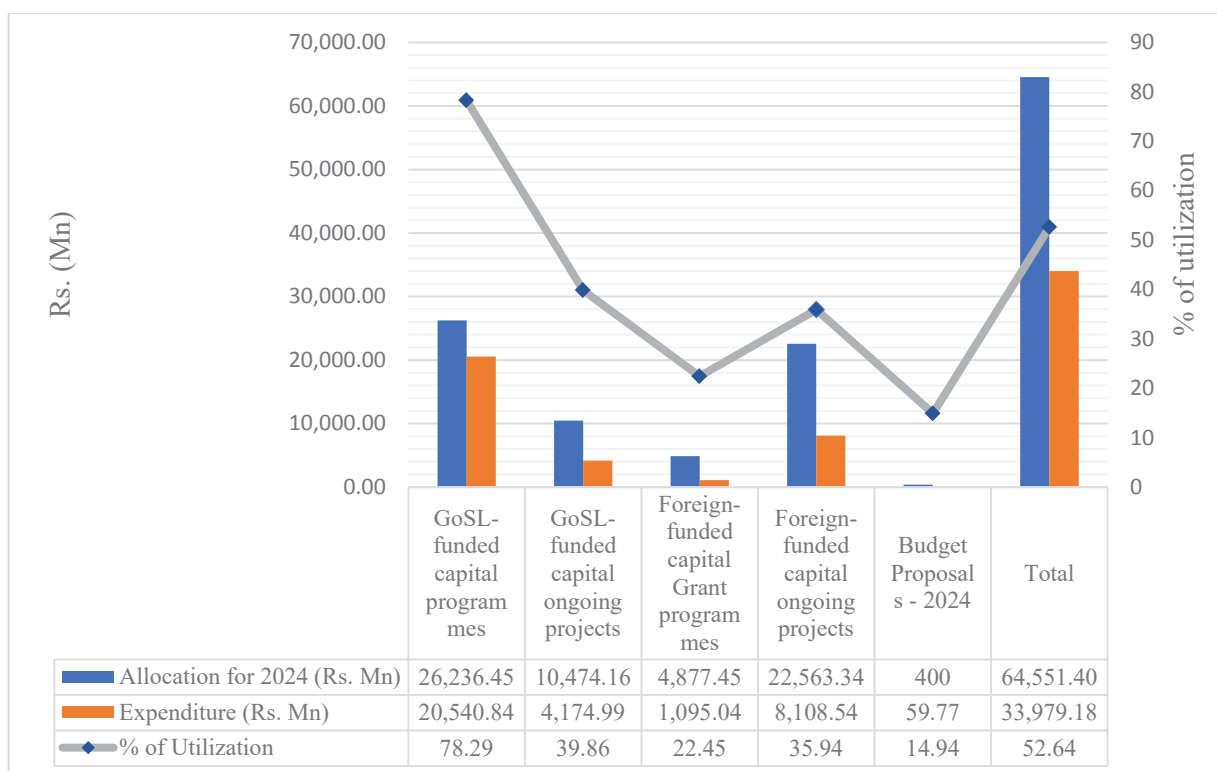


Figure 03 - Summary of the Financial Progress (2024)

Further, it was noted that the total value of outstanding bills in hand as of 31.12.2024 was Rs. 1,836.26 million under GoSL funded capital programs.

The indigenous medicine sector has shown its commitment in realizing the vision of the Ministry of Health to produce a healthier nation that contributes to the economic, social, mental and spiritual development of the country.

Ayurveda, Siddha and Unani systems of medicine as well as the traditional medicine are making a great contribution to the development of primary healthcare and disease prevention in this country. The homeopathy medicine has also been accepted as an alternative medicine method among the people.

In the year 2024, many programs, projects, and activities related to the advancement of indigenous medicine have been given the opportunity to be implemented. It was carried out many activities related to policy formulation, regulatory work and research, human resource development, preservation of traditional medicine systems, infrastructure development of hospitals and herbal gardens in the field of indigenous medicine.

1.2 Vision, Mission, and Objectives of the Institution

VISION

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

MISSION

To contribute to social and economic development of Sri Lanka by achieving the highest attainable health status through promotive, preventive, curative and rehabilitative services of high quality made available and accessible to people of Sri Lanka

Indigenous Medicine Sector

Vision

A Healthy Nation

Mission

Promoting a healthy nation through the use of excellence in local medical methods and the utilization of all other medical methods while confirming the country's sustainable development

Objectives

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

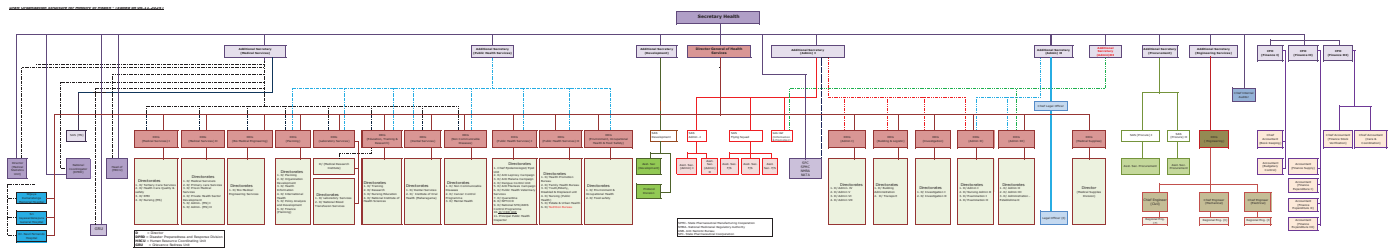
1.3 Key Functions:

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

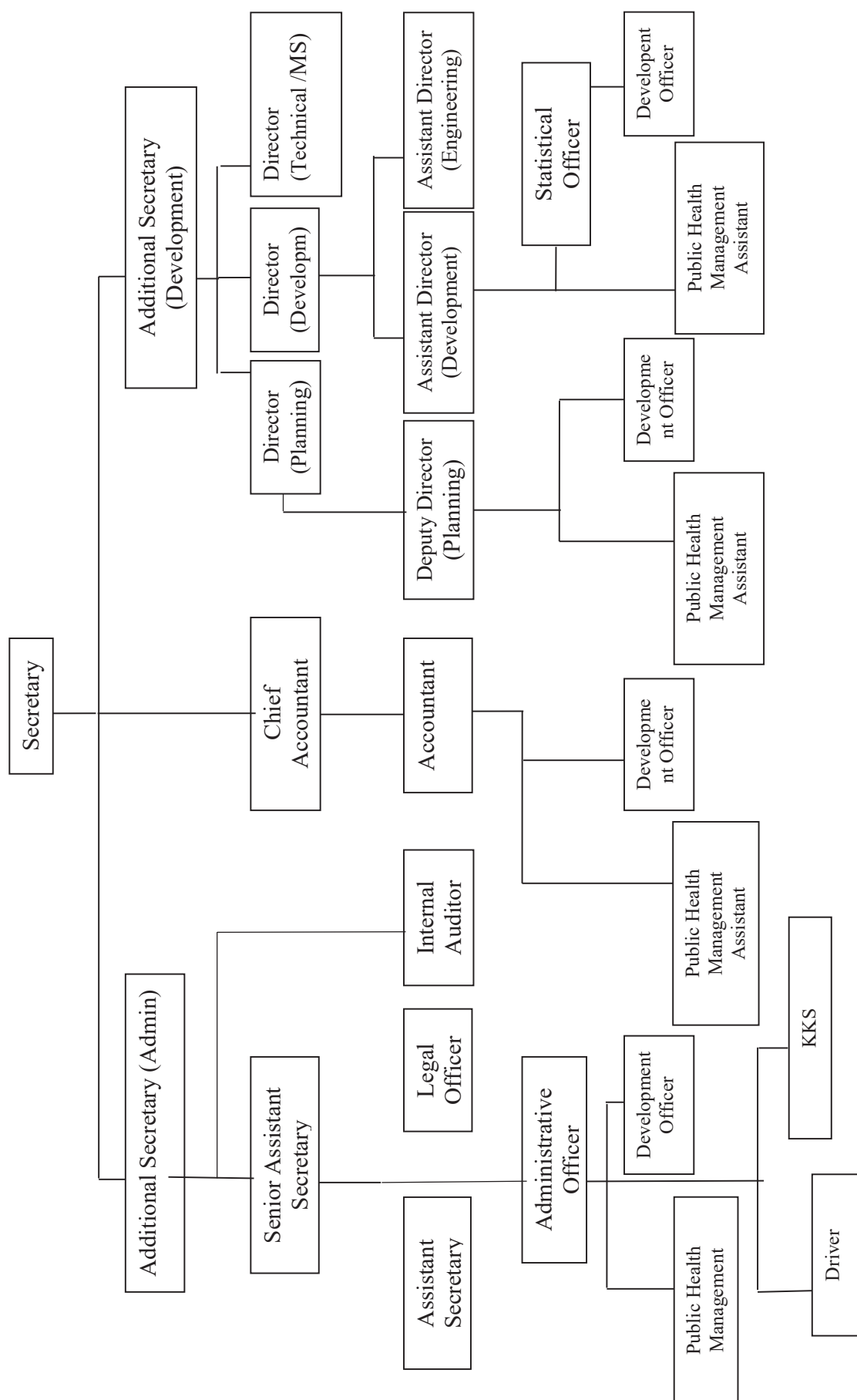
Main Functions of the Indigenous Medicine Sector:

- Formulation, implementation, monitoring and evaluation of policies, programs and projects relevant to the promotion of the indigenous medicine sector.
- (i) Development and improvement of traditional medical methods
- (ii) Production of Ayurveda, Siddha, Unani and Homeopathy pharmaceuticals
- (iii) Import, sale and distribution of materials and products required for the treatment of Ayurveda, Siddha, Unani and Homeopathy medicine
- (iv) Establishment and management of hospitals, research and training institutes and sales outlets for improvement Ayurveda, Siddha, Unani, and homeopathy medicine
- (v) Regulation of exportation of medicinal plants, and products of Ayurveda, siddha and Unani pharmaceuticals
- (vi) Regulation of Ayurveda pharmaceuticals manufactures
- (vii) Coordination of projects on the promotion of medicinal drug plantation and improvement of indigenous medicines
- (viii) Registration of Ayurveda manufacturers, Ayurvedic medicine professions, and Ayurveda para medical staff
- (ix) Establishment, monitoring and promotion of Ayurvedic hospitals, Ayurveda research institutes, training institutes and Osu Sula outlets
- (x) Implementation of a program for traditional and Ayurveda treatment methods for tourists coordinating with the Tourist Board and regulation the same
- (xi) Promotion of researches on drugs and treatments of indigenous medicine
- (xii) Administration and human resource management of the indigenous medicine sector

1.4 Organisational Chart (Draft)



1.4 Organisational Chart of the Indigenous Medicine Sector



1.5 Main Divisions of the Ministry

Curative care services

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

Preventive care services

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

Other services

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

Indigenous Medicine Sector

1.6 Institutions / Funds coming under the ministry

National Hospitals

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

Teaching Hospitals

Teaching Hospital, Anuradhapura
Teaching Hospital, Badulla
Teaching Hospital, Batticaloa
Teaching Hospital, Colombo North, Ragama
Teaching Hospital, Colombo South, Kalubowila
Teaching Hospital, Jaffna
Teaching Hospital, Kalutara
Teaching Hospital, Kuliyaipitiya
Teaching Hospital, Kurunegala
Teaching Hospital, Peradeniya
Teaching Hospital, Ratnapura

Specialised Hospitals

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

District General Hospitals

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

Base Hospitals – Type A

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

Base Hospitals - Type B

- Base Hospital, Beruwala

Divisional Hospitals

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

Board Managed Hospitals

- Sri Jayawardanapura General Hospital, Thalapathpitiya, Nugegoda
- Wijeya Kumaranathunga Memorial Hospital, Seeduwa

Public Health Institutions

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

Other Institutions

- Airport Health Office - Katunayake
- Airport Health Office - Mattala
- Biomedical Engineering Services
- Food Lab - Anuradhapura
- Institute of Legal Medicine and Toxicology
- Medical Research Institute
- Medical Supplies Division
- Medical Statistics Unit
- National Blood Transfusion Service
- Port Health Office - Colombo
- Port Health Office - Galle
- Port Health Office - Hambantota
- Port Health Office - Kankasanthurai
- Port Health Office - Oluvil
- Port Health Office - MRI

Port Health Office - Trincomalee
School Health Office
Sexually Transmitted Diseases Clinic, Mahamodara
Sri Lanka Parliament Medical Centre

Training Institutions

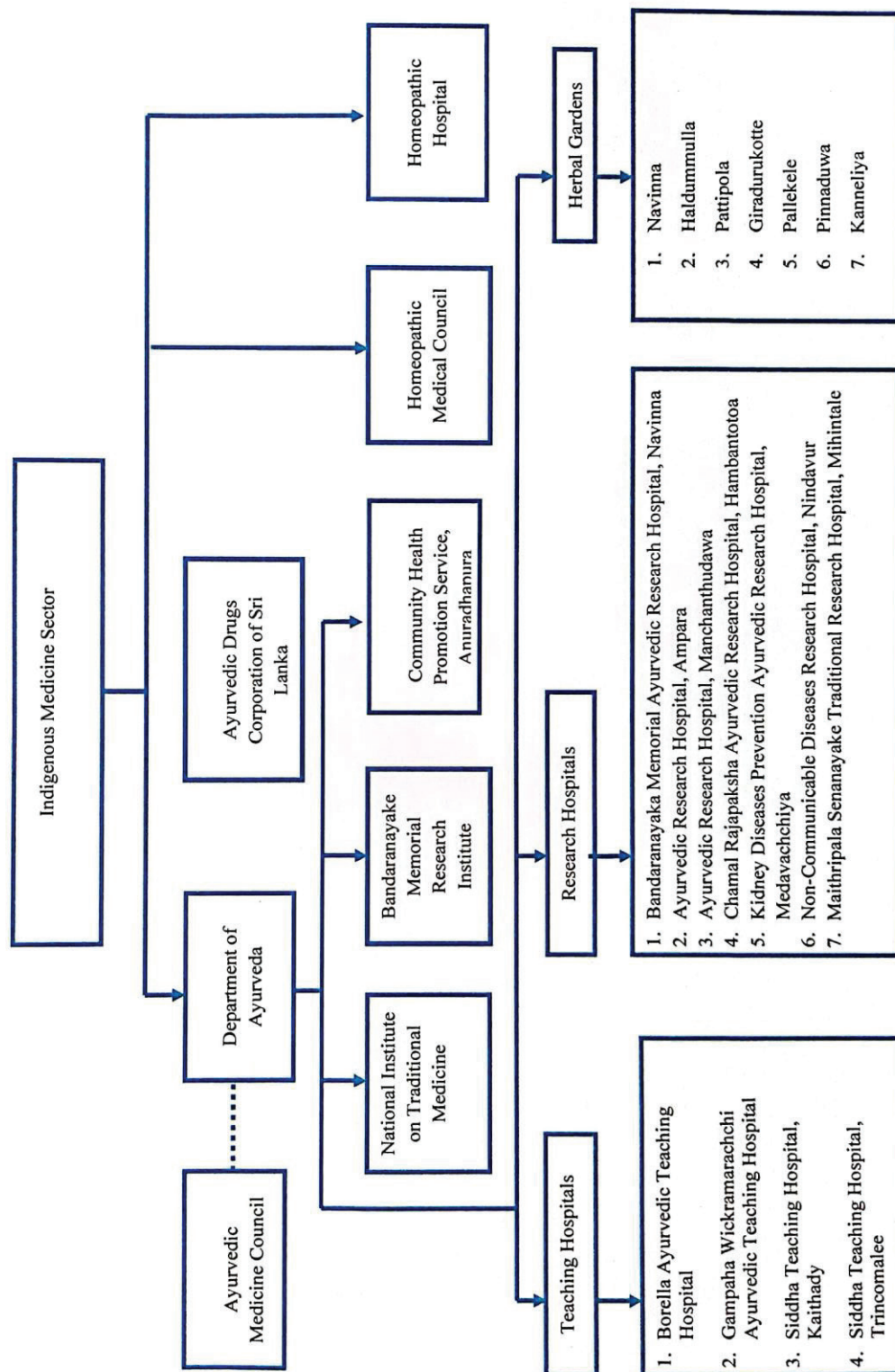
National Institute of Health Sciences - Kalutara
Post Basic School of Nursing - Colombo
Nurses Training School- Ampara
Nurses Training School- Anuradhapura
Nurses Training School- Badulla
Nurses Training School- Batticaloa
Nurses Training School- Colombo
Nurses Training School- Galle
Nurses Training School- Hambantota
Nurses Training School- Jaffna
Nurses Training School- Kandana
Nurses Training School- Kandy
Nurses Training School- Kurunegala
Nurses Training School- Matara
Nurses Training School- Mulleriyawa
Nurses Training School- Ratnapura
Nurses Training School-Vavuniya
National School of Nursing - Sri Jayawardanapura
Audiology Technicians' Training School
Cardiographers' Training School
EEG Recordists' Training School
Training School of Health Entomology
MLT Training School - Medical Research Institute (MRI)
MLT Training School - Peradeniya
Ophthalmic Technologists' Training School
Physiotherapists & Occupational Therapists' Training School - NHSL
School of Pharmacy, NHSL (UOC)
School of Radiographers
Sri Lanka School of Prosthetists and Orthotists

Funds – National Health Development Fund (NHDF)

1990 Suwaseriya Foundation

Institutions Come under the Indigenous Medicine Sector

1.5 Institutions coming under the Indigenous Medicine Sector



1.7 Details of Foreign-Funded Projects

#	Name of the Project	Donor Agency	Estimated Cost of the Project Rs. Mn	Project Duration
1	Primary Healthcare System Strengthening Project (PSSP)	World Bank	36,440.00	2019 -2024 June
2	Sri Lanka COVID-19 Emergency Response & Health Systems Preparedness Project	World Bank	23,791.00	2020-2023
3	Health System Enhancement Project (HSEP)	Asian Development Bank (ADB)	40,500.00 35,346.00	2018 – 2023 Oct. - 2025 Nov.
4	Health and Medical Service Improvement Project	JICA	18,594.00	2018 Oct. – 2023 Oct.
5	Global Fund to fight AIDS, Tuberculosis and Malaria (USD 13.31 million for 2022/2023 Grant Cycle only for AIDS & TB)	GFATM	1,548.00 2,689.00	2022 – 2024 Dec.
6	Upgrading Health Facilities of Selected Hospitals (EXIM Bank of China)	China	15,300.00	2019 – 2021 Sep. Ext. 2024
7	Development of District Hospital Kalutara as a Specialized Maternal and Children's Hospital (GoSL & Netherlands)	Netherlands	5,400.00	2018 – 2024 Apr.
8	A Neonatal and Obstetrics Reference Centre for the De Zoyza Maternity Hospital (France-HNB)	France / HNB	4,950.00	2019 - 2022
9	Health Information and Quality Improvement Project (Debt to Health Swap in Sri Lanka)	Global Fund	4,646.00	2021 – 2024 Ext. 2025/06
10	Capacity Building of Biomedical Engineering Service in Sri Lanka	Korea Foundation for International Healthcare (KOFIH)	1,656.00	2021 - 2024
11	Project for the improvement of Infectious Waste Management	JICA	1,520.00	2024 - 2026

#	Name of the Project	Donor Agency	Estimated Cost of the Project Rs. Mn	Project Duration
12	Program to improve Non-Communicable Disease Treatment Facilities at Sri Jayawardanapura General Hospital	JICA	1,265.00	2024 - 2025
13	Sri Lanka Primary Healthcare System Enhancing Project (PHSEP)	World Bank	51,000.00	2024 - 2028

CHAPTER 2

Progress and the Future Outlook

2.0 Special achievements, challenges and future goals

Health services provided by the Government of Sri Lanka are operated under a Cabinet Minister of the Ministry of Health. The indigenous medicine sector was incorporated into the Ministry of Health since 2015. Currently, there are two State Ministers were appointed with portfolios of Health and Indigenous Medicine under the Ministry of Health.

The Ministry of Health as the key government organization, plays a vital role in safeguarding the status of health and well-being of all citizens of Sri Lanka along with other government departments, local and international organizations, civil society groups and the general public. It is also responsible for delivering high quality healthcare services to the people in an equitable manner. The Ministry of Health and the Provincial Health Services provide a wide range of curative, preventive, rehabilitative, and promotive health care through an extensive network of health care institutions.

In 2024, fourteen (14) foreign-funded projects have been scheduled for implementation. Among them, three projects—Development of the Ambulatory Care Centre (OPD) of NHSL, Helmut Kohl Maternity Hospital in Karapitiya, Galle, and the Primary Healthcare System Strengthening Project—were completed. Three projects were temporarily suspended due to non-receipt of funds, while another three projects did not commence as funding was not received from the respective agencies.

Most construction projects funded by the Consolidated Fund were also suspended due to the financial crisis. Additionally, as a result of the economic downturn that followed the COVID-19 pandemic, two donor-funded projects were temporarily discontinued. However, local funds were allocated through the Consolidated Fund for several important projects to continue the remaining work and ensure their completion.

Special achievements:

2.1 Curative Sector improvements

➤ National Hospital, Galle

- Teaching Hospital, Karapitiya was upgraded and re-named as National Hospital, Galle by Extra Ordinary Gazette No 2389/21 dated 20.06.2024.

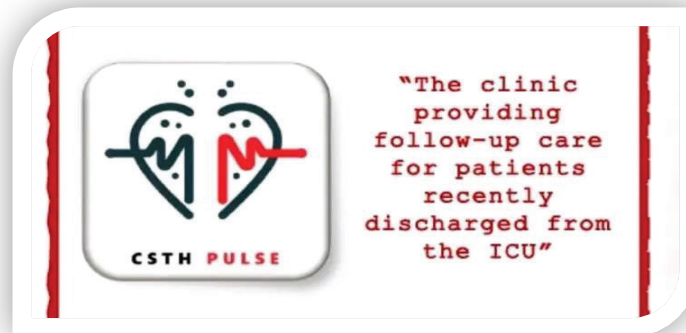


- Second place for Death Surveillance in National Injury Surveillance System
- Obtained EPL and SWML License for the hospital
- Renovation of Outpatient department to improve responsiveness
- Completion of Stroke Unit construction and starting patient care services
- Established Lab Information System (LIS) to minimize waiting of patients at OPD lab
- Established clinic digital appointment system at Eye clinic
- Addendum to the Memorandum of Understanding of the Project on Extension of Cancer Treatment Unit at Teaching Hospital, Karapitiya (Construction of ten-storied building) was signed on 05th November 2024 at the Ministry of Defence by three parties: Ministry of Health, Ministry of Defence and Colors of Courage Trust Fund to initiate Phase II of the project.

➤ **Teaching Hospital - Colombo South, Kalubowila**

- Quality award ceremony was held on 09.02.2024. This encourages the Hospital staff to improve the quality of patient care services.
- Life Skill programmes was conducted for Health Care Assistants by the Life Skill training team. This programme is good initiative which helps them to improve their quality of service as well as rendering their services efficiently.
- Safety Early Warning Score Chart was introduced to improve the patient care services.
- Fire Drill was organized by the Emergency physicians, PG trainee in Disaster Management and Quality management team .The objective is to prepare the hospital and the staff to face a sudden fire in the hospital premises.
- Bellanwila health camp was organized. Consultants and Medical officers participated for this as a measure of providing medical care to the General public.
- Following the congress held by the International Union of Basic and Clinical Pharmacology, delegates from Pakistan, Mongolia, and Ethiopia participated in a post-congress site visit to the Colombo South Teaching Hospital (CSTH). They observed the implementation of medication safety activities in the hospital, including electronic prescribing and a paperless outpatient department (OPD)

- The clinic providing follow-up care for patients recently discharged from the ICU was initiated.



➤ **Colombo North Teaching Hospital, Ragama**

- **Colombo North Centre for Liver Diseases (CNCLD)**

M.H. Omar Liver Care Facility-A comprehensive centre for the management of liver diseases, including clinic rooms, diagnostics, operating theatres, ICUs, was donated by the family of Mr. M.H. Omar, at a cost of LKR. 2.5 billion.



- Renovation of OPD and Clinic complex and main Operating Theatre as a donation from Sarana Buddhist Foundation, Kadawatha

➤ **National Hospital for Respiratory Diseases, Welisara**

- Conversion of existing ward in to the surgical clinic
- Renovation of Hospital Temple
- Stray dogs and cats control programs were conducted

➤ **Base Hospital, Kalmunai North**



Injury Surveillance



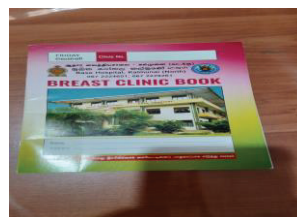
World Patient Safety Day



Presidential Environment Award



Injury Surveillance Award



Breast Clinic

➤ **Infrastructure Development projects carried out by the Additional Secretary Engineering Services Unit**

All these projects are financed by GoSL funds.

Table 03 – Summary of Projects implemented by Additional Secretary - Engineering Services Unit

No.	Name of the Project / Activity	Target for 2024 (%)	Physical Progress (%)	Physical Progress (In words)
01	Completion of Maternity Complex – Stage 111 (8-storey) TH Kurunagala	100	100	Completed.
02	Completion of Construction of Millennium Ward, PCU & Paramedical Services Building, THCS Kalubowila (Balance work of 9-storey building with basement)	100	100	Completed – Payments Pending.
03	Completion of proposed Ward Complex at District General Hospital Monaragala (5-storey)	20	35	Ongoing, Obtaining approved drawing from CECB and preparing cabinet paper, ground floor finishing started.
04	Completion of MRI Scan Unit at TH- Badulla	100	100	Completed, Final bill to be paid.

No.	Name of the Project / Activity	Target for 2024 (%)	Physical Progress (%)	Physical Progress (In words)
05	Completion of Balance work of Extension to Surgical / Medical Unit – TH Karapitiya, Stage II	70	66	Ongoing, structural work completed, finishing works going on.
06	Completion Construction of Administration Building – 4-storied (Phase II) TH- Kalutara	100	100	Completed, final bill to be paid.
07	Completion of Construction of intern doctor's quarters - 3 Storied at TH – Kalutara	100	100	Completed, final bill to be paid.
08	Completion of Construction of ambulance garage & minor staff rest room (3 storied) - TH – Kalutara	100	100	Construction suspended the contractor in legal process.
09	Completion of Construction of Medical Ward Complex (Stage II) 8 storied TH – Kalutara	40	32	3 rd floor finishing works going on.
10	Completion of Construction of MOH Office (2 storied) at Payagala	100	100	Completed, payments pending.
11	Completion for Construction of Oral Health Unit (8 storied) at TH Karapitiya	50	45	Ongoing, Start the balance work as per the cabinet decision.
12	Completion of Construction of 10-storied building at the Teaching Hospital Badulla.(two buildings 10 storied and Oncology 6 storied)	25	25	Ongoing, completed with advance payment.
13	Completion of Construction of Cardiac Care Complex –TH Rathnapura	30	24	Ongoing, foundation works going on.
14	Proposed Deyata Kirula Special Developments for completion of NTS	100	100	Completed, Final bill to be paid.

No.	Name of the Project / Activity	Target for 2024 (%)	Physical Progress (%)	Physical Progress (In words)
	Lecture Hall (4 storied) Administrative Building Hostel Building- NTS Kamburugamuwa, -Matara			
15	Completion of Renal care Treatment Unit (4-storied) DGH Hambantota	45	45	Mutually terminated, final bill to be paid.
16	Completion of Construction of proposed Nephrology, Dialysis and Transplant Unit (9-storied) TH Karapitiya	100	100	Completed, final bill to be paid.
17	Completion of Construction of Renal care Treatment Unit (6-storied) at TH Batticaloa	92	92	Mutually terminated, final bill to be paid.
18	Completion of Construction of Renal care Treatment Unit, TH Badulla (Proposed Prof.Unit)		18	Ongoing, foundation works going on.
19	Completion of Construction of Chronic Kidney Diseases Centre- BH Wellawaya	100	100	Completed.
20	Completion of Design and Construction of Highly Specialized Maternity unit and Ward Complex – De Soysa Hospital for Women	100	100	Ongoing, finishing works going on.
21	Completion for Construction of Ministry Head Office Building at Castle street	65	61	Ongoing, finishing works going on.
22	Completion of Reproductive Treatment Center (2 storied at CSHW)	100	92	Ongoing Follow up the EOT.
23	Completion of Little Heart Centre- 12 storied building at LRH	80	70	Ongoing, finishing works going on.

No.	Name of the Project / Activity	Target for 2024 (%)	Physical Progress (%)	Physical Progress (In words)
24	Completion of Faculty of Nursing (20-storied) and Accommodation building (6 storied) at Sri Jayawardenapura	16	15	Construction of nursing faculty was suspended and accommodation building going on.
25	Completion of Construction of Academic & Administration Building (4 storied) at NTS – Kaluthara	45	39	Structural works and finishing works going on.
26	Completion of Academic & Administration Building at NTS – Anuradhapura	60	50	Ongoing, roofing works and finishing works going on.
27	Completion of Specialized Children Unit (2 wings 7& 14 storied) – TH Karapitiya	24	24	Structural works going on.
28	Completion of balance work of Stroke Unit (2 storied) – TH Karapitiya under Development of Karapitiya Hospital programme	100	100	Stage I completed and stage II procurement works going on.
29	Completion of Cardiology Unit, TH Batticaloa (4-storied)	100	94	PMG to be completed.
30	Completion of Accident & Emergency Treatment Unit, Stage II –TH Jaffna	80	86	Ongoing, finishing works going on except AC.
31	Completion Medical Ward Complex (6-Storied) at DGH Chilaw	45	45	Suspended
32	Completion of Bone Marrow Transplant Unit to Cure Thalassemia Patients – National Hospital Kandy	70	70	Finishing works going on.
33	Completion of Cancer Treatment Unit (Stage 2) – National Hospital Kandy	70	64	On going.
34	Completion of Extension to Clinic area (Balance Work) STD/AIDS Control	100	100	Completed, final bill to be paid

No.	Name of the Project / Activity	Target for 2024 (%)	Physical Progress (%)	Physical Progress (In words)
	Program			
35	Completion of Chiller Unit Kandy (Cancer Unit)	100	5	Procurement going on.
36	Completion of National Stroke Unit Mulleriyawa	20	17	Diagnostic center –structure completed, finishing works going on. / stroke center-structural work going on.

Annexure – I - Photos of completed construction projects and on-going construction projects

2.2 Disaster Preparedness and Response

- Hospital Disaster Preparedness and Response capacity enhanced
- Health sector preparedness and response milestones documented and disseminated
- Training for Health Emergency Operation Centres
The Disaster Preparedness and Response Division of the Ministry of Health, in collaboration with the World Health Organization, organized a four-day training session for 35 participants representing Epidemiology Unit and provincial / regional health departments.

2.3 Environmental and Occupational Health

- **The National Environmental Health Programme**
The National Environmental Health Programme involves the management of environmental health issues in collaboration with other relevant stakeholders. This programme addresses environmental risk factors such as air pollution, chemical safety, climate change and health, Water, Sanitation and Hygiene (WASH) in healthcare facilities and Health Care Waste Management as areas.
 - The UNICEF provided financial support for provision of WASH facilities Lady Ridgeway Hospital for Children, De Soyza Maternity Hospital, Nuwar Eliya and Nawalapitiya Hospitals to improve immunization program, to improve healthcare waste management at district level, to conduct capacity building programs and to conduct six workshops to disseminate the results of the WASH Survey conducted. Total of 502 pedal-operated waste bins were provided to District General Hospitals – Matara and Hambantota.

- National inception meeting on eliminating Mercury in skin-lightening products was conducted in collaboration with the Ministry of Environment with support of WHO funds.
 - A series of Training of Trainers (ToT) workshops on climate change adaptations and building resilience in the health sector were conducted utilising GoSL funds.
 - Availability of Environmental Protection Licence (EPL) and Scheduled Waste Management Licence (SWML) status of healthcare institutions in Sri Lanka was conducted.
- **The National Occupational Health Programme**
The Occupational Health Unit is responsible for planning, co-ordination, monitoring and evaluation of the National Occupational Health Programme.
- Four two-day Training of Trainers (ToT) workshops conducted for district level public health staff in Colombo, Gampaha, Kandy, and Matala. Total of 227 officers including Medical Officer (E & OH), Medical Officer of Health and Public Health Inspectors.
 - A consultative meeting was held to update the District Review Format on Environmental Health, Occupational Health, and Safety Activities. Key participants included CCP, MOH, SPHID, and PHI, selected from the Western Province.

2.4 Foreign Funded Projects

- **Helmut Khol Maternity Hospital, Karapitiya, Galle**
Construction of a new building complex at Karapitiya, Galle for relocation of Teaching Hospital, Mahamodara which was the special hospital for women's care damaged by the Tsunami in 2004 completed in 2023. This new hospital was declared opened in 2024 by shifting maternity and women's care facilities functioning at the Teaching Hospital, Mahamodara. The name of the hospital was re-named as German-Sri Lanka Friendship Hospital for Women (Teaching) – Galle by General Circular No. 01-48/2024 dated 18.12.2024.
- **Upgrading Health Facilities of selected hospitals (13 hospitals)**
This project was financed by the Chinese loan and it was suspended in 2022 due to unavailability of funds as a result of economic crisis after COVID-19 epidemic. The project has restarted in 2024 to complete the remaining works utilizing local funds. The overall physical progress of the project is 95%.
The construction of buildings at Base Hospitals – Rikillagaskada, Walasmulla, Padaviya, Medirigiriya, Samanthurai, Mahiyanganaya, Eravur and Divisional Hospital – Aluthgama have been 100% completed. Constructions of the rest of the 05 hospitals are in progress as follows:

Base Hospitals - Pothuvil (95%), Meerigama (90%), and Kalawana (15%)

Divisional Hospitals - Kalpitiya (95%) and Dharga Town (90%)

➤ **Primary Healthcare System Strengthening Project (PSSP)**

The Primary Healthcare System Strengthening Project (PSSP) was implemented by the Ministry of Health in collaboration with nine Provincial Ministries of Health since year 2019, funded by a loan received from World Bank. Main objective of the project was to increase the utilization and improve the quality of primary medical care facilities provided by the Primary Medical Care Units (PMCU) with special emphasis on early detection and management of non-communicable diseases. The project was implemented across the country under two components and ended in 30th June 2024.

More than 800 new constructions including Clinic buildings, Drug stores, Laboratories, Dental clinics, Staff quarters and Emergency Treatment Units were carried out using the funds. In addition, about 900 renovations and improvements, supply of a large numbers of medical, non-medical and ICT equipment have been carried out during the project period.

➤ **Health System Enhancement Project (HSEP) / Health System Enhancement Project – Addition Financing (HSEP – AF)**

The Health System Enhancement Project initiated in 2019 with the aim to improve the efficiency, equity, and responsiveness of the primary health care (PHC) system. Focused on underserved populations, it introduces shared care clusters, referral systems, and IT integration to provide universal access to quality care. It also strengthens human resource capacity through e-learning and enhances public health surveillance aligned with international health regulations. The project was funded by Asian Development Bank (ADB) with \$60 million (comprising a \$37.5 million concessionary loan, a \$12.5 million grant, and \$10 million in counterpart funds from Sri Lanka), and it is implemented in Central, North Central, Sabaragamuwa and Uva Provinces.

The additional financing was received to scale up the ongoing Health System Enhancement Project, addressing urgent COVID-19 needs and restoring funds reallocated in 2020 for planned primary healthcare activities. The total additional financing for the original project amounts to \$123 million, comprising \$110 million from ADB's country allocation, a \$3 million grant from the Japan Fund for Prosperous and Resilient Asia and the Pacific (JFPR), and \$10 million in counterpart funds from the Government of Sri Lanka.

Progress / Performance:

- By 2024, 33 Primary Medical Care Units (PMCU) and Divisional Hospitals (DH) were upgraded, renovated and handed over to the relevant health authorities. In 2024, 44 PMCU and DHs have been completed.
- Forty (40) Field Health Centers (FHC) were completed in 2024.

Table 04 – Summary of Health care institutions completed in 2024 under the project

Description / Activity	Central Province	North-Central Province	Sabaragamuwa Province	Uva Province
No. of completed Primary Medical Care Units (PMCU) / Divisional Hospitals (DH)	22	07	09	06
No. of completed Field Health Centers (FHC)	04	09	12	15
On-going construction works – PMCU / DH	03	06	-	-
On-going construction works – FHC	-	06	02	-
Total	29	28	23	21

- Other on-going construction works:

Table 05 –Other on-going construction works under the project

No.	Activity	Physical Progress (%)
01	Renovation of hostel building at the National Institute of Health Sciences (NIHS), Kalutara	35
02	Construction of Laboratory Building Complex at National Institute of Infectious Diseases (NIID). Mullariyawa New Town	16
03	Establishment of Iodine Therapy at Teaching Hospital – Ratnapura (Balance Work)	Mobilized

04	Refurbishment of Point of Entry, Colombo	Mobilized. A contactor is unable to start the work.
05	Refurbishment of Point of Entry, Trincomalee	Mobilized
06	Supply reagents for Apeksha Hospital, Maharagama	65

- Civil works carried out at Suwa Seriya Ambulance Stations – JFPR Grant
Improving the facilities of the Suwa Seriya Paramedical staff at selected 20 regional stations. Constructions at 16 stations completed.
- Procurement of Goods – JFPR Grant
Procurement of 25 Ambulances for Suwa Seriya – 3rd rebidding started
Procurement of training equipment for Suwa Seriya Staff – 70% completed
Procurement of Audio Visual / IT equipment for hospitals – 2nd rebidding started
- Procurement of Goods – Additional Financing under the Loan
Procurement of medical equipment for Bio Medical Engineering Services
Procurement of 20 Ambulances for Suwa Seriya
Procurement and supply of basic life support equipment for Ambulances, computers for peripherals, establishing local area network systems in Karawanella and Welimada clusters
- Procurement of Goods – Original Financing
Procurement of Digital Radiographic panels and dental chairs

➤ **Expansion of Infrastructure Facilities of Bio-Medical Engineering Services of Sri Lanka (KOFIH)**

Under this project, it is proposed remodeling of Bio-Medical Engineering Units and construction of Bio-Medical Engineering Service Centres in 09 provinces, provision of supplies for maintenance services, provision of service vehicles and machineries, development of national wide electronic bio-medical equipment and maintenance system, on-site and invitational training for bio-medical engineers and the monitoring and evaluation activities. Total estimated cost of the project is 1,675,153 USD and the grant is provided by Korea Foundation for International Healthcare through the Republic of Korea. Progress is as follows:

Table 06 – Summary of Progress

#	Component	Activities	Physical progress
1	Facility Improvement (Renovation phase I & phase II)	Construction of second floor of main building of the BMES to expand administrative functions, implement Testing and Calibration centre and auditorium	Renovation – Phase I in progress. Renovation – Phase II Finalizing the bidding documents for advertise the contract.
2	Tools and Equipment Support (tools phase I, Phase II & Phase III)	Provision of testing equipment and tool for medical equipment repair, maintenance and calibration	Phase I - Equipment supplied from Korea and distributed to PDHS Western, North Western and Sabaragamuwa provinces. Phase II - Procurements are in Progress, goods received in some tenders.
3	Mobile Workshop	Facility improvement of maintenance of faulty equipment and testing and calibration of medical equipment	Order placed, internal modification completed, processing for vehicle registration
4	Computerized medical equipment inventory and equipment maintenance management system. (MEIMS)	Establishment of computer system	Finalized the consultant
5	Capacity Building (CBT)	Capacity development of Biomedical Engineers and technical staff through Master's program and short term courses	In the processing of developing the curricula for the MSc and short courses

➤ **Sri Lanka Primary Healthcare System Enhancing Project (PHSEP) 2024 – 2028**

The project objective is to improve access and quality of primary health care services across all districts of Sri Lanka. The project is financed by the World Bank loan of USD 150 million for a period of five years. The project consists of the following components:

- (i) Increase availability of comprehensive Primary Healthcare Services (PHC) at Primary Medical Care Institutions (PMCI) and Medical Officer of Health (MOH) Offices
- (ii) Strengthen the quality of clinical and person-centred care at PMCI
- (iii) Strengthen health promotion, community empowerment and citizen engagement
- (iv) Project Management and Monitoring and evaluation
- (v) Contingency Emergency Response

Necessary approvals for project implementation, establishment of Project Management & Monitoring Unit and recruitment of project staff were obtained. Financing Agreement was signed on 10.09.2024. First National Steering Committee meeting was held on 16.10.2024.

2.5 Health Promotion

The Health Promotion Bureau (HPB) is the national centre of excellence for Health Education and Health Promotion in the Ministry of Health. Seven technical units together with the administrative section of the bureau in collaboration with other health and non-health stakeholders, functions towards achieving the objectives of the bureau taking a health promotion settings approach.

Table 07 - Achievements / Special events

Unit	Key achievement/s
Health Promotion Bureau	Development and opening of the Walking Pathway of 100m within the premises of HPB. This provides facility for the staff and any health staff member from other institutions to use the walking path for fitness.
Policy & Advocacy, Risk Communication and Workplace Health Promotion Unit	1. Implementation of “National Health Promotion Program Sri Lanka, Strategic Plan 2024-2030” and “National Risk Communication Strategic Plan for Public Health Emergencies, Sri Lanka 2023-2025” 2. Initiated the development of HPB as a model health promoting workplace along with the WPHP committee establishment.
Health Communication, Media and Life Skills Unit	1. Launched and maintained the "Let's Learn Life" social media campaign for Comprehensive Sexuality Education for general public as per the directives provided by the Parliamentary Caucus for Children. 2. Implementation of Menstrual Health & Hygiene Activities:

	Carried out activities under the declaration signed with the National Working Committee to improve menstrual health and its environmental impact in Sri Lanka. This included capacity building of health and education staff, developing IEC materials, and drafting the National Guideline for Menstrual Health & Hygiene.
IEC material, Training and Exhibition Unit	1. Development of the Hospital Health Promotion Assessment tool and completion of introducing the HHP and assessing HHP settings in 12 districts. 2. Development of Measles vaccination communication strategy and IEC development accordingly.
Nutrition Communication and Behaviour Research Unit	1. Advocacy channels, partnerships, and communication platforms established to strengthen the existing Mother Support Groups (MSGs). 2. Strengthening and mobilizing MSG's in collaboration with FHB, Nutrition division, NCD unit, Mental health unit and Estate and Urban health development unit with the UNICEF and SUNPF
Strategic Information, Planning, Monitoring & Evaluation Unit	1. Development of SBCC program for Child Health Promotion 2. District level advocacy and enabling on Preschool Health Promotion Program
Oral Health Promotion Unit	1. National launch of oral health promotion training materials for primary grade teachers 2. Oral health promotion training programmes were conducted for regional dental surgeons and dental surgeons in community dental clinics, supervising school dental therapists and school dental therapists.

2.6 Health System Strengthening

- The Organization Development Unit has coordinated Health Development Committee (HDC) Meetings with the participation of all Deputy Director Generals, Directors and Heads of Line Ministry institutions and the Provincial and Regional Directors of Health Services, in order to address issues within the health system. These meeting are chaired by the Director General of Health Services and serve as a central-provincial dialogue platform.
- The National Health Development Committee (NHDC) meetings are conducted to address national level health issues with the participation of relevant stakeholders such as all Chief Secretaries, Provincial Health Secretaries, Provincial Directors of

Health Services, Deputy Director Generals of the Ministry of Health and Secretaries of other relevant ministries. Two meetings are held annually – at the beginning and end of the year.

- More than 300 staff categories are employed in the health sector, each performing distinct roles to contribute to overall health outcomes. As each category requires a specific job description, the Organization Development Unit is responsible for facilitating the technical process of preparing these job descriptions.
- Base Hospital – Pottuvil, which was administered under the Eastern Provincial Council, was taken over by the Line Ministry of Health with effect from August 1, 2024, in order to convert it into an integrated healthcare Base Hospital under the Line Ministry of Health. The hospital will include paying wards, palliative care services, geriatric care services, and Ayurvedic treatment facilities for medical tourism.
- Identification of medical equipment, except Lab equipment requirement for Primary and secondary care health institutions was carried out under the World Health Organization Activity Plan – 2024 / 2025.
- Teaching Hospital – Karapitiya was upgraded and re-categorized as a National Hospital, Galle.

2.7 Healthcare Quality and Safety

Directorate of Healthcare Quality and Safety (DHQS) was established in 2012 as the national focal point that implements the healthcare quality assurance program for Sri Lanka. DHQS has an island-wide network with Quality Management Units (QMU) in all hospitals above Base Hospital Type B and the offices of the Regional Director of Health Services to execute the quality assurance program at the respective institutes.

- **National celebration in commemoration of World Patient Safety Day** on 07.09.2024 at the Marino Beach Hotel under the theme of ‘Improving Diagnosis for Patient Safety’ also facilitating experience sharing and showcasing best practices by hospitals and awarding of selected best projects submitted by healthcare institutions.
- **Establishment of an accreditation system for Healthcare Institutions in Sri Lanka**
- **Annual and Quarterly Performance Review Meetings**
Online performance review meetings of line ministry health institutions (53) and provincial health institutions (above base hospital type B) of 25 districts conducted biannually to assess hospital performance in Quality and Safety.
- **Conducting of Training programmes and workshops**
The DHQS conducted training programmes to develop a skilled, competent and satisfied workforce with enhanced productivity.

- **Development and dissemination of circulars**
 - Circular related to Lists of Look Alike Sound Alike (LASA) drugs and High Alert (high risk) Medications (HAM) used in Sri Lanka and error prevention strategies
 - Circular on implementing proper labeling of medications during dispensing
 - Circular for assigning a liaison pharmacist for medication safety activities
- **Conduction of supervision visits**
Twelve (12) supervision visits were conducted to Teaching, Specialized, Base and Divisional Hospitals with PSSP funding during 2024.
- Dissemination and implementation of the Patient Observation Chart – Early Warning Score, with three awareness programmes organized prior to island-wide implementation
- Conducted a steering committee meeting of the Patients for Patient Safety Network (PPSN) on 30th January 2024.
- Coordinated the review of the National Guideline on Management of a new-onset seizures in children and adults for Sri Lanka, in collaboration with the Sri Lanka College of Pediatricians.
- The DHQS contributed to the National Action Plan for Health Security of Sri Lanka developed by the World Health Organization (27th-29th February 2024)

2.8 Human Resource Development

➤ **Human Resources Management Coordinating Unit (HRMCU)**

- National Health Workforce account for 2023 was successfully completed.
- The training programs were conducted for all relevant officers who are updating the Human Resources Information Management System.
- Recruitment of Nursing students 2023 (A/L 2019 / 2020 – Old & New) – The selected 3,863 candidates were interviewed and 2,171 were eligible for training.
- Recruitment of students for Paramedical Staff Categories 2024 (A/L 2018 / 2019 / 2020 – Old & New) – The selected 1,419 candidates were interviewed and the list of eligible candidates for training is being prepared.
- Choice marking of students for training in Public Health Midwives 2022 (A/L 2018 / 2019) was completed.

➤ **Education, Training and Research Unit**

Education, Training and Research Unit of the Ministry of Health is responsible for policy formulation and technical guidance on training, coordinating basic training programs for all staff categories, except for Medical Officers and Dental Surgeons.

Additionally, the Unit is responsible for enhancing the capacity of the health workforce through post-basic and in-service training programmes. Furthermore, the National Institute of Health Sciences (NIHS) is under the administrative and technical supervision of the DDG (ET&R).

- The ET&R Unit collaborates with the Ceylon Medical College Council, University Grants Commission, and other relevant academic and professional institutions in Sri Lanka to enhance the human resource capacity of the health sector.
- It has improved the Continuous Professional Development (CPD) programmes for state Medical Officers, particularly through the online Learning Management System (LMS) platform. The unit serves as a central hub for the initiative that enhances career development opportunities for Medical Officers, in collaboration with the Post Graduate Institute of Medicine (PGIM) and state medical faculties. ET & R has also been able to broaden its capacity in coordinating important training programmes with international organizations to improve the capacity of the health workforce in Sri Lanka.

2.9 Maternal and Child Health Services

Family Health Bureau (FHB) is the central organization of the Ministry of Health responsible for policy planning, coordination, monitoring and evaluation of reproductive health, maternal health, new-born health, youth health, child health, family planning and well women clinic programs within the country.

- **Maternal Care Program**
 - Conducted 10 consultative meetings with relevant stakeholders regarding issues related to maternal anemia, maternal micronutrients for year 2024, calcium supplementation during pregnancy, to decide the dose of calcium carbonate tablets for maternal care programme, specification for adult weighing scales (Mechanical and Digital), levels of care in obstetrics.
 - Psycho-social Screening Tool was developed to screen both antenatal and postnatal women for psycho-social issues. The validation was conducted in selected areas in Kandy District and result of the validation, the Tool was amended.
 - Nutrition month data from pregnant women on pregnancy weight gain and associated factors were collected and analysis is in progress.
 - Quality assessment tools to be used in antenatal, labour room, postnatal and neonatal care units in hospitals were developed. Three best performing hospitals were selected based on these Tools and awarded at the World Patient Safety Day celebrations.

- Procured and distributed 720 digital blood pressure apparatuses to all MOH clinics island wide, utilizing GoSL funds.
 - The previous guide on Basic Maternal care published in 2011 for field health care staff was updated addressing the requirements of the non-specialist curative sector staff.
 - Twelve programmes of training of trainers (ToT) were conducted covering all nine provinces. The district level trainings on basic maternal care, conducted by the already trained master trainers. As of 30th September 2024, 35 district training programmes were conducted and 1580 health care workers were trained.
- **Intra-natal and New-born Care Unit**
- Capacity building programs for health staff were conducted to improve the quality of intra-natal and new-borne care services provided.
 - Healthcare facilities should support breastfeeding through Mother Baby Friendly Hospital Initiative (MBFHI). First ever island wide internal assessment of MBFHI was carried out. Four master training programs were conducted to train the assessment procedure for 255 master trainers.
 - The national guidelines on labour management was revised and piloting of World Health Organization, Labour Care Guide (WHO LCG) was carried out with the aim of effective, respectful care during labour and childbirth.
 - Strengthened national newborn screening programme for congenital hypothyroidism.
 - The national guideline on universal newborn screening in Sri Lanka, covering screening for critical congenital heart disease, congenital deafness, eye defects, and bilirubinaemia, was developed with the contribution of experts, including Neonatologists, ENT surgeons, Paediatric cardiologists, and Paediatric ophthalmologists.
 - A 'Field newborn care package' and the training module for public health staff were developed to address the gaps in knowledge and competencies of field staff in providing newborn care.
 - The items, donated by UNICEF and UNFPA, were distributed to various hospitals, including labour rooms, postnatal wards, lactation management centers, and neonatal intensive care units/special care baby units.
- **Child Nutrition Program**
- National Nutrition Month anthropometric assessment of under 5 children was conducted in the month of June 2024.

- National Breastfeeding Month was conducted with the objective of addressing inequalities that exist in breastfeeding support and prevalence.
- Revision of National Infant and Young Child Feeding and Growth Monitoring and Promotion guidelines was initiated based on the new guidelines published by the WHO.
- **Childcare Development and Special Needs Program**
 - The Caring for the Caregiver (CFC) Package of UNICEF was introduced to Sri Lanka. The package will be implemented through the Public Health Midwives (PHMs), the front-line healthcare workers in the setup.
 - The FHB initiated a programme to develop and validate a tool to screen specific learning disabilities (SpLD) for the age range of five to seven years based on the gaps identified through “Inclusive Early Childhood Development Program (IncluDe)” carried out for early identification and interventions for children with developmental disabilities which will significantly improve the development outcomes of identified children and contribute to the better human capital of the country.
 - The Minimum guideline for Childcare Institutions catering for children with disabilities was drafted.
- **School Health Program**
 - Advocacy for Amendment of existing Food Legislation
 - Assessment of Nutrition Environment in Schools: An activity to adapt and validate a tool - Nutrition Environment Assessment Toolkit for Schools (NEAT-S) was launched as an important component in obesity prevention.
 - Advocacy for addressing Psychosocial Issues among School Children
 - Youtube channel ‘Sihina Pasala’ was developed
 - Three Training of Trainers (TOT) programs on Health Promoting School (HPS) and School Medical Inspection (SMI) were conducted at central level for public health staff.
 - Seven Training Programmes in Life Skills Development covering Colombo (CMC), Galle, Gampaha and Kurunegala districts were conducted with each programme including to 50 public health personnel.
 - Three Training Programmes in Psychosocial Wellbeing were conducted with one targeting undergraduate students in Social Sciences at central level and the other two in Galle District aiming school children.
 - Global School Health Survey Sri Lanka - 2024: It is routinely conducted every 5 years under the technical guidance of World Health Organization (WHO). The

survey was conducted successfully in collaboration with the Ministry of Education. Forty (40) schools covering all 26 districts participated in the survey amounting to 2945 school children.

- **Adolescent and Youth Health Program**

- In 2024, orientation and advocacy Programmes on Adolescent and Youth Sexual and Reproductive Health were successfully conducted for police officers attached to the Child & Women's Bureau and other relevant categories.
- Adolescent Youth Health Services (AYFHS) assessment was conducted, including 20 hospital-based and MOH-based Yowun Piayasa Centers in Sri Lanka to evaluate the quality of AYFHS provided through hospital-based Yowun Piayasa (AYFHS) centres as per the eight AYFHS standards, in Sri Lanka with the funding support from UNFPA. The data was analysed, and the report was prepared.
- Piloting project of District Model for promoting Youth Voluntarism – North Central Province was conducted with the financial support of WHO.

- **Oral Health Program**

- Procured and distributed 250 packs of fissure sealants and 500 packs of fluoride varnish, 20 micro-motor units and LED dental examination lamps for school dental clinics (SDCs)
- Advocacy programs in Gampaha, Colombo, and Kalutara districts engaged 138 regional stakeholders in health and education sectors.

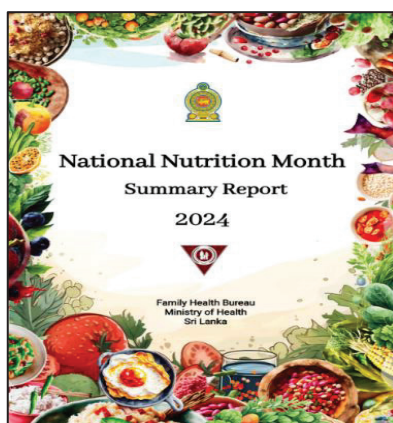
- **Family Planning Program**

- In order to provide family planning services, contraceptive commodities such as Condoms, Oral pills, DMPA Injectable, IUDs and Implants (3 and 5 year) were procured with government funds and distributed to all districts.
- Procured and distributed 20 Autoclaves (donations from the UNFPA) and equipment necessary for the Family Planning clinics
- Four, 2-day workshops on Reproductive Health and Family Planning were held and 57 Public Health Nursing Sisters (PHNS) were trained on counseling on family planning, on family planning methods, practical training of IUD insertions on models and on patients. A workshop was conducted for the RMSD OICs from all districts on logistic management and updated them on the web based Contraceptive Stock return (1158) format on eRHMS.

- **Well Women Program**

- HPV DNA test kits were provided for HPV DNA testing for cervical cancer screening in Sri Lanka.

- The Well Woman Programme guideline was further revised with the inclusion of oral health promotion component.
 - Information, Education and Communication (IEC) material development – Two sets of flashcards and a poster was developed with UNFPA funding to support awareness raising activities carried out in Medical Officers of Health (MOOH).
- **Gender and Women's Health Unit**
- A referral disc to Gender Based Violence (GBV) survivors was introduced and pilot study was conducted in Kalutara district.
 - Sensitization programs for Marriage Registrars in Rathnapura, Kegalle, Kandy, Matale, Polonnaruwa and Anuradhapura districts on Preconception Care Package for newly married couples were carried out.
- **Maternal Morbidity and Mortality Surveillance Program**
- Conducted 97 Institutional Maternal Death Reviews (IMDRs) to ensure a comprehensive review process during the period from January 2023 to November 2024.
 - To further strengthen the surveillance and investigation of maternal deaths, a Confidential Enquiry into Maternal Deaths (CEMD) system was introduced. It was piloted in the Western and Southern provinces.
 - Maternal and Perinatal Death Surveillance and Response (MPDSR) committees were established in all hospitals categorized as Base Hospitals and above across the country.
- **Monitoring and Evaluation**
- In order to assess the field level healthcare services, a team lead by the Consultant Community Physician of the Monitoring and Evaluation Unit of the Family Health Bureau visited several field level clinics in the Colombo Municipal Council area in January 2024.
 - The First and second Bi Annual MOMCH Review workshops were conducted.
 - National MCH reviews covering all districts were done using zoom technology as well as physical reviews
 - National Nutrition Month activities were held in June 2024.



- **Planning and Development**

- WHO Programme planning module was adopted and introduced to Sri Lanka in a phased manner, targeting all Consultant Community Physicians, Medical Officers of Maternal and Child Health (MOMCH) and Medical Officers of Planning (MO-Planning). One master Training on Program planning was completed, covering up almost all key health staff members involved in RMNCAYH program planning.
- Duty lists of Public Health Nursing Sisters (PHNS) was being revised after having a series of virtual and physical meetings with all relevant stake holders, while a new guideline was developed and approved to identify and establish new Public Health Midwife areas (PHM areas) to regularize the process.

- **Research Unit**

- Research Unit of the Family Health Bureau was re-established since October 1st 2024.

2.10 Medical Supplies

➤ **The Medical Supplies Division (MSD)**

The Medical Supplies Division (MSD) of the Ministry of Health is the central organization responsible to supply all pharmaceuticals, surgical items, laboratory items, radioactive items and printed forms for the government sector healthcare institutions island-wide. The MSD is the sole supplier of dangerous drugs (narcotics) to all hospitals in the country including private hospitals.

- Purchased medical supplies worth Rs. 142,980.66 million for the year 2024

Table 08 – Summary of medical supplies procurement

Description	Vote No.	Total Allocation (RS. Mn)	Total Expenditure (Rs. Mn)	Financial Progress as a %
Medical Supplies to the MSD and Hospitals (GoSL)	111-2-25-003-1204(11)	59,000.00	58,752.46	99.58
State Pharmaceuticals Corporation - SPC (GoSL)	111-2-25-001-1204(11)	61,000.00	48,129.51	78.90
State Pharmaceuticals Corporation - SPC (Foreign Funded)	111-2-25-001-1204(12)	30,000.00	9,945.48	33.15
State Pharmaceuticals Manufacturing Corporation - SPMC (GoSL)	111-2-25-002-1204(11)	30,000.00	26,153.21	87.17
Total		180,000.00	142,980.66	79.43

- Total number of supply position review meetings chaired by Hon. Minister of Health, was 35.
- The revision of formulary of pharmaceutical items was initiated in 2023 and finalized by conducting sub- committee and core-committee sessions. The final report has been approved by the Secretary of Health. In addition, formulary revision of diagnostic items list and surgical items list were initiated.
- The project “Improving stores facilities of Line Ministry institutions, RMSDs and Base Hospitals in all provinces” was completed. Total of Rs. 374.5 million has been allocated for the project. Allocations were issued to 84 institutions and 78 institutions have completed the activities as planned.

Accordingly, this project was implemented for a period of six years, from 2018 to 2024 using GoSI funds. Under this project, total number of 241, institutions were improved.

➤ **State Pharmaceutical Manufacturing Corporation**

State Pharmaceutical manufacturing Corporation (SPMC) was established in 1987 under the Industrial Corporation Act No. 49 of 1957. In 2024, SPMC manufactured 66 drug items under the generic names covering a wide range of therapeutic categories.

SPMC manufactures quality and effective solid dosage forms and supplies to Medical Supplies Division of the Ministry of Health, State Pharmaceuticals Corporation (SPC) and SPMC franchise dealers.

Table 09 - Sales and Performance

No.	Description	Amount (Rs. In Mn)
01	Sales	28,202.00
02	Operating Profit	2,501.00
03	Net Profit before Tax	3,081.00
04	Net Profit after Tax	1,825.00

2.11 Mental Health Services

The Directorate of Mental Health is the national focal point of the Ministry of Health, responsible for policy development, strategic planning, strengthening mental health services through improved infrastructure and human resources, and monitoring and evaluating the National Mental Health Program.

- A symposium was conducted at Sri Lanka Foundation Institute to commemorate the World Mental Health Day 2024 on the theme “**Mental Health is at Work place**”.
- Training programs for health & education sector on mental wellbeing among school children
- Trainings on substance abuse prevention and management of patients presenting with substance abuse at district levels
- Capacity building of medical officers at primary medical care institutions on early detection
- Mental wellbeing programs for youth, adolescents and elderly
- Trained district level staff on establishment of Community health centers
- Trained district level staff on suicide prevention action plan
- Advocacy programs at district level on National Mental Health Policy & Action plan
- Training for post intern Medical Officers of mental health
- Capacity building/ In-service training for MO/MH- child mental health
- Capacity building programme for health workers on management of epilepsy and other neurological disorders
- Capacity building programme for Consultant Psychiatrists on child mental health
- Conducted training of Trainers program on ‘Improving mental wellbeing of school children’
- Training on mental wellbeing and psychosocial wellbeing for community leaders and multi stakeholders
- Community empowerment programs/community settings and MH promotion
- Printed the Guidelines for consumers & career societies
- Conducted mental health reviews and supervisions at district level

2.12 National Blood Transfusion Service

With a mission to ensure the quality, safety, adequacy and cost effectiveness of the blood supply and related laboratory, clinical, academic and research services in accordance with national requirements and WHO recommendations, following achievements / special events recorded in 2024.

- Blood discard level reduced to <1%
- Maintained 100% voluntary donation despite the economic crisis
- Introduced high impact sustainable educational program (ERASMUS)
- Continued accreditation process and successfully achieved ISO15189 accreditation
- Developed Stem Cell Donor Registry, Software, Web Page and Initiated Donor Recruitment
- Successful completion of exporting excess Plasma for Fractionation
- AABB Certification for Accreditation was received
- Registration as a National CPD provider

2.13 Non-Communicable Diseases

All activities related to Non-Communicable Diseases (NCDs) are carried out based on the NCD Policy and Multi-sectoral Action Plan 2023 - 2028.

- Advocacy, Partnership and Leadership
 - The Technical Working Committee meeting was conducted with relevant stakeholders
 - The National Council for Prevention and Control of Non-Communicable Diseases was held on 09th January
 - The National Steering Committee meetings and the National Advisory Board for NCD were held
 - The World Hypertension day (17.05.2024), World No Tobacco Day, the World Heart Day (September 29), and the World Diabetes Day were commemorated
 - Cardiac Rehabilitation Guidelines was developed
 - Facilitated for establishment of Oxygen Clinics and Non-Invasive Ventilator Clinics in the country
- Health promotion and Risk Reduction
 - Promotion of physical activities
 - The World Palliative Care Day was commemorated
 - Capacity building programs for District Medical Officers – NCD and PHNOO were conducted
- Inter-school Quiz Competition on NCD

A team of five students from grade 8 and 9 from all government schools were invited to compete. Applications were received from a total of 626 schools in 25 districts covering a total of 86 educational zones. The semi-finals and grand finale is scheduled on the 25th January and 07th February, 2025 respectively in Colombo.

- Health System Strengthening for the early detection and management of NCDs and their risk factors
 - Essential Drug List for Non-Communicable Diseases 2024 was developed and circulated
 - Improving NCD screening coverage
 - Capacity building of relevant officials
- Surveillance , Monitoring, Evaluation and Research
 - Supportive supervision visits of HLCs were conducted
 - Progress reviews conducted
- National Program of Injury Prevention and Management
The Program is structured around four strategic areas:
 - Advocacy, Partnership and Leadership
 - Health Promotion and Risk Reduction
 - Post Event Care and Capacity Building
 - Surveillance, Monitoring, Evaluation and Research

2.14 Public Health Services

- **Anti – Filariasis Campaign**
Anti-Filariasis Campaign is responsible for eliminating Lymphatic Filariasis (LF) from Sri Lanka and it was eliminated as a public health problem in 2016. Currently, the program is in the post-validation surveillance phase, and continuous entomological, parasitological and disease surveillance takes place in eight filariasis endemic districts along the South-Western coastal belt of Sri Lanka
 - Printing of the National Strategic Plan for Interruption of Transmission of Lymphatic Filariasis in Sri Lanka
 - Printing of the Standard Operational Procedures for entomological and parasitological surveillance in interrupting the Transmission of Lymphatic Filariasis in Sri Lanka
- **Anti – Leprosy Campaign**
 - Development of Guidance for Preventive and Curative aspects of Leprosy for Medical Officers
 - Development of Guidance for Preventive and Curative aspects of Leprosy for Public Health Inspectors

- Visited International Consultants from the World Health Organization (South East Asia) and Global Leprosy Program (GLP) for the development of road map for the elimination of leprosy in Sri Lanka
- Introduction of a surveillance system to monitor the Anti-Microbial Resistance (AMR) for leprosy drugs in Sri Lanka

➤ **Anti - Malaria Campaign**

Sri Lanka is currently in the phase of prevention of re-establishment (PoR) of malaria, following being certified as malaria eliminated country by World Health Organization in 2016. However, the potential for malaria resurgence is very high due to increased global traveling and the presence of malaria transmitting *Anopheles* mosquitoes in many parts of the country. Thirty eight imported malaria cases were reported in 2024.



➤ **Environmental Health, Occupational Health and Food Safety**

The National Environmental Health Programme involves the management of environmental health issues in collaboration with other relevant stakeholders. This programme addresses environmental risk factors such as air pollution, chemical safety, climate change and health, water, sanitation and hygiene (WASH) in healthcare facilities and health care waste management as areas.

Table 10 – Progress of activities

#	Activity	Source of Fund	Financial Progress (Rs.)	Physical Progress
01	Provision of WASH facilities in Nuwara Eliya, Nawalapitiya, Lady Ridgeway Hospital, and De Soysa Hospital to improve immunization programs	UNICEF	58,469,169.35	100%

#	Activity	Source of Fund	Financial Progress (Rs.)	Physical Progress
02	Support to improve healthcare waste management at the district level	UNICEF	604,130.22	100%
03	Repairing toilet facilities at Lady Ridgeway Hospital for Children, DGH – Nuwaraeliya and DGH – Nawalapitiya to improve WASH facilities	UNICEF	58,469,169.35	100%
04	Support to Improve Healthcare Waste Management at the District Level - Conducted Training of Trainers (TOT) Workshops	UNICEF	604,130.22	100% 55 number of trainers trained
05	WASH Survey conducted using WASH FIT Tool and disseminated the findings	UNICEF	312,499.66 Four programs and refreshment of remaining five programs were directly handled by UNICEF.	Nine workshops conducted and total of 332 officers participated
06	Provision of 502 pedal-operated waste bins to DGH – Matara and DGH – Hambantota	UNICEF	3,997,600.00	DGH – Matara (220 nos.) and DGH – Hambantota (282 nos.)
07	National inception meeting on eliminating mercury in skin-lightening products was conducted in collaboration with the Ministry of Environment.	WHO	72,542.86	100%
08	A series of Training of Trainers (TOT) workshops on climate change adaptation and building resilience in the health sector were successfully conducted	GoSL	2,246,704.00	Total of 702 participated for 12 programs.

Occupational Health Services are provided at the grass root level by Public Health Inspectors (PHII) together with the Medical Officers of Health (MOOH) through the District and Provincial Health Systems. The unit liaises with other important stakeholders

such as the Ministry of Labour in implementing the National Occupational Health Programme of the Ministry of Health. Four two-day Training of Trainers (ToT) workshops were successfully conducted, with the participants from various professional categories in the health sector, including Medical Officer (E&OH), Medical Officers of Health (MOH) and Public Health Inspectors (PHIs). Total expenditure was Rs. 759,424.00 and 227 officers were participated.

➤ **Epidemiology Unit**

The Epidemiology Unit serves as the central organization in National Immunization Programme (NIP), Surveillance activities of Communicable diseases including Vaccine Preventable Diseases (VPD), timely investigation and response to Communicable Disease Outbreaks and conducting Teaching and Training activities.

- Sustaining high immunization coverage (>95%) for all National Immunization Program (NIP) vaccines
- The successful completion of all scheduled reviews of the Expand Program on Immunization (EPI) and Vaccine Preventable Diseases (VPD) Surveillance across all health regions
- The EPI coverage assessment survey was conducted in the Kandy district, covering 6,286 households in the selected Public Health Midwife areas, and confirmed the high immunization coverage reported through the routine information system for immunization
- Sustaining the high quality of NIP through strengthened Adverse Events Following Immunization (AEFI) Surveillance
- A Supplementary Immunization Activity (SIA) was conducted in January 2024 in nine high-risk districts providing an additional dose of MMR vaccine to infants aged 6 to 9 months achieving over 95% coverage
- A catch-up immunization campaign for Measles among young adults (age 20 -30 years) was conducted in 50 priority MOH areas
- Enhanced surveillance activities via intensive case-based responsive activities and case-based laboratory surveillance
- Multifaceted approach to address vaccine hesitancy and enhance immunization coverage for MCV
- Sri Lanka on Track to achieve Hepatitis B elimination ahead of schedule
- Sri Lanka achieves WHO -Verified Hepatitis B control status on 17 January 2024
- “E-Surveillance”, the web-based surveillance system of communicable diseases, which was implemented to minimize the errors in paper-based surveillance was conducted in all 364 Medical Officer of Health (MOH) divisions with nearly 100% completeness and timeliness around 90%
- National Steering Committee and District Steering Committees in 12 districts were established for Leptospirosis control
- Initiated a World Health Assembly resolution to include Leptospirosis in the Neglected Tropical Disease list is currently under discussion at the 156th Session of the WHO Executive Board

- Updating of Clinical Guidelines on Management of Leptospirosis was initiated
- Influenza Surveillance was conducted across 20 sentinel hospitals in the country
- Establishment of the “Sri Lanka Centre for Communicable Disease Control (CDC)” was initiated

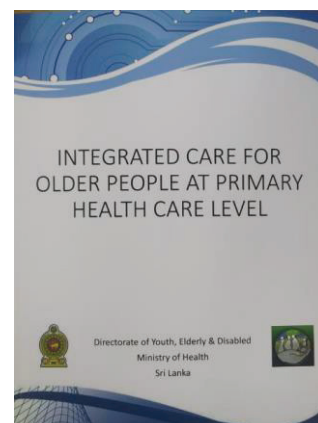
➤ **Public Health Veterinary Services**

- Reduction of the number of human deaths due to Rabies. Previously, annual number of human deaths due to Rabies was between 25 – 30 each year. But in 2023, it dropped down to 16, and limited to 20 in 2024.
- A total of 1,151,350 domestic and stray dogs vaccinated.
- A total of 30,881 female dogs have been surgically sterilized.
- Initiation of cat vaccination against Rabies as a measure to enhance vaccination coverage.
- The quality of services and quality of procured items such as vaccines, equipment are regulated and continuously monitored by the Ministry of Health.

2.15 Youth, Elderly and Disabled Persons Services

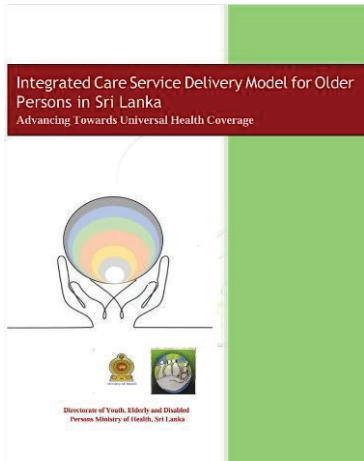
- Integrated Care for Older Persons (ICOPE)

Integrated Care for Older Persons (ICOPE) implementation in Sri Lanka was started in 2020. Sri Lanka has adapted the training manual on ICOPE for trainers published by the WHO South East Asia Region. Based on this Manual, capacity building programs for Medical Officers of Primary Medical Care Institutions were conducted in Hambantota, Galle, Kurunegala, Trincomalee and Nuwaraeliya districts.



- The review of the ICOPE implementation was initiated in Colombo District
- Integrated Care Service Delivery Model was developed
- Sensitization on Healthy Ageing in the community setting
- Pre-retirement seminars were conducted
- Commemoration of the International Older Persons Day

Conducted an awareness program for all Public Health Nursing Officers in collaboration with Sri Lanka Association of Geriatric Medicine to upgrade the knowledge on identification of common health problems in older persons.

 Integrated Care Service Delivery Model	 Sensitization on Healthy Ageing in the community setting
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- Priority Assistive Products List for Sri Lanka was published and disseminated for the service providers to provide quality rehabilitative care
- Finalized National Guidelines for Rehabilitation Services in Sri Lanka was published
- The International Day of Persons with Disabilities was celebrated on the 03rd of December at the Rheumatology and Rehabilitation Hospital, Ragama

2.16 Indigenous Medicine Sector

➤ Formulation of policies, ordinances and legal matters

Legal Division

- Amendment to the Ayurveda Act No. 31 of 1961
- Introduced the National Policy on Indigenous Medicine
- Published the Ayurvedic Code of Law by extra ordinary gazette no. 2379/02 dated 08.04.2024
- The draft Ordinance for the Supervision and Regulation of private ayurvedic hospitals, medical centers and ayurvedic swastha sanrankshana centres was submitted to the Legal Draftsmen

- The amendment to the Registered Ayurvedic Practitioners (Professional Conduct) Rules No. 01 of 2014 published in the Gazette No. 1884/36 dated 15.09.2024 has been forwarded to the Legal Draftsman.

Technical division

Cooperation with Bay of Bengal Approach to Multi-sectoral Technical and Economic Cooperation on Traditional Medicine (BIMSTEC)

- The sixth meeting of the BIMSTEC Task Force on Traditional Medicine was held via on line in Colombo on 28.11.2024. Action Plan for Development of Traditional Indigenous Medical Methods was reviewed focusing on the following topics.
 - o Development of BIMSTEC TM Portal and BIMSTEC TM Pharmacopoeia
 - o Considering the recommendations of the group appointed to systematically review research on traditional medicine methods used for COVID-19 and Diabetes and discuss the publication of protocols in scientific journals
 - o Curriculum harmonization for mutual recognition of traditional medical degrees
 - o Establishment of BIMSTEC University of Ayurveda and Traditional Medicine
 - o Second BIMSTEC Summit and NODAL Group Meeting on Traditional Medical Knowledge (TMK), Genetic Resources (GR) and Intellectual Property Rights (IPR) to be held in May 2025
 - o Seventh BIMSTEC meeting to be held in August 2025

Multi Sectoral National Action Plan to address Sexual and Gender-Based Violence (SGBV) in Sri Lanka – II (2024 – 2028)

The Ministry of Women, Child Affairs and Social Empowerment has completed the development of comprehensive SGBV national action plan for 2024 – 2028 in collaboration with relevant ministries and actions are being taken to implementation it.

Memorandum of Understanding between the Government of Republic of India and the Government of democratic Socialist Republic of Sri Lanka on Cooperation in the Field of Traditional Systems of Medicine and Homeopathy

According to the observations of the Ministry of Foreign Affairs, the National Intellectual Properties Office of Sri Lanka and the Ministry of Education, that MoU has been revised and resubmitted to the Secretary of the Ministry of Foreign Affairs on 07.02.2024 to inform the Indian side. Furthermore, amendments to the MoU have been made and it is planning to enter into the MoU.

The National Traditional Medicine Policy of Sri Lanka

Cabinet of Ministers has granted approval for National Traditional Medicine Policy on 15.07.2024 and it has been published.

WHO International Classification of Diseases 11th Revision of Traditional Medicine Chapter (ICD – TM2)

The International Classification of Disease and Related Health Problems (ICD) is the international standards for the systematic recording, analysis, interpretation and comparison of mortality and morbidity data. This has been introduced by the World Health Organization and efforts are being made to adapt it to Sri Lanka and publish in trilingual.

➤ **The Programs / Projects implemented under budgetary allocations**

(i) Empowerment of Conservation Councils

While conservation of traditional medical methods that have been in existence for thousands of years, Ayurvedha Conservation Councils are being implemented for uplifting the standard of living conditions of the traditional doctors, by bringing together traditional doctors at the Divisional Secretariat level by contributing to the development of the traditional medicine system protecting their medical profession.

In the year 2024, Rs. 3.0 million was allocated for Ayurvedha Conservation Councils and it was utilized for the empowerment of the Conservation Councils, conducting awareness programs for members of the Councils, provision of small-scale pharmaceutical production machines and promotion of library facilities. The allocation was fully utilized.

(ii) Establishment of Poshana Mandira (Nutritious Homes)

The project for establishment of Poshana Mandira outlets is implemented the purpose of popularizing the consumption of high-quality and safe local foods and being free people from the non-communicable diseases. Accordingly, Rs. 2.5 million has been allocated for the year 2024 and arrangements were made to establish a Poshana Mandira in Divisional Secretariate – Attanagalle and Kenda Outlet in Divisional Secretariate area of Panadura.

(iii) Development of Homeopathy methods

In the year 2024, Rs. 2.5 million has been allocated for development of Government Homeopathy Hospital. Under this allocation, renovation of Laboratory building, Kitchen and control of Termites were completed. Furthermore, Rs. 5.0 million has been allocated for procurement of equipment required for Laboratory Research Services of the hospital.

(iv) Implementing Collaborative Care with Ayurveda

In accordance with the Government Program to introduce integrated care, a provision of Rs. 5.0 million was allocated in the 2024 budget to prepare the

relevant hospitals for it. Under this, provision, the necessary infrastructure development and renovations work have already been carried out to prepare the National Ayurveda Teaching Hospital – Borella. Similarly, the Ministry of Health provided Rs. 5.00 million for upgrading the facilities of the Provincial Ayurveda Hospital - Pallekele in the Central Province. About 65% progress was reported as of end of the year.

(v) Intervention in Control and Prevention of Non-Communicable Diseases by Indigenous Medicine

This program is being implemented to educate and motivate the public to practice indigenous medical knowledge and its philosophy of life for prevention and control of Non-Communicable Diseases. The Ministry of Health allocated Rs. 20.00 million for the year 2024.

Under this initiative, traditional food recipes and preparation methods were introduced to the public, improving knowledge and practices related to local food and nutrition. Real-life experiences of local methods were shared to address the problem of malnutrition. Yoga practices were promoted, and medical clinics focused on the early detection of non-communicable diseases were conducted, with referrals for necessary treatment. Research related to the control of non-communicable diseases has been carried out, and awareness programs for traditional doctors, medical students, and staff of institutions, hospitals, and herbal gardens within the indigenous medicine sector have been successfully implemented.

Numerous programs were implemented at the regional level to promote the concept of 'Food instead of Medicines.' These initiatives made significant contributions to popularizing local foods and food processing methods rich in nutritional value. Additionally, efforts were made to organize joint programs with the Anuradhapura Community Health Promotion Unit aimed at controlling non-communicable diseases.

(vi) Free Ayurveda Medical Centres

The amount of Rs. 100.0 million allocated for this purpose was distributed to the provinces as follows, for the provision of medicines to Free Ayurveda Centres by the Sri Lanka Ayurveda Drugs Corporation. Arrangements have been made to supply the relevant medicines.

Table 11 – Allocation for medical supplies

SN	Province	Amount of medicines provided
01	Western	13,130,888.87
02	Sabaragamuwa	9,000,000.00
03	Uva	6,500,000.00
04	Southern	13,400,000.00
05	Central	13,719,675.63
06	North-Central	10,549,435.50
07	Northern	18,500,000.00
08	Eastern	7,000,000.00
09	North-Western	8,200,000.00
Total		100,000,000.00

➤ **Special Programs implemented in the year 2024**

(i) Preparation of Web-site for Indigenous Medicine Sector

The enactive website of the Indigenous Medicine Sector was prepared and launched with a new format and all necessary information and it was linked with the main website of the Ministry of Health (www.min.gov.lk).

(ii) Registration of Traditional Medical Professionals in Ayurveda Medical Council

Those who are engaged in traditional medicine but have not obtained the registration of the Ayurveda Medical Council, have been referred to a written and oral test and 83 persons who have fulfilled the qualifications have been registered as Traditional Medical Practitioners.

iii) Launching “Ayur Expo” International Researches

The “Ayur Expo” international research launch, held with the aim of building a global platform for indigenous medicine research, was held on 05.03.2024 at the Faculty of Medicine, University of Colombo. This was jointly organized by the Indigenous Medical Sector, Department of Ayurveda and Post Graduate Studies Division of the University of Kelaniya. More than 270 research papers related to the field in locally as well as internationally have been presented.

(iv) Awarding Indian Homeopathy Scholarships

Scholarships and air tickets have been awarded to ten Sri Lankan students to study homeopathy medicine in India. The Government of India confirms the friendship between Indo-Sri Lanka and the national Institute of Homeopathy in Calcutta, West Bengal, provides this scholarship to study Homeopathy medicine.

➤ **Department of Ayurveda**

- **Institutional activities**

Table 12 – Summary of Activities

SN	Activity	Category of staff	Number
01	Recruitments	Ayurveda Service Assistant	09
02	Promotions	Ayurveda Medical Officer – Grade I	520
		Ayurveda Medical Officer – Grade II	534
		Ayurveda Nursing Officer – Grade I	23

- Local Training Programs conducted

Table 13 – Summary of Training Programs

SN	Name of the Program	Institution	No. of Participants	Time Period	Course Fee
01	Duty and Responsibility of Leave Clerk	Skills Development Fund	02	2024.02.29 – 2024.03.01	26,000.00
02	Tamil Language Proficiency – 150 hrs	Department of Ayurveda	35	2024.03.12 – 2024.07.11	112,500.00
03	Workshop on Advanced Excel	Sri Lanka Foundation Institute	08	2024.09.27 And 28	132,000.00
04	Development of Supervisors	National Institute of Labour	02	2024.10.30	10,000.00
05	Leadership Development	National Institute of Labour	07	2024.10.24	35,000.00
06	Writing Office Notes / Writing official letters	National Institute of Labour	04	2024, 10.29	20,000.00

➤ **Development Division**

- Projects implemented under Departmental Allocation

Table 14 – Projects Implemented

Project	Allocation (Rs.)	Physical Progress (%)	Financial Progress (%)
Renovation of Head Office	4,497,786.61	100	100
Renovations of National Institute of Indigenous Medicine Methods	4,999,930.00	100	94
Ayurveda Teaching Hospital – Gampaha	18,507,399.53	100	94
Ayurveda National Hospital	829,000.00	100	94
Siddha Teaching Hospital - Trincomalee	15,600,000.00	100	94
Siddha Teaching Hospital - Kaithady	16,400,000.00	100	94
Bandaranayake Memorial Ayurveda Research Institute	25,012,047.07	100	94
Ayurveda Research Hospital - Medawachchiya	545,676.00	100	94
National Osu Uyana - Research and Expansion Services – Haldummulla	2,000,000.00	100	91
National Osu Uyana - Research and Dissemination Services - Giradurukotte	1,000,000.00	100	91
National Osu Uyana - Research and Expansion Services – Pattipola	2,000,000.00	100	91
Total	91,391,839.21	100	93.7

- Development activities of National Ayurveda Teaching Hospital

The activities – preparation of Sewerage System, installation of Electricity System & Transformers, Installation of Generators, Construction of Living Room, land preparation and establishment of Fire Protection System, have been planned to carry out under the second phase of eight-storied building. For this project, Rs. 450.00 million was allocated for 2024 and expenditure was Rs. 207.54 million.

- Projects implemented under the Ministry allocation

Table 15 – Summary of projects implemented

Activity	Allocation (Rs.)	Financial Progress (Rs.)	Physical Progress (%)
Renovation of Roof of the Head Office Building	44,900,000.00	38,621,518.00	90
Renovation of Laboratory Complex of Bandaranayake Memorial Ayurveda Research Institute	8,482,511.42	8,482,511.42	100
Renovation of Staff Rest Room and Kitchen of Osu Uyana, Giradurukotte	651,800.00	651,800.00	100
Renovation of Officer-In-Charge quarters, Osu Uyana, Giradurukotte	4,438,302.35	4,438,302.35	100
Renovations of Wickramaarchchi Ayurveda Teaching Hospital, Yakkala	991,000.00	991,000.00	100
Renovations of internal roads of Osu Uyana, Pallekele	1,524,440.00	1,524,440.00	100
Total	60,988,053.77	58,709,571.77	90

- Plants production and sale through Research and Expansion Services of Herbal Gardens (Osu Uyana)

Table 16 – Progress of Herbal Gardens

No.	Name of the Herbal Garden (Osu Uyana)	No. of plants produced	Sale of plants	
			No. of Plants	Amount (Rs.)
1	Piyal Marasinghe Research and Expansion Services National Herbal Garden - Haldummulla	13,443	5,143	270,770.00
2	Research and Expansion Services Herbal Garden - Giradurukotte	30,518	3,441	167,620.00
3	Research and Expansion Services Herbal Garden - Pattipola	12,286	2,160	186,940.00
4	Research and Expansion Services Herbal Garden - Pallekele	9,956	5,411	256,060.00
5	Research and Expansion Services Herbal Garden - Pinnaduwa	739	284	13,100.00
	Total	66,942	16,439	894,490.00

➤ **Technical Division**

- **Registration of Ayurveda Companies**

Table 17 – Registration of Ayurveda Companies

No.	Name of the Registered Institute	No. of Applications	Income (Rs.)
1	Production Plants	339	3,529,420.00
2	Transport	71	237,600.00
3	Sample Testing - Imported	18	10,800.00
4	Sample Testing - local		174,900.00
	Total		3,952,720.00

- **Issuing Licences**

Table 18 – Issuing Licences

No.	Licence issued	No. of Applications	Income (Rs.)
01	Private Ayurveda Hospitals	26	336,600.00
02	Production Plants	357	3,529,420.00
03	Transport	93	237,600.00
04	Sales outlets	274	443,960.00
05	For imported drugs – New		685,800.00
06	For imported drugs – Renewals		2,079,393.00
07	For local drugs – New	114	403,500.00
08	For local drugs – Renewals	125	223,460.00
09	Issuing Media Lincses	01	40,000.00
10	Issuing Free Trade Licences	21	10,500.00
11	Issuing Media Licences – Local	14	126,600.00
12	Applications for local products	Download from the internet.	
13	Issuing Kansa Licence	35	664,575.00
	Total		8,781,408.00

Final Assessment Written, Oral Practical Test in Ayurvedic Attendant Quarterly Training Course - 2024

➤ **Examination Division**

Table 19 – Examinations conducted

No.	Activity	Time Period	No. of Participants	Remarks
01	Final Assessment Test of the Initial Training Program for Nurses	2024.03.10	15	Results were released
02	Written Test for registration of traditional doctors	2024.04.06 & 07	253	
03	Final Assessment Written, Oral & Practical Test in Ayurvedic Attendant Quarterly Training Course 2024	2024.05.13,14,15, 16, 17, 20 & 21	84	
04	Written Test of Ayurveda Shastri Annual Exam 2024	2024.07.27, 28 & 2024.08.03, 04 & 10	278	
05	Final Assessment Test of Korean Katu Chikithsaka Course - 2024	2024.09.02, 03, 04, 05, 06, 09 & 10	47	
06	Efficiency Bar Examination for the posts of Office Assistant and Service Assistant recruited under PL 01 categories	2024.10.22, 23, 24 & 25	338	
07	Efficiency Bar Examination for Government Ayurvedic Medical Officers - 2024	2024.10.26	78	
08	Ayurveda Shastri Annual Test 2024 - Written and Practical Tests	2024.11.24, 25, 26, 27, 28, 29 & 2024.12.01 & 07	Viva – 111 Practical – 71	
09	Efficiency Bar Examination for Grade II Community Health Development Officers –2024	2024.12.15	31	

➤ **Curative Services**

- **Teaching Hospitals**

Table 20 – Summary of Teaching Hospitals

Name of the Hospital	Borella	Gampaha	Kaithady	Trincomalee
Basic Information				
Number of Wards	11	4	5	2
Number of Beds	216	108	130	10
Number of Medical Officers	103	55	16	6
Number of Nursing Officers	31	17	3	3
Other Staff	250	88	54	13
Treatment Services for patients				
Number of OPD Patients	168,943	40,597	24,165	14,692
Number of In-Ward Patients	3,755	1,258	1,045	84
Number of Patients attended for Clinics	5,672	49,763	14,619	2,084
Number of Patients Treated by Panchakarma	3,221	1,668	375	90
Number of Medical Students offered Teaching Facilities				
Number of Medical Students offered Teaching Facilities	2,000	374	147	1,400

- Research Hospitals

Table 21 – Summary of Research Hospitals

Research Hospital	Nawinna	Ampara	Hambantota	Medawachchiya	Manchanthudawa	Ninthavur	Mihinthala
Basic Information							
Number of Wards	4	2	4	2	2	0	-
Number of Beds	68	31	102	24	26	1	11
Number of Medical Officers	53	7	15	3	4	2	2

Research Hospital	Nawinna	Ampara	Hambantota	Medawachchiya	Manchanthudawa	Ninthavur	Mihinthalaya
Number of Nursing Officers	11	5	8	4	-	-	-
Other Staff	111	39	50	30	30	5	12
Total							
Treatment Services for patients							
Number of OPD Patients	33,891	30,244	25,576	9,446	9,446	6,054	4,029
Number of In-Ward Patients	901	506	515	313	313	-	-
Number of Patients attended for Clinics	41,873	-	-	-	294	460	-
Number of Patients Treated by Panchakarma		-	-	1,808	-	-	-
Total	76,665	30,750	40,705	11,567	13,184	6,514	4,029

➤ **Bandaranayake Memorial Ayurvedic Research Institute**

- **Clinical Research and Development Division**

Table 22 – Research Activities

Activity	Physical Progress	
	Indicator	Number
Institutional Researches initiated and on-going during the year		
Medical Clinics Division	Number of Researches	02
Surgical Division	Number of Researches	01
... Division	Number of Researches	01
Gynaecology and Obstetric Division	Number of Researches	01
Other	Number of Researches	03
Research Reports published during the year		
Gynaecology and Obstetric Division	International Publications	03
	National Publications	02

Provision of Clinical Training		
Junior Medical Student	No. of Beneficiaries	75
Post Graduate	No. of Beneficiaries	06

- **Quality, Research and Development Division**

Table 23 – Summary of Activities

Activity	Physical Progress	
	Indicator	Amount
1. Local drug standardization and Quality Control		
Setting standard parameters for medicines, ensuring quality and conditions	Number of drugs	4
2. Research and Development		
Institutional research initiated and on-going during the year	Number of Researches	3
Research conducted in collaboration with other research institutes and universities	Number of Researches	9
Research related to pharmaceutical product development	Number of Researches	3
Research reports published during the year	Number of Research Papers	11
3. Services (Technical and Expansion)		
Providing laboratory services to determine the quality of products/drugs/raw materials.	Number of products / drugs tested for quality	50
Providing laboratory facilities and technical knowledge to university students/external institutions.	Number of students / institutions	4
	Number of samples	20
Training Program on Laboratory Testing	Basic Undergraduate Beneficiaries	9
	Post Graduate Beneficiaries	3
Training Program on Local Drugs Quality Control and Standardization	Basic Undergraduate Beneficiaries	
	Beneficiary Ayurveda Conservation Council Medical Professionals	
	Beneficiary Traditional Medical Professionals	

- **Medicinal Plants Division**

Table 24 – Progress of activities

Activity	Physical Progress	
	Indicator	Amount
1. Research and Development		
Institutional researches initiated and on-going during the year	Number of Researches	3
Researches conducted in collaboration with other research institutes and universities	Number of Researches	1
Researches related to pharmaceutical product development	Number of Researches	7
Research reports published during the year	Number of Research Papers	3
Survey on medicinal plants used by the indigenous community – National Park, Galoya (with the cooperation of the Department of Wildlife Conservation)	Percentage of works completed	100%
Publications	Percentage of works completed	75%
Identification samples of plants and materials	Amount works completed	239
2. Development of Gardens		
Preparing estimates for garden landscaping (with technical assistance from the Royal Botanic Gardens)	Percentage of works completed	100%
Preparing estimates for renovation of internal ponds (with technical assistance from the Irrigation Department)	Percentage of works completed	100%
3. Services (Technical and Expansions)		
Training and awareness Workshops	Number of Workshops	07
Provision of technical support for preparation of Herbal Gardens	Percentage of works completed	100%
Updating 100 herbarium specimens	Percentage of works completed	100%
Maintenance of medicinal gardens and plant distribution	Amount issued free of charge	1,263
	Amount of sales	5,855
Provision of facilities for visiting the medicinal gardens		

Activity	Physical Progress	
	Indicator	Amount
Studies	Number of Beneficiaries	76
Research	Number of Beneficiaries	41
Foreigners	Number of Beneficiaries	07
Local tourist	Number of Beneficiaries	158

- Literature Research Division

Table 25 – Progress of Activities

Activity	Physical Progress	
	Indicator	Amount
1. Development of Libraries (Under the financial allocation of Traditional Knowledge Conservation Project, it was carried out with the technical assistance from the Library of University of Kelaniya)		
Library Book Censes	Number of Books	949
User-friendly color-coded numbering and list creation	Number of Books	3,092
Expanding the library collection	Number of Donations	75
2. Preservation of paperback books (Under the financial allocation of Traditional Knowledge Conservation Project, it was carried out with the technical assistance from the National Library and Documentation Services Board)		
Classification and Nomenclature of paperback books	Number of Books	377
Blackening and repairing paperback books	Number of Books	377
Collecting Kamba for paperback books	Number of Kamba	265
Copying of paperback books	Number completed	8
	Number on going	2
Printing of annotated paperback books	Number completed	2
	Number referred for printing	4
	Number ready to be printed	2
3. Library Services		

Activity	Physical Progress	
	Indicator	Amount
Providing library services for literary research	Internal staff beneficiaries	119
	Internship medical beneficiaries	17
	Higher Education Students (University of Ruhuna, University of Sri Jayewardenepura, University of Peradeniya, University of Colombo, SLIIT)	16

- **Traditional Knowledge Conservation Project**

Table 26 – Progress of Activities

Activity	Physical Progress	
	Indicator	Amount
1. Conducting a census of traditional indigenous doctors, identifying the teaching class, and establishing a national register, database and electronic library on medical pedigrees and medical methods based on relevant information.		
Printing information sheets to collect data	Number of information sheets	22,500
Conducting awareness workshops on the data sheet at the provincial council level	Number of workshops	3
Contract with the Enterprise Division of the University of Moratuwa to create computer software	computer software	1
2. Activities in conjunction with the Traditional Knowledge Conservation Project		
Providing financial allocation for library development		100%
Providing financial allocation for the conservation of palm leaf books		100%

- **Ethics Research Committee (ERC)**

Table 27 – Progress of Activities

Activity	Physical Progress	
	Indicator	Amount
Review of research projects	Number completed	15
	Number that is being worked on	06
Approving research projects	Number approved	14

➤ **National Institute of Indigenous Medicine Methods**

Table 28 – Progress of Activities

SN	Main Program / Project	Physical Progress		Financial Progress (Rs.)
		No. of Programs	No. of Beneficiaries / Modules	
01	Preparation, review and standardization of modules and curricula for courses	7	Module – 03 Hand Book - 02	109,301.50
02	Internship medical training	6	Trainees – 677	971,723.45
03	Training programs for traditional healers	10	Trainees – 496	1,214,725.00
04	Capacity building programs for traditional doctors	14	Trainees – 466	1,201,381.80
05	Capacity building programs for community health Ayurvedic medical officers	4	Trainees – 81	338,702.00
06	Training programs for medical support staff	8	Trainees – 310	701,072.32
07	Capacity building programs for non-academic staff	5	Trainees – 79	583,710.00
08	Training programs for officers of the National Institute of Indigenous Medicine	1	Trainees – 07	103,610.00
09	Elderly care programs	9	Trainees – 305 Module – 02 Hand Book - 03	2,611,466.02
10	Special Programs	3	Trainees – 193	83,045.00
11	Private Courses	1	Trainees – 20	461,067.50
	Total	67	Trainees – 2,634 Module – 05 Hand Book - 05	8,379,804.59

➤ **Community Health Promotion Service – Anuradhapura**

Table 29 – Progress of Activities

SN	Description of the Program	No. of Programs	No. of Beneficiaries
01	Elderly Care Programs	7,728	22,753
02	Helaviru Suwadharani Health Service Program	115	2,251
03	Child Health Protection	2,145	37,630
04	Non-Communicable Disease Control	3,216	49,359
05	Communicable Disease Control Programs	2,935	36,818
06	School Programs	55	4,518
07	Medicinal Plant Conservation and Sustainable Use	6,775	2,691
08	Maternity Programs	18	177
09	Household Awareness	6,503	16,142
10	Community Service Programs	130	9,289

In addition, this unit has taken steps to implement a number of programs in the year 2024, such as the promotion of local food and conservation methods, early detection medical camps related to the control of non-communicable diseases, and yoga promotion, based on the allocations provided by the Ministry under the Prevention and Control of Non-Communicable Diseases.

➤ **Ayurveda Medical Council**

1. During the year, registration has been granted to 439 doctors, including 280 general graduates, 37 general diploma holders, 33 traditional general practitioners and 89 traditional specialists.
2. By the end of the year, the total number of doctors registered with the Ayurvedic Medical Council was 27,644, including 4,282 graduate doctors, 5,828 diploma holders, 7,016 traditional practitioners and 10,518 traditional specialists.
3. Twenty nine (29) oral examination boards have been held for the registration of traditional Ayurvedic doctors and out of the 332 applicants who participated, 103 have qualified for registration.

4. The number of doctors whose registration has been renewed this year was 1,968, comprising 1,562 general practitioners and 406 specialists.
5. Investigations have been completed in 14 out of 15 complaints received by the Medical Council in 2024.

Other activities carried out by the Ayurveda Medical Council

Table 30 – Progress of Activities

Description	Number
Verifying medical certificates	424
Issuing identity cards for registered Ayurveda Medical Officer	570
Issuing identity vehicle badges Ayurveda Medical Officer	122
Issuing Medical Certificate Books for registered Ayurveda Medical Officer	1,441

➤ Homeopathy Hospital

- The hospital consists of an outpatient department that provides treatment to approximately 100-150 patients daily and an inpatient department that can accommodate 20 inpatients.
- Currently, the necessary laboratory tests for the hospital are being carried out externally. Work is currently underway to establish a laboratory for the hospital.

No. of patients treated in 2024

Table 31 – Progress

Month	Out Patients	In-ward Patients
January	2,054	16
February	1,910	12
March	1,783	19
April	1,717	09
May	1,868	15
June	1,755	14
July	2,149	11
August	2,061	22
September	1,884	16
October	2,065	17
November	2,068	17
December	2,214	14
Total	23,528	182

➤ **Homeopathy Medical Council**

Table 32 - Performance of the clinics conducted by the Homeopathy Medical Council

SN	Clinic	Number of patients treated
01	Dehiwala	5,276
02	Tholangamuwa	9,259
03	Parakaduwa	5,668
04	Kurunegala	15,349
05	Kothmale	6,954
06	Moneragala	6,624
07	Palamunai	7,119
08	Puttalm	6,563
09	Matale	9,778
10	Ambalanthota	3,607
11	Batticaloa	6,450
12	Ingiriya	1,662
13	Rathgama	5,976
14	Polonnaruwa	5,847
Total		96,132

- The number of doctors registered with the Medical Council as homeopathic doctors is 11.
- Every year, the Homeopathic Medical Council conducts mobile clinics in various parts of the island to educate the public about the homeopathic medical system. All the people who participate are provided with free treatment and the number of participants in 10 such mobile clinics held in the year 2024 was 1,035.
- The Technical Committee has issued recommendations for 13 import licenses worth US\$ 88,277.59 to doctors and institutions for the import of homeopathic medicines.

➤ **Sri Lanka Ayurveda Drug Corporation**

i. Production

A production worth Rs. 606.35 million has been reported in the year 2024.

ii. Sales

Sales are carried out by 16 sales outlets belong to the Corporation and District Agents. More percentage of products in sales, are purchased by

the state sector (Ayurveda Hospitals, Provincial and Regional Free Ayurveda Medical Centres). Accordingly, total value of the sales by the Corporation in 2024 was Rs. 1,528.75 million.

- iii. Progress and special achievements
- Expansion of sales network
 - Innovation of products
 - Renovation of Packing Division
 - Receiving quality certificates
 - Establishment of ERP Computer Software System

Challenges:

There are various factors which influence the health status and country's ability to provide quality health services for its people. Health system performance refers to how far the available health systems achieve each of these factors which contribute to the overall enhancement of health status of the country. Ministry of Health is responsible for delivering high quality healthcare services to the people in an equitable manner.

Emerging health issues associated with the rapid increase of Non-Communicable Diseases (NCDs) coupled with the swift rate of population ageing and changes in disease patterns have contributed to transforming the healthcare needs of the country.


Secretary
Ministry of Health & Mass Media

Dr. Anil Jasinghe
Secretary
Ministry of Health & Mass Media
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10

17. 08 .2025

Annexure - I

Completed Projects - 2024

Intern Doctor Quarters – TH Kalutara



DGH Hambanthota - Isolation Building



DGH Ampara - Pediatric Unit



Teaching Hospital Batticaloa Surgical Unit



Teaching Hospital Kalutara Maternity Building



DGH Matara Deyata Kirula – NTS Building



Millennium Ward – Teaching Hospital -Kalutara 	Neurology Unit – Teaching Hospital Karapitiya 
Oncology Unit – Teaching Hospital Badulla 	De Soysa Maternity Hospital - Colombo 
MOH Office – Payagala 	Helmut Kohl Hospital – Teaching Hospital Galle 

Ongoing Projects

Jaffna A & E building – Stage 02



Ampara A & E Building



Bone Marrow Building – Kandy



Cancer Hospital – Kandy



Isolation Building - Kandy



Little Heart Building – LRH-Colombo



Ministry Head Office Building – Colombo



Monaragala – Ward Complex



Reproductive Treatment Center – Castle Street Hospital for Women



Development of Rathnapura Teaching Hospital



CHAPTER 3

Overall Financial Performance of the Year

3.1 Statement of Financial Performance

ACA-F

Statement of Financial Performance for the period ended 31st December 2024

Revised Budget Allocations 2024 Rs.	Note	Actual	
		2024 Rs.	2023 Rs.
- Revenue Receipts		-	-
- Income Tax	1	-	-
- Taxes on Domestic Goods & Services	2	-	-
- Taxes on International Trade	3	-	-
- Non Tax Revenue & Others	4	-	-
Total Revenue Receipts (A)		-	-
- Non Revenue Receipts		-	-
- Treasury Imprests		321,123,886,118	292,150,453,218 ACA-3
- Deposits		1,344,641,025	1,334,716,489 ACA-4
- Advance Accounts		1,290,793,426	1,141,199,128 ACA-5
- Other Main Ledger Receipts		-	-
Total Non Revenue Receipts (B)		323,759,320,568	294,626,368,835
Total Revenue Receipts & Non Revenue Receipts C = (A)+(B)		323,759,320,568	294,626,368,835
Remittance to the Treasury (D)		222,158,301	875,322,682
Net Revenue Receipts & Non Revenue Receipts E = (C)-(D)		323,537,162,267	293,751,046,153
Less: Expenditure			
- Recurrent Expenditure		-	-
Wages, Salaries & Other Employment		-	-
135,625,450,000 Benefits	5	135,517,216,606	114,689,616,415
223,563,311,000 Other Goods & Services	6	186,169,296,137	170,109,814,212 2(ii)
9,345,700,000 Subsidies, Grants and Transfers	7	8,858,166,665	8,454,093,900
- Interest Payments	8	-	-
89,000 Other Recurrent Expenditure	9	-	-
368,534,550,000 Total Recurrent Expenditure (F)		330,544,679,409	293,253,524,527
Capital Expenditure			
Rehabilitation & Improvement of Capital			
17,133,300,000 Assets	10	14,282,591,171	8,891,609,411
35,664,467,719 Acquisition of Capital Assets	11	15,723,339,759	11,605,503,841
688,000,000 Capital Transfers	12	190,248,271	154,200,869 2(ii)
- Acquisition of Financial Assets	13	-	-
1,769,500,000 Capacity Building	14	1,462,984,801	2,065,306,252
9,296,166,281 Other Capital Expenditure	15	2,320,008,718	3,347,513,899
64,551,434,000 Total Capital Expenditure (G)		33,979,172,721	26,064,134,272
Deposit Payments		1,164,549,354	1,213,249,048 ACA-4
Advance Payments		1,623,820,663	1,264,445,494 ACA-5
Other Main Ledger Payments (PSPF)		12,000	-
Total Main Ledger Expenditure (H)		2,788,382,017	2,477,694,541
Total Expenditure I = (F+G+H)		367,312,234,146	321,795,353,341
433,085,984,000 Balance as at 31st December J = (E-I)		(43,775,071,878)	(28,044,307,188)
Balance as per the Imprest Adjustment Statement		(43,783,915,216)	(28,044,672,640) ACA-7
Imprest Balance as at 31st December		8,843,338	365,452 ACA-3
		(43,775,071,878)	(28,044,307,188)



3.3 Statement of Financial Position



Statement of Financial Position
As at 31st December 2024

ACA-P

		Actual	
	Note	2024 Rs	2023 Rs
<u>Non Financial Assets</u>			
Property, Plant & Equipment	ACA-6	254,485,180,261	204,292,957,237
<u>Financial Assets</u>			
Advance Accounts	ACA-5/5(a)	4,030,348,624	3,697,321,387
Cash & Cash Equivalents	ACA-3	8,843,338	365,452
Total Assets		258,524,372,223	207,990,644,076
<u>Net Assets / Equity</u>			
Net Worth to Treasury		1,870,599,882	1,717,664,316
Property, Plant & Equipment Reserve		254,485,180,261	204,292,957,237
Rent and Work Advance Reserve	ACA-5(b)		
<u>Current Liabilities</u>			
Deposits Accounts	ACA-4	2,159,748,742	1,979,657,071
Unsettled Imprest Balance	ACA-3	8,843,338	365,452
Total Liabilities		258,524,372,223	207,990,644,076

Detail Accounting Statements in ACA format Nos. 1 to 7 presented in pages from ~~7.134~~^{7.129} to ~~57.1~~^{57.1209} and Annexures to accounts presented in pages from ~~58.219~~^{58.238} to ~~63.1.238~~ form an integral part of these Financial Statements. **The Financial Statements have been prepared in accordance with the Government Financial Regulations 150 & 151 and State Accounts Guideline No. 06/2024, dated 16.12.2024** and hereby certify that figures in these Financial Statements, Notes to accounts and other relevant accounts were reconciled with the Treasury Books of Accounts and found in agreement.

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

Chief Accounting Officer
Name :
Designation :
Date : 27.02.2025

Dr. Anil Jasinghe
Secretary
Ministry of Health & Mass Media
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10

Accounting Officer
Name :
Designation :

Dr. Anil Jasinghe
Secretary
Ministry of Health & Mass Media
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10

Chief Financial Officer/ Chief Accountant/
Director (Finance)/ Commissioner (Finance)
Name :

2025.02.27
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3.4 Statement of Cash Flows

Statement of Cash Flows for the Period ended 31st December 2024

ACA-C

	Actual	
	2024 Rs.	2023 Rs.
<u>Cash Flows from Operating Activities</u>		
Total Tax Receipts	-	-
Fees, Fines, Penalties and Licenses	-	-
Profit	-	-
Non Revenue Receipts	22,006,019,097	6,339,574,727
Revenue Collected on behalf of Other Revenue Heads	-	-
Imprest Received	321,123,520,666	292,150,087,766
Recoveries from Advance	1,293,543,616	1,137,300,968
Deposit Received	1,344,641,025	1,334,716,489
Total Cash generated from Operations (A)	345,767,724,404	300,961,679,951
<u>Less - Cash disbursed for:</u>		
Personal Emoluments & Operating Payments	312,696,272,291	276,291,120,141
Subsidies & Transfer Payments	3,044,562,857	3,114,118,919
Expenditure incurred on behalf of Other Heads	504,415,148	297,284,965
Imprest Settlement to Treasury	222,158,301	875,322,682
Advance Payments	1,624,787,526	1,264,259,101
Deposit Payments	1,164,549,354	1,213,249,048
PSPF	12,000	-
Total Cash disbursed for Operations (B)	319,256,757,477	283,055,354,857
NET CASH FLOW FROM OPERATING ACTIVITIES(C)=(A)-(B)	26,510,966,927	17,906,325,094
<u>Cash Flows from Investing Activities</u>		
Interest	-	-
Dividends	-	-
Divestiture Proceeds & Sale of Physical Assets	-	-
Recoveries from On Lending	-	-
Total Cash generated from Investing Activities (D)	-	-
<u>Less - Cash disbursed for:</u>		
Purchase or Construction of Physical Assets & Acquisition of Other Investment	26,502,489,041	17,906,325,094
Total Cash disbursed for Investing Activities (E)	26,502,489,041	17,906,325,094
NET CASH FLOW FROM INVESTING ACTIVITIES(F)=(D)-(E)	(26,502,489,041)	(17,906,325,094)
NET CASH FLOWS FROM OPERATING & INVESTMENT ACTIVITIES (G)=(C) + (F)	8,477,886	-
<u>Cash Flows from Financing Activities</u>		
Local Borrowings	-	-
Foreign Borrowings	-	-
Grants Received	-	-
Total Cash generated from Financing Activities (H)	-	-
<u>Less - Cash disbursed for:</u>		
Repayment of Local Borrowings	-	-
Repayment of Foreign Borrowings	-	-
Total Cash disbursed for Financing Activities (I)	-	-
NET CASH FLOW FROM FINANCING ACTIVITIES (J)=(H)-(I)	-	-
Net Movement in Cash (K) = (G) + (J)	8,477,886	-
Opening Cash Balance as at 01st January	365,452	365,452
Closing Cash Balance as at 31st December	8,843,338	365,452



3.5 Notes to the Financial Statements

None

3.6 Performance of the Revenue Collection

Rs. Mn

Revenue Code	Description of the Revenue Code	Revenue Estimate		Collected Revenue	
		Original	Final	Amount (Rs.)	as a % of the Final Revenue Estimate
20.02.01.01	Rent on government buildings	200,000,000	200,000,000	319,865,389.11	160
20.02.01.99	Revenue on government assets other rental charges	20,000,000	20,000,000	45,285,582.06	226
20.02.02.99	Interest – other	100,000,000	100,000,000	109,079,530.64	109
20.03.01.00	Sales Proceeds and Charges- Departmental Sales	40,000,000	40,000,000	85,826,414.71	215
20.03.02.99	Sales Proceeds and Charges- Administrative Fees and Charges Sundries	40,000,000	40,000,000	73,655,702.97	184
20.03.03.02	Sales Proceeds and Charges-Fines and forfeits - other	10,000,000	10,000,000	52,998,439.36	530
20.03.99.00	Sales Proceeds and Charges- other receipts	1,500,000,000	2,200,000,000	6,847,708,580.02	311
20.06.02.01	Revenue on sale of capital assests - Vehicles	00	00	28,304,000.00	0
20.06.02.02	Revenue on sale of capital assests - other	00	00	1,236,086.95	0

3.7 Performance of the Utilization of Allocation

Rs. ,000

Type of Allocation	Allocation		Actual Expenditure	Allocation Utilization as a % of Final Allocation
	Original	Final		
Recurrent	348,085,000,000	368,534,550,000	330,544,679,409	90
Capital	59,800,000,000	64,551,434,000	33,979,172,721	53

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

Rs. ,000

Serial No.	Allocation Received from Which Ministry /Department	Purpose of the Allocation	Allocation		Actual Expenditure	Allocation Utilization as a % of Final Allocation
			Original	Final		
01	001 – President Secretary Office	1001/1003/1201/1202/1402/1409	3,766,080.42	3,766,080.42	3,766,080.42	100
02	176 – Ministry of Ports, Shipping and Aviation	1001/1003	200,520.00	200,520.00	200,520.00	100
03	222 – Sri Lanka Army	1204/2059	338,599,743.39	338,599,743.39	338,599,743.39	100
04	Department of Police	1001/1003 / 1402	88,067,331.72	88,067,331.72	88,067,331.72	100
05	228 – Courts Administration	1409	37,166,590.00	37,166,590.00	33,810,896.49	91
06	253 – Pension Department	1502	39,970,576.18	39,970,576.18	39,970,576.18	100

3.9 Performance of the Reporting of Non-Financial Assets

Rs.

Assets Code	Code Description	Balance as per Board of Survey Report as at 31.12.2024	Balance as per financial Position Report as at 31.12.2024	Yet to be Accounted	Reporting Progress as a %
9151	Building and Structure	62,1990,512,450.75	62,1990,512,450.75		
9152	Machinery and Equipment	67,754,272,571.73	67,754,272,571.73		
9153	Land	64,898,566,250.00	64,898,566,250.00		
9154	Intangible Assets	20,335,888.22	20,335,888.22		
9160	Work in Progress	32,415,883,542.59	32,415,883,542.59		
	Total	227,279,570,703.29	227,279,570,703.29		

• **Financial Progress of Indigenous Medicine Sector (As of 31.12.2024)**

Vote Particulars	Allocation (Rs.)	Expenditure (Rs.)	Percentage of Expenditure (%)
Recurrent	439,895,000.00	420,815,833.82	95.66
General Administration / Other Programs	381,395,000.00	368,998,788.06	96.75
<i>Institutional Services</i>			
State Institutions			
• Homeopathy Medical Council	31,500,000.00	26,358,813.51	83.68
• Homeopathy Hospital	27,000,000.00	25,458,232.25	94.29
Capital	20,000,000.00	15,567,014.62	77.84
General Administration			
Repairing Plant & Machinery	1,000,000.00	270,055.09	
Vehicles	2,500,000.00	1,937,660.00	
Furniture & Office Equipment	1,000,000.00	887,963.20	
Plant & Machinery	1,000,000.00	995,090.50	
Staff Training	500,000.00	476,940.00	
<i>Special Programmes</i>			
• Homeopathy Council	1,000,000.00	42,850.00	4.29
• Conservation Councils	3,000,000.00	3,000,000.00	100
• Establishment of Poshana Mandira	2,500,000.00	2,353,918.99	94.16
• Development of Homeopathy Methods	2,500,000.00	2,258,273.92	90.33
• Establishment of Laboratory Research Service at Government Homeopathy Hospital	5,000,000.00	3,344,262.92	66.89
Total	459,895,000.00	436,382,848.44	94.89
Other	Allocation (Rs.)	Expenditure (Rs.)	Percentage of Expenditure (%)
Collaborative care with Ayurveda	5,000,000.00	3,328,538.28	66.57
Non-Communicable Diseases	20,000,000.00	19,604,035.82	98.02
	25,000,000.00	22,932,574.10	91.73

3.10 Auditor General's Report

My No: MED/B/MOH/02/2024/28

29 May 2025

Secretary
Ministry of Health and Mass Media

Auditor General's Summary Report on the Financial Statements for the year ended December 31, 2024 – Head 111 of the Ministry of Health in accordance with Section 11 (1) of the National Audit Act No. 19 of 2018

1. Financial Statements

1.1 Qualified Opinion

The Financial Statements for the year ended 31 December 2024 – Head 111, consisting of the Financial Statement for the year ended 31 December 2024, Financial Performance Statement and the Statements of Cash Flow of the Ministry of Health which are to be read in conjunction with the provisions of the National Audit Act No. 19 of 2018 under the provisions of Article 154 (1) of the Constitution of the Democratic Socialist Republic of Sri Lanka have been audited as per my order. This report contains my comments and observations on these financial statements submitted to the Ministry of Health in terms of section 11 (1) of the National Audit Act No. 19 of 2018. The Annual detailed Management Audit Report will be released in due course to the Chief Accounting Officer in terms of section 11 (1) of the National Audit Act No. 19 of 2018. The Auditor General's report, which is to be presented in terms of Section 10 of the National Audit Act No. 19 of 2018, which is read in conjunction with Article 154 (6) of the Constitution of the Democratic Socialist Republic of Sri Lanka, will be presented to Parliament in due course.

I am of the opinion that it reflects a fair situation on all counts, excluding the impact of the matters set out in paragraph 1.6 of this report, relevant to the financial status, financial performance and cashflow of the financial statements of the Ministry of Health for the year ended 31 December 2024 have been prepared in accordance with the basis for preparation of the financial statements set out on page 06 of the financial statements.

1.2 The Basis for Qualified Opinion

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

1.3 Emphasis of matter – Basis of preparation of financial statements

Attention is drawn to page 06 of the financial statements which describes the basis of preparation of these financial statements. The financial statements have been prepared for the needs of the Ministry of Health, the Treasury and Parliament in accordance with Government Finance Regulations 150 and 151 and Public Accounts Guideline No. 06/2024 dated 16 December 2024 as amended on 21 February 2025. Therefore, these financial statements may not be suitable for other purposes. My report is intended solely for the use of the Ministry of Health, the Treasury and the Parliament of Sri Lanka. My opinion on this matter is not modified.

1.4 Responsibility of the Chief Accounting Officer for the Financial Statements

The responsibility of the Chief Accounting Officer is to decide the required internal control enabling to prepare financial statements that are free from quantitatively misstatement whether due to fraud or error, in accordance with Government Finance Regulations 150 and 151 and Public Accounts Guideline No. 06/2024 dated 16 December 2024 as amended on 21 February 2025, reflecting a fair position in all quantitative respects.

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

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

1.5 Auditor's Responsibility in Auditing Financial Statements

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

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

- Proper audit procedures are planned and implemented to identify and assess the risk of fraudulent misrepresentations in financial statements as a basis for the

stated audit opinion. Rather than being influenced by quantifiable misrepresentations, the impact of fraud is strong enough to cause fraud by misconduct, forgery, intentional avoidance, misrepresentation, or bypassing internal controls.

- An understanding of internal control has been obtained to design appropriate audit procedures on a case-by-case basis, although it is not intended to express an opinion on the effectiveness of internal control.
- Evaluating whether the financial statements adequately and fairly reflect the underlying transactions and events for the structure and content of the financial statements, including disclosures.
- The overall presentation of the financial statements was assessed including that the transactions and events underlying the structure and content of the financial statements are appropriately and fairly included and also disclosures.

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

1.6 Comments on the Financial Statements

1.6.1 Non-Financial Assets

The following observations are made.

- (a) In the year 2018, the cost of non-financial assets was understated by Rs. 46,940.73 million, of which Rs. 7,102.99 million was understated as new land acquisition in the year 2019.
- (b) Capital assets were understated by an equivalent amount as of 31 December 2019 due to the understatement of capital assets acquisition by Rs. 14,793.13 million in the year 2018.
- (c) According to the Treasury Account Statements, the cost of buildings and constructions acquired during the year 2019 amounting to Rs. 6,501.94 million was not included in the Statement of Non-Financial Assets and Non-financial assets as of 31 December 2019 were overstated by Rs. 2,967.27 million due to the overstatement of the cost of assets acquired during the year 2019.
- (d) As per the SA 80 Monthly Summary of Non-Financial Assets Accounts and SA 82 Cumulative Non-Financial Assets Accounts Report maintained by the Treasury, the reasons for the difference of Rs. 19,789.44 million in the cost of non-financial assets as at 31 December 2020 had not been investigated and the necessary adjustments had not been made.

- (e) Although the cost of property, plant and equipment as at 01 January 2021 was Rs. 192,229.15 million as per the Statement of Financial Position as at 31 December 2021, the Monthly Summary of Non-Financial Assets Accounts (SA 80) maintained by the Treasury. According to the Cumulative Non-Financial Assets Account (SA 82), the value was Rs. 172,439.71 million and Rs. 184,327.77 million respectively, and the reasons for the differences of Rs. 19,789.44 million and Rs. 7,901.38 million respectively were not disclosed.
- (f) As per the acquisitions of capital assets and the accumulated non-financial assets account statement (SA 82) maintained by the Treasury disbursements during the year under review, according to the programmes of the year 2021, Expenditure Statement (Form ACA 2(i)) and the Monthly Expenditure Summary (SA 10) maintained by the Treasury, the reasons for the difference of Rs. 16,877.89 million between that figure were not disclosed.
- (g) Although it was confirmed that various local and foreign institutions, organizations and individuals provided goods, equipment and medical supplies worth Rs. 1,339.25 million and 2,444 units of goods and equipment of unknown value had been provided, in the year 2020, as non-financial assistance or donations to the Ministry and the hospitals, institutions and various sectors under it, their values had not been included in the financial statements.
- (h) Acquisitions and disposals of non-financial assets included in the expenditure of Rs. 7,603.09 million incurred under 54 foreign aid projects implemented by the Ministry during the period from 2010 to 2020, expenditures incurred for development had not been accounted for under non-financial assets.
- (i) According to the Statement of Financial Position and the Treasury's Accumulated Non-Financial Assets Account Report (SA 82) as of 31 December 2021, the value of non-financial assets and as per the Treasury's Accumulated Non-Financial Assets Account Report (SA 82) for the year 2022, a difference of Rs. 5,244.56 million was observed between that figure as of 01 January 2022, and the reason for this difference was not explained during the audit.
- (j) According to the Programmes of the year 2022, Statement of Expenditure (ACA 2(i) Form) and Treasury Printed Notes SA 10, there was a difference of Rs. 11,423.16 million between the acquisition of capital assets in the year 2022 and the same figure as per the Treasury's Accumulated Non-Financial Assets Account (SA 82).
- (k) The Covid-19 Emergency Response and Health Systems Preparedness Project had purchased non-financial assets worth Rs. 6,326.05 million as of 31 December 2022 and the cost of these assets had not been accounted for under the non-financial assets of the Ministry.

- (l) It was observed that the lands of 25 hospitals/institutions and the buildings of 05 hospitals/institutions had not been valued and accounted for according to the computer soft copies of the information on non-financial assets of the Ministry of Health and 59 institutions under it as of 31 December 2022 submitted to the audit.
- (m) The cost of two vehicles transferred to the Sri Lanka Police Department and the Ministry of Tourism and Civil Aviation was Rs. 11.55 million as included in the financial records of the Ministry of Health as at 31 December 2022.
- (n) Certain institutions had not provided the information requested by the audit. Measures had been taken to write off the cost of goods worth Rs. 2.66 million in 2017, 2018 and 2019 of 11 hospitals, other health institutions, training institutions and departments under the Ministry and the cost of goods not mentioned in the books of the Badulla Provincial General Hospital. However, it was not confirmed to the audit whether the cost of those condemned goods was removed from the non-financial assets in the Ministry's financial statements. It was also observed that cases where the disposal process had not been completed in some hospitals, cases where the appointed disposal boards had not completed the relevant disposal process, and cases where actions had not been taken in accordance with Financial Regulation 757(2) regarding deficiencies related to annual stock verifications.
- (o) Evidence was not presented to the audit regarding Goods worth Rs. 2,588.30 million received by 31 institutions/hospitals and departments in the years 2020 and 2021 and goods related to 2057 cases where information on the value received by 30 institutions/hospitals and departments not included were not properly documented and included in the Ministry's financial statements.
- (p) According to the statement of financial position prepared as at 31 December 2023, the value of property, plant and equipment as at 01 January 2023 was Rs. 195,221.42 million. However, the opening balance as at 01 January 2023 in the Monthly Summary of Non-Financial Assets Accounts (SA 80) printed by the Treasury was Rs. 200,118.27 million.
- (q) According to the Cumulative Non-Financial Assets Account Report (SA 82) of the year 2022, the value of non-financial assets as of 31 December 2022 was Rs. 200,118.27 million and in the report prepared for the year 2023, the value as of 01 January 2023 was Rs. 195,221.42 million. Accordingly, a difference of Rs. 4,896.85 million was observed and the reasons for this difference were not explained.
- (r) According to the Programmes of the year 2023, Statement of Expenditure (ACA 2(i) Form) and Treasury Printed Notes SA 10, the expenditure on acquisition of capital assets in the year 2023 was Rs. 11,605.50 million, but according to the Treasury's Accumulated Non-Financial Assets Account Report (SA 82), the cost

of assets was understated by Rs. 7,907.13 million as the purchase of assets during the year under review was Rs. 3,698.37 million.

- (s) According to the Ministry's financial statements, the value of non-financial assets as of 31 December 2023 was Rs. 204,292.96 million. But according to the computer soft copies of the non-financial assets of the Ministry of Health and 63 institutions under it as of 31 December 2023, the value of those assets was stated as Rs. 215,870.86 million. Accordingly, a difference of Rs. 11,577.90 million was observed.
- (t) Although a renal treatment unit and a 3-storey surgical ward complex under the provisions of the University of Peradeniya, had been constructed in the Peradeniya Hospital premises after 2018, the value of these buildings had not been identified and accounted for.
- (u) Although the opening balance of non-financial assets as per the accumulated non-financial assets account statement (SA 82) as at 31 December 2023 and the statement of financial position for the year under review is Rs. 204,292.96 million, according to the 2024 Cumulative Non-Financial Assets Account Report (SA 82), the value was Rs. 263,472.20 million as of 01 January 2024. Accordingly, a difference of Rs. 59,179.24 million was observed and the reason for this difference was not explained during the audit.
- (v) According to the computer soft copies showing information on non-financial assets held by the Ministry and its affiliated institutions as of 31 December 2023, non-financial assets amounting to Rs. 1,857.48 million relating to 03 projects were not included as opening balances in the soft copies of the year 2024.
- (w) According to Treasury Printed Notes SA 10 for the year 2024, although the cost of acquiring capital assets in the year 2024 was Rs. 15,723.34 million, according to the Treasury's Cumulative Non-Financial Assets Account Report (SA 82), the cost of assets was understated by Rs. 5,009.64 million as the purchase of assets during the year under review was Rs. 10,713.70 million.
- (x) According to the Ministry's financial statements, the cost of non-financial assets as at 31 December 2024 was Rs. 254,485.18 million. According to the computer soft copies showing information on non-financial assets of the Ministry of Health and 61 institutions under it as at 31 December 2024, which were submitted to the audit, the cost of the assets was Rs. 243,639.47 million. Accordingly, a difference of Rs. 10,845.71 million was observed.
- (y) Although 3764 empty 6800 liter oxygen cylinders were purchased and provided to hospitals in 2022 at a cost of Rs. 173.13 million through the financial provisions of the Third Supplementary Financing Project for Covid-19 Emergency Response and Health System Preparedness, the cost of those assets had not been accounted for under the Ministry's non-financial assets.

- (z) According to the financial statements related to 02 projects implemented under the Ministry, there were non-financial assets totaling Rs. 46.44 million as of 31 December 2024 and these assets had not been accounted for under the non-financial assets of the Ministry.
- (aa) The Nawalapitiya District General Hospital was taken over by the Central Government in 2023 and although all non-financial assets existing there should be accounted for, according to the new CIGAS computer software submitted to the audit, only Rs. 5.17 million of other machinery and equipment costs were accounted for as non-financial assets.
- (ab) In the 2024 cumulative non-financial assets account statement (SA 82), ships were mentioned under transport equipment amounting to Rs. 1.15 million, of which only Rs. 382,440 were included in the computer soft copy as assets belonging to the Batticaloa Teaching Hospital. The CIGAS soft copy submitted to the audit did not confirm which institution owned the remaining balance of Rs. 764,880.
- (ac) According to the computer soft copies submitted to the audit showing information on non-financial assets held by the Ministry of Health and 63 hospitals/institutions affiliated to it as of 31 December 2023, the lands of 27 hospitals/institutions and the buildings of 04 hospitals/institutions had not been valued and accounted for. According to the computer soft copies showing information on non-financial assets of the Ministry of Health and 61 hospitals/institutions affiliated to it as of 31 December 2024, submitted to the audit for the year under review. The lands of 05 hospitals and the buildings of one hospital had not been assessed and accounted for, and sufficient evidence had not been submitted to the audit to verify the accuracy of the information accounted for.
- (ad) The cost/value of 237 units of 97 types of equipment/goods received as donations to the Lady Ridgeway Hospital for Children and the cost/value thereof were not properly assessed. 20 units of 07 types of equipment/goods with a total cost/value of Rs. 2,219,825 had not been accounted for as non-financial assets.

1.6.2 Impreset Balance

The advance balance of Rs. 362,702 belonging to the Teaching Hospital - Batticaloa, which was carried forward without being settled since the year 1997, had been transferred to the Advance Account as an outstanding advance balance in the year 2021 and that balance had not been settled in the year under review.

1.6.3 Lack of Evidence for Audit

Detailed schedules, stock verification reports and information on assets as per the CIGAS program regarding non-financial assets with a total cost of Rs. 254,485.18 million were adjusted to the asset balance as at December 31 of the previous year at an amount of Rs. 2.46 million, as detailed schedules relating to the acquisition of assets of Rs. 10,713.70 million and the condemning of assets of Rs. 19,703.18 million were not submitted during the year under review. Therefore, it was not possible to satisfactorily verify those values. Property/vehicle loan files amounting to Rs. 12.71 million, which were due from 62 transferred, suspended, resigned and retired officers, were not submitted for audit. The information required for the three years 2021, 2022, and 2023 to evaluate the performance of the Ministry's vehicle utilization was also not submitted for audit. In addition, due to the fact that the information required for the audit, which was called for in 36 letters of information on various matters, was not submitted by 11 April 2024, or the complete information was not submitted, the relevant areas could not be properly audited. More than 40 months had passed since some of the letters calling for information were issued.

2. Report on other legal requirements

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

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

Paragraph reference to the previous year report	The recommendation not implemented	Paragraph reference of this report
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1.6.1(a)	These errors should be rectified and financial statements prepared and submitted for the following year.	1.6.1(a)
1.6.1(b)	- Do -	1.6.1(b)
1.6.1(c)	- Do -	1.6.1(c)
1.6.1(d)	Seek reasons for the differences and make necessary changes and correct financial statements should be prepared and presented for	1.6.1(d)

	the following year.	
1.6.1(e)	- Do -	1.6.1(e)
1.6.1(f)	- Do -	1.6.1(f)
1.6.1(g)	The financial statement for the second year should be prepared and submitted, identifying and accounting for all unaccounted assets.	1.6.1(g)
1.6.1(h)	Written evidence confirming that all assets acquired under projects have been accounted for should be promptly submitted to the audit.	1.6.1(h)
1.6.1(i)	The reasons for the differences should be investigated, the necessary adjustments should be made, and the correct financial statements should be prepared and submitted for the following year.	1.6.1(i)
1.6.1(j)	- Do -	1.6.1(j)
1.6.1(k)	Written evidence confirming that all assets acquired under projects have been accounted for should be promptly submitted to the audit.	1.6.1(k)
1.6.1(l)	These assets should be valued and accounted for promptly.	1.6.1(l)
1.6.1(m)	This error should be corrected and confirmed to the audit.	1.6.1(m)
1.6.1(o)	All institutions must provide the information requested by the audit and make appropriate adjustments to the financial statements for misappropriated assets. Also, if any discrepancies, deficiencies or omissions are found after receiving the Board of Survey reports, action should be taken in accordance with Financial Regulation 757(2).	1.6.1(n)
1.6.1(q)	All donations should be properly accounted for.	1.6.1(o)
1.6.1(r)	Reasons for discrepancies should be investigated and necessary adjustments should be made.	1.6.1(p)

1.6.1(s)	- Do -	1.6.1(q)
1.6.1(t)	- Do -	1.6.1(r)
1.6.1(u)	- Do -	1.6.1(s)
1.6.1(v)	Action should be taken to account.	1.6.1(t)

3. Financial Review

3.1 Imprest Management

Although the planned amount to be requested for the year under review was Rs. 409,585 million, the amount requested was Rs. 348,817.40 million, which was less than the planned amount. Accordingly, it was observed during the audit that the intended purpose had not been achieved through the planning of the budget.

3.2 Expenditure Management

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

- (a) The total provision of Rs. 34 million for 02 re-current expenditure codes provided under the 2024 annual budget estimate had been transferred to other expenditure codes through the Financial Regulations 66 and 69.
- (b) In the 2024 annual budget estimate, 65 percent to 97 percent of the total allocation of Rs. 10,115.50 million that was made for 8 re-current expenditure codes and 3 capital expenditure codes had been transferred to other expenditure codes by the Financial Regulations 66 and 69.
- (c) According to the 2024 annual budget estimate, the allocations of Rs. 2,132.70 million and Rs. 24 million which were made for 10 recurrent expenditure codes and 3 capital expenditure codes respectively, totaled to Rs. 2,156.70 million had been increased through supplementary estimates and transferred by financial regulation 66 from 100 percent to 3557 percent as Rs. 18.995 million and Rs. 8,974.97 million respectively.
- (d) The total basic provision of Rs. 9,385.40 million for 28 expenditure codes including 7 recurrent expenditure codes and 21 capital expenditure codes, was remained.

- (e) After transferred Rs. 1,536.81 million to other expenditure codes from the basic provision of Rs. 49,134.28 million allocated for 48 capital expenditure codes and 18 re-current expenditure codes, remained total net provision was Rs. 47,597.47 million. Out of this net provision, Rs. 33,271.33 million was not utilized. The percentage of remaining provision out of net provision was between 50 – 99 percent.
- (f) From the additional allocations of Rs. 344.92 million made through financial regulation 66 for total of 9 expenditure codes as 5 re-current expenditure codes and 4 capital expenditure codes, Rs. 280.65 million had been remained and the percentage of those savings was ranged 45 percent and 98 percent of the additional allocation.
- (g) A recurrent expenditure of Rs. 198,000 had been incurred for termite control, contrary to the objectives, from the capital expenditure item (111-02-19-002-2509) for the development of homeopathic systems.

3.3 Incurring of Liabilities and Commitments

According to the Note (iii) format (Accumulated Commitments and Liabilities Report submitted by the Treasury - SA 92) of the financial statements submitted for audit under Head of Expenditure No. 111 by the Ministry of Health, the liabilities balance as at 31 December 2024 was Rs. 47,920,624 and the liabilities balance was Rs. 128,657,938. The following matters were observed during the audit conducted in this regard.

- (a) Except as otherwise provided in terms of Financial Regulation 94 (i), no department shall incur any expenditure or obligation for any work, service or supply unless there is provision for it in the annual estimates and it was stated that the amount of liabilities and expenditure incurred should never exceed the appropriations made for the financial year. However, according to the financial statements, the institutions under the Ministry had incurred liabilities of Rs. 2,616,174,615 exceeding the balance of the provisions provided to 34 expenditure subjects related to the operational program. In relation to the development program, an amount of Rs. 14,720 had been incurred in liabilities exceeding the balance of the provisions provided for one expenditure item. Accordingly, it was observed during the audit that a total of Rs. 2,616,189,335 had been incurred in liabilities exceeding the provisions.
- (b) A total of Rs. 5,469,261,442 had been allocated for 7 expenditure codes under the operational and development programmes, which were not included in the annual budget estimate or were newly created expenditure items. It was not possible to verify during the audit how much provision had been allocated for the above

expenditure codes or whether any liabilities had been incurred in excess of those provisions.

- (c) The following points were observed during the detailed examination of liabilities and accounts receivable information.
- i. Although Rs. 1,397,414 was accounted for under receivables from institutions under the Ministry of Health in the financial statements of the State Printing Corporation for the year ended 31 December 2024, those values were not stated as liabilities in relation to those hospitals in the Ministry's statement of liabilities.
 - ii. Although the financial statements of Sri Lanka Thripasha Limited for the year 2024 show that Rs. 238,736,767 was accounted for as a balance receivable from the Ministry of Health, a difference of Rs. 3,229,885 was observed due to the fact that only a value of Rs. 235,506,882 was shown under liabilities in the financial statements of the Ministry of Health for the year ended 31 December 2024.
 - iii. For medical supplies received from the State Pharmaceuticals Corporation as per the statement of liabilities submitted with the financial statements of the Ministry for the year under review, the debt payable to that institution was Rs. 1,096,528,498 and it was stated that the institution had no debt for the medical supplies received from the State Pharmaceutical Manufacturing Corporation. However, as per the financial statements of the two institutions for the year 2024, the value payable by the Medical Supplies Division was stated as Rs. 38,317,971,241 and Rs. 1,777,456,658 respectively, a difference of Rs. 37,221,442,743 and Rs. 1,777,456,658 respectively was observed. These changes had not been identified and necessary corrections had not been made.
 - iv. According to the information submitted, although there was a balance of Rs. 346,502,552 payable as of 31 December 2024 for biomedical equipment purchased by the Biomedical Engineering Division, that amount was not shown as a liability in the Ministry's financial statements as of 31 December 2024.

3.4 Certificates to be made by the Chief Accounting Officer / Accounting Officer

In terms of the provisions of section 38 of the National Audit Act No. 19 of 2018, the Chief Accounting Officer should ensure that regarding the following matters, but he had not act accordingly.

Although, the Chief Accounting Officer should ensure that all audit queries are answered within the prescribed time period as required by the Auditor General, audit queries as per Chapter 4.7 of the report were not answered.

3.5 Non-compliance with laws, rules and regulations

<u>Observation</u>		<u>Non-compliance</u>
<u>Reference to the laws, rules and regulations</u>	<u>Amount (Rs.)</u>	
(b) Public Administration Circulars		
i. Circular No. 30/2008 dated 31 December 2008	-	Although a person cannot be granted a disaster loan exceeding Rs. 250,000, disaster loans exceeding that limit were granted to 06 officers, contrary to the provisions of the law in 2024.
ii. Chapter 03 of the Circular No. 26/2021 dated 24 December 2021	76,000	Although the special advances paid to government officials during the year 2024 were to be recovered within that year, the balance of special advances still outstanding from 59 officials as of 31 December 2024 was Rs. 76,000.
iii. Circular No. 09/2009 dated 16 April 2009	39,717,626,615	All government officials should use fingerprint machines to verify their arrival and departure from the office and if time is used as the basis for overtime and holiday pay, which are paid after regular working hours, Although the time should have been verified through fingerprint machines, the Ministry had not taken action accordingly and had paid Rs. 39,717,626,615 as overtime and holiday wages during the year under review.
iv. Chapter 3.1 of the Circular No. 30/2016	-	Although every fuel inspection of government vehicles is required to

dated 29 December 2016

be re-inspected after a period of 12 months or after a distance of 25,000 km or after a major engine overhaul, whichever comes first, There were instances where the measures had not been taken accordingly. Fuel combustion tests had not been carried out on 12 vehicles used at the Teaching Hospital, Kegalle and 15 vehicles at the Nagoda Teaching Hospital in Kalutara.

3.6 Non-compliance with tax requirement

Following observations are made.

- (a) In terms of Section 10 of Chapter 2 of the Value Added Tax Act, No. 14 of 2002, Teaching Hospital, Mahamodara is a public institution which is not required to register for Value Added Tax (VAT) with the Department of Inland Revenue, but a total of Rs. 513,833 was collected as VAT on restaurant rent from August 2018 to October 2023.
- (b) A total of Rs. 3.918 million in value added tax was paid between August 2023 and December 2024 to the supplier of raw food ingredients for the food prepared for the patients and minor employees of the German Sri Lanka Friendship Hospital for Women and it was also observed that the government has incurred losses due to the fact that taxes have been paid on VAT-exempt goods of the VAT Act No. 14 of 2002, which were effective from 01 January, 2024.

3.7 Informal Transactions

Following observations are made.

- (a) The Ministry of Health had issued 216,094 units of 65 medical supplies and stationery items free of charge to the Sri Jayewardenepura Hospital on 213 occasions and the formal approval/consent received for the free issue of these items was not submitted for audit. It was also confirmed that the Ministry does not have a system in place to ensure that when issuing any medicine or surgical material free of charge, the medicine or surgical material is provided free of charge to patients without charging any fees.
- (b) Although it has been stated that programs such as insurance schemes, concessional loan schemes and medical bill reimbursement should not be

implemented using government funds without due approval under paragraph 11.6 of the National Budget Circular No. 01/2024 dated 10 January 2024 of the Ministry of Finance, Economic Stabilization and National Policies, contrary to the same provision and without obtaining a policy decision for the Homeopathic Hospital, laboratory services costing Rs. 1,001,496 were obtained from Lanka Hospitals (Pvt) Ltd. for inpatients for the year 2024.

- (c) Fees charged by 6 private institutions from students to pay to the hospital for foreign students referred to the Galle National Hospital for patient observation courses, fee funds were credited to a fund called the Quality Improvement Fund, which is administered by a voluntary organization outside the hospital. During the period from 2020 to 2024, a total of Rs. 32.52 million had been credited in this way, out of which a total of Rs. 31.88 million had been incurred from that fund, and as of 31 December 2024, a balance of Rs. 6.648 million remained in the accounts of that fund. It is also observed that the party authorized to credit the fees thus collected to another fund outside the hospital is held responsible in this regard. Also, although all income such as government service fees and income should be credited to government revenue in accordance with Section 177 of the Financial Regulations of the Democratic Socialist Republic of Sri Lanka, action had not been taken in accordance with it.
- (d) Obtaining water required for the construction of the ten-storey building under construction at the Teaching Hospital, Badulla and for the consumption of the employees engaged in the construction work, without the permission of the hospital administration, a financial loss of Rs. 506,100 was incurred from obtaining water from the hospital pipe system from 30 January 2020, the date of the project commencement, to 30 September 2024, the date of the audit.
- (e) The following matters were observed regarding the payment for the disposal of clinical waste at the Colombo National Hospital.
 - i. Payments of totaling Rs. 28,582,808, including container charges Rs. 28.24 per kg were made to the supplier for 1,012,139 kg of clinical waste disposed of during the period from 01 January 2017 to 31 March 2019 without taking care of the situation where the contractor did not provide the necessary containers for the disposal of clinical waste. Also, during the period from 01 April 2019 to 31 July 2022, a container fee of Rs. 10,015,785 was paid for the disposal of 2,628,815 kg of clinical waste, at the rate of Rs. 3.81 per kg. When calculating the recovery of the overpaid container fee, an amount of Rs. 10,381,561 was undercalculated due to the calculations being made based on the number of containers in which the above waste was packaged.

- ii. According to the information submitted to the audit, an amount of Rs. 44,277,874 was spent on containers purchased for the disposal of clinical waste only for the period from 01 April 2019 to 31 July 2022. But due to calculations being made to recover only Rs. 5,013,636 from the contractor for that period, a further Rs. 39,264,238 had to be recovered to the government for that period.
- (f) Further amending the provisions on the revision of fees charged for the provision of services by public institutions and the imposition of new fees introduced by paragraph 05 of Part II of the Public Finance Circular No. 01/2020 dated 28th August 2020, it was stated that the fees charged by government institutions for providing services to the public should be reviewed every 3 years as in the absence of any provision made by an Act passed by Parliament or any other law pursuant to Public Finance Circular No. 01/2020 (III) dated 31st May 2024 issued by the Ministry of Finance, Economic Stabilization and National Policies. Furthermore, if a state institution needs to revise the fees after that review, the Chief Accounting Officer was authorized to increase the relevant fees by a maximum percentage of 15 percent for a period of not less than 03 years and not more than 04 years. It has been observed that there is a clear discrepancy between the cost incurred and the recovery of services provided, in accordance with paragraph 2.1 of the Cabinet Memorandum dated 10 April 2023 of the Minister of Health regarding the approval of the fees for paying ward facilities provided to citizens by government hospitals and health services for non-Sri Lankans, the current charging mechanism for paying ward facilities has become obsolete due to the introduction of expensive new technology, namely diagnostic and treatment methods, and the increase in employee salaries and wages. An audit was conducted regarding the charging of fees for paying wards at the National Hospital, Colombo it was observed that there is a need to introduce a mechanism to revise the fees for health services provided by government hospitals to Sri Lankan citizens and non-citizens at an affordable price, as per paragraph 2.2 of the said memorandum, and although it has been stated that a committee will be appointed within the Ministry of Health for this purpose and a proposal will be made to implement the proposed system, a minimum cost or coverage fee system in accordance with it has not been implemented as of 01 April 2025.
- (g) A toilet system is also in operation at the National Hospital, Kandy which can be used by paying a fee of Rs. 20, and two employees of the hospital cleaning service are assigned to sell tickets and clean the toilet. Also, one employee is assigned to clean the toilet, which can be paid for as per the user's preference, as mentioned above. Accordingly, three employees are paid Rs. 3,450 + (overtime allowance) per day from the state funds, and three more officers had to spend their time to calculate and bank the money. However, an income of Rs. 1,585,816 was obtained from 02 toilet systems in the first 05 months of the year 2024, it had

not been credited to the Consolidated Fund but had been deposited in the Hospital Development Fund and used for various needs of the hospital.

- (h) At the National Hospital, Kandy 06 items of biomedical equipment worth more than Rs. 64 million were given to an external agency for repair without a formal contract. The equipment was taken out of the hospital by 19 September 2024, and had not been repaired and returned to the hospital for a period of 1 to 18 months, and the agency had charged a repair fee of Rs. 10,254,110 for 04 of the equipment. An estimate of Rs. 11,254,840 was given for 02 equipment worth approximately Rs. 16 million. However, no follow-up or monitoring had been carried out regarding the repair of the equipment provided to the agencies.
- (i) The MRI scanner installed in the Sirimavo Bandaranaike Specialized Children's Hospital in 2005 was repaired in 2018 at a cost of Rs. 15,812,500 due to a damage by cylinder. The hospital had presented conflicting opinions regarding the fact that the machine had broken down beyond repair 5 days after the repair, and no formal investigation had been conducted into the matter. Also, regarding this machine, which was in a state that could not be repaired, a service agreement was entered into on 18 March 2019 in relation to a previous period and a service fee of Rs. 3,632,720 was paid to a company, but the machine had not been restored to normal by 31 December 2024.
- (j) The Medical Supplies Division had paid Rs. 123,243,896 to a private company, including Rs. 109,756,890 and Rs. 13,487,006, respectively, for the disposal of disqualified medicines, surgical supplies and laboratory materials in the years 2023 and 2024. The following matters were observed in this regard.
 - i. The Medical Supplies Division had not made provisions for the disposal of disqualified medicines, surgical supplies and laboratory materials in the 2023 Annual Estimate, and no steps had been taken to create a new expenditure code for this purpose in accordance with Financial Regulation 68. Accordingly, the medical supply expenditure in the financial statements for the years 2023 and 2024 was overstated by Rs. 109,756,890 and Rs. 13,487,006 respectively due to the fact that the disposal costs were accounted for under the Oxygen Reactor and Consumables Purchase Expenditure code (111-02-25-003-1204).
 - ii. The Medical Supplies Division had called for quotations on 25 August 2022 from institutions registered with the Central Environmental Authority and which had previously submitted quotations. Accordingly, the quotations submitted by two institutions were submitted to the Technical Evaluation Committee on 22 September 2022. Meanwhile, based on a letter submitted by a 3.9 company to the Secretary of the Ministry of Health, it was informed that a tripartite agreement was in effect between the Ministry of Health, the private company and the Central Environmental Authority for a period of 10 years from 26 June

2018. The Technical Evaluation Committee and the Procurement Committee on 30 September 2022 had decided that it was appropriate to carry out the demolition work in accordance with the terms of the agreement. Approval had also been given to pay the amount specified in the agreement (Rs. 260) for one kilogram of unused surgical supplies and laboratory items that are in poor condition and to pay Rs. 200 per kilogram or the amount specified in the above agreement, whichever is lower, for provinces other than the Western, Central and Southern provinces, only in cases where government vehicles are not available. However, the company in question had submitted a price per kilogram that was Rs. 117 more than the contracted price (Rs. 387) and had agreed to pay the contracted price of Rs. 260 per kilogram instead of the Rs. 99.84 of the lowest bidder. Accordingly, although the Director of Medical Supplies had informed the private company to commence disposal activities from 01 November 2022, there was no agreement to dispose of clinical waste in other provinces other than those covered by the agreement. It was observed that the Technical Evaluation Committee and the Procurement Committee had given the relevant approvals regarding the use of machinery imported through an Australian project or without inviting bids for other provinces and without examining the scope of the agreement.

- iii. Accordingly, in accordance with paragraph III (a) of the Tripartite Agreement, the hospitals under the Ministry of Health in the Western, Central and Southern Provinces shall be responsible for the collection and disposal of clinical waste and the agreement covers cytotoxic waste generated from hospitals in all provinces listed under Schedule A-2, but contrary to this, the Medical Supplies Division has not covered the waste generated in the Western, Southern and Central provinces and the disposal of clinical waste in other provinces had also been assigned to this private company on 33 occasions. Accordingly, Rs. 62,430,286 had been paid for the disposal of 208,520 kilograms, and the waste had not been classified as cytotoxic or non-cytotoxic. However, according to the Clinical Waste Collection Document provided by the company, the waste types from 18 of these institutions were listed as expired medicines.
- iv. As per Section 3(b) of the National Medicines Regulatory Authority Act No. 5 of 2015, the main objective of the Authority is to act as the central regulator for all matters related to the disposal of medicines, medical devices and restricted products. Accordingly, the National Medicines Regulatory Authority had issued a set of guidelines on the disposal of expired and unwanted medicines on 01 February 2021. Accordingly, the disposal of medicines must be carried out under the supervision of an authorized officer of the National Medicines Regulatory Authority, and prior approval from the Authority must be obtained before disposal.

However, when the Medical Supplies Division misused the drugs, it did so without obtaining prior approval from the National Medicines Regulatory Authority. Instead, copies of the letters allocating dates for the disposals of each institution and the Destruction Certificates containing relevant details after the disposals were carried out had been forwarded to the Chief Executive Officer of the National Medicines Regulatory Authority.

3.8 Issuance and settlement of interim advances

The following facts were observed.

- (a) Within 10 days of the completion of the relevant work after the issuance of an interim order, the bills should have been settled immediately after the work was completed, in terms of Finance Regulations No. 371(2) and 371(5) as amended by Public Finance Circular No. 01/2020 dated 28th August 2020, but there were instances where the Ministry had not acted accordingly. The details are as follows.
 - i. During the year under review, the settlement of Rs. 134,928 remaining after the completion of the work, out of Rs. 707,414 of capital advances given on 16 occasions had been delayed for a period ranging from 07 to 100 days.
 - ii. During the year under review, the payment of the remaining Rs. 1,752,931 after the completion of the work, out of the interim advance of Rs. 7,542,159 given in 179 cases had been delayed for a period ranging from 05 to 68 days.
 - iii. Although the fuel advances given to officers for various programs in the year 2024 were supposed to be settled immediately after the completion of the relevant work, during the year under review, an amount of Rs. 371,933 was settled in 21 cases after a delay of between 01 and 06 months.
 - iv. During the year under review, the remaining Rs. 390,000 out of Rs. 2,190,450 released to Provincial Health Directors on 10 occasions for conducting various programs had been delayed for a period ranging from 44 to 227 days for the settlement of the remaining Rs. 390,000 after conducting those programs.
- (b) According to the Advance Register of the Medical Supplies Division for the year 2024, advances received in 48 cases were withheld by 8 officers for a period ranging from 3 days to 109 days after the completion of the relevant work. Also, despite informing the relevant officers 3 days in advance that a committee meeting scheduled to be held on 05 July 2024 had been postponed, an advance payment of Rs. 35,000 was received by another non-staff officer on 04 July 2024

in the name of a staff officer for the said meeting and the amount was withheld for 63 days before being paid. While that amount was being withheld, on 12 July 2024, an advance of Rs. 35,000 was again received in the name of another officer for the same committee meeting. Also, some of the advances had been obtained 22 days before the relevant work was completed, and when the advance was given again, the advance previously obtained had not been settled. It was observed that in 14 cases, more than 50 percent of the advance money received was left over due to the failure to prepare accurate expenditure estimates for the relevant programs, and that the advance register had not been maintained properly with the necessary information included.

- (c) The interim grant of Rs. 494,690, which had been received on 16 occasions during the year under review in relation to the Ministry of Health, had been withheld for a period of 04 to 81 days and had not been used for the relevant purpose and had been returned.
- (d) From the money provided by the General Treasury to cover the relevant losses incurred in connection with the financial thefts that occurred at the Sri Lanka Dental Hospital and the Teaching Hospital, Anuradhapura during the years 2002 and 2019, advances of Rs. 2,288,037 and Rs. 6,321,785 respectively, outstanding as at 31 December 2024, were not disclosed under miscellaneous advances in the financial statements (ACA - 5).
- (e) The following observations are made regarding the reconciliation statement of Government Officers' Advances "B" Account submitted for the year ended 31 December 2024.
 - i. The positions of 15 officers were not mentioned in the loan balances due from serving officers totaling Rs. 1.84 million as of 31 December 2024, and the National Identity Card numbers of 14 officers totaling Rs. 2.24 million were not mentioned.
 - ii. It was observed that the loan balances as at 31 December 2023 in respect of 31 officers in service as at 31 December 2024 had not been recovered in the year 2024. Accordingly, the audit could not rule out the suspicion that these officers were actually in service.
 - iii. The audit was problematic regarding the amount of loan recovered in 2024 from the disaster loan balances at the end of 2023 in respect of 2069 officers in service as of 31 December 2024.

- iv. While the disaster loan balances in respect of 184 officers in service as of 31 December 2024 had not been collected during the year 2024, the disaster loan balance and the total loan balance as of 31 December 2024 had increased by unacceptable values.
- v. As per Annexure 3 of the 2024 reconciliation statement, the outstanding balance due from officers who transferred to other government ministries / departments was Rs. 49.14 million. In accordance with Budget Circular No. 118 dated 11 October 2004, if the loan balance is not settled within two months of the officer's transfer, a written notice shall be given to the department to which the transfer was made, confirming that the relevant officer is serving in the transferred department. The department that granted the transfer in the third month should collect the debt balance through the monthly account summary by informing the department in writing and should ensure that the debt balance does not appear after three months. However, as of 31 December 2024, action had not been taken in accordance with the said circular regarding the outstanding balance of Rs. 49.14 million relating to 61 institutions and departments under the Ministry of Health. It was also observed that sections 1:6 and 1:7 of Chapter xxiv of the Establishments Code had not been complied with. Of these outstanding balances, Rs. 40.69 million were outstanding balances of more than 5 years, which was about 83 percent of the total outstanding balance. Of the remaining outstanding balances, Rs. 7.30 million were outstanding balances that were overdue for more than 03 months. Accordingly, it was observed during the audit that Rs. 47.99 million or 98 percent of the total outstanding balances were outstanding balances that arose due to the negligence of officials.
- vi. In the Advance B Account submitted for the year ending 31 December 2023, 32 and 65 officers respectively had not submitted signatures to confirm the loan balances in relation to the Apeksha Hospital, Maharagama and the Teaching Hospital, Batticaloa mentioned in Annexure 3.1.
- vii. The positions of the transferred officers were not indicated for 22 outstanding balances totaling Rs. 1 million, which were due from the transferred officers to the Ministry of Health and its affiliated institutions as shown in Schedule No. 3.2.2 of the reconciliation statement. The National Identity Card numbers of the relevant officers were not available for 159 outstanding balances of Rs. 10.84 million.

- viii. Out of the outstanding balance of Rs. 37.23 million due from officers transferred to Provincial Councils as per Schedule No. 3.3, it was not stated to which institution the relevant outstanding balances of Rs. 1.33 million were transferred.
- ix. The designation of the officers concerned had not been mentioned in Schedule No. 3.3 for 27 outstanding balances of Rs. 1.55 million. Similarly, the National Identity Card numbers of the officers concerned had not been mentioned for 601 outstanding balances of Rs. 30.08 million.
- x. The Provincial Council institution to which the officers transferred had not been specifically identified for 49 outstanding balances of Rs. 691,508 shown in Schedule No. 3.3.
- xi. 82 outstanding balances totaling Rs. 4.98 million as shown in Schedule No. 3.3 were outstanding balances due from officers transferred to institutions under the Ministry of Health.
- xii. It was observed that the names of Provincial Council Hospitals and Central Government Hospitals were not correctly mentioned in Schedule No. 3.3 when mentioning the transferred locations of the officers who were transferred to the institutions.
- xiii. The outstanding balance of Rs. 11.37 million as on 31 December 2024 included in Schedule No. 3.2.2 was the outstanding balance due from officers transferred to hospitals and other health institutions under the Ministry of Health. This situation was brought to your attention through the Auditor General's reports for the years 2019, 2020, 2021, 2022 and 2023, and since there cannot be debtor and creditor balances between institutions under the same expenditure head, although it was recommended to examine and settle these outstanding balances, no steps had been taken to identify these outstanding balances as of 31 December 2024.
- xiv. The outstanding debt balance of 195 suspended officers as on 31 December 2024 was Rs. 9.95 million, of which Rs. 7.31 million or 73 percent was more than 5 years old and Rs. 9.28 million or 93 percent was more than a year old.
- xv. The positions of 06 officers suspended with a total of Rs. 193,134 were not mentioned. Furthermore, the National Identity Card numbers of 103 officers with a total of Rs. 6.68 million were not mentioned.

- xvi. A total of Rs. 45.28 million in outstanding debt was to be recovered from 1224 officers who left the service, of which Rs. 11.28 million or 25 percent were more than 5 years old and Rs. 25.11 million or 55 percent were more than one year old. This balance continues to increase year after year, and the audit was unable to satisfy itself that adequate action had been taken to recover the debt.
- xvii. The positions of 56 officers who left the service, totaling Rs. 1.31 million, were not mentioned, and the National Identity Card numbers of 376 officers, totaling Rs. 11.04 million, were not mentioned.
- xviii. The amount of debt due from 257 retired officers was Rs. 18.22 million, of which Rs. 5.79 million or 32 percent of the debt balance was more than a year old.
- xix. The position of 6 retired officers with a total of Rs. 510,083 was not mentioned and the National Identity Card number of 20 officers with a total of Rs. 727,724 was not mentioned.
- xx. As of 31 December 2024, the amount of debt due from deceased officers was Rs. 8.65 million, of which the total amount due from 29 officers was Rs. 1.72 million or 20 percent of the debt balance was more than 05 years old. Due to non-compliance with Sections 4.4 to 4.6 of Chapter XXIV of the Establishments Code, Rs. 4.77 million or 55 percent of the outstanding balance was more than one year old.
- xxi. The National Identity Card numbers of the officers concerned had not been mentioned in respect of the outstanding balances of Rs. 600,620 due from 19 deceased officers.
- xxii. Although interest should be charged at the prescribed rate from the date of payment of the loan as per Sub-section 3:7 of Chapter XXIV of the Establishments Code, the audit observed instances where Lady Ridgeway Children's Hospital violated that Sub-section and when providing disaster loans to officers, interest was not calculated for the number of days in the relevant month from the date the loan was granted, but was calculated from the following month. Thus, in 22 cases, interest of Rs. 10,926 had not been charged.
- xxiii. To recover without delay the debts and advances due to the government from officers who take unpaid maternity leave in accordance with Section

18.4.3 of Chapter XII of the Establishment Code of the Democratic Socialist Republic of Sri Lanka. It has been stated that a satisfactory arrangement should be adopted and accordingly, the Director of the General Hospital, Chilaw has instructed the officers to pay the amount due from the officers taking such leave to the Accounts Division on a monthly basis. None of the widows' and orphans' pension contributions, Agrahara insurance claim amounts, disaster and loan advance amounts that were due had been paid to the Accounts Division.

3.9 Deposits

Following observations are made.

- (a) As at 31 December 2024, there was a net difference of Rs. 10.58 million between the deposit account summary and the individual account summary records of the Ministry of Health as per the CIGAS system.
- (b) In accordance with Financial Regulation 571 (3), action had not been taken to settle or to take into government revenue the deposit balances of Rs. 1,215.40 million relating to 20 institutions belonging to the Ministry, which totaled over 02 years.
- (c) When examining the schedules relating to the General Deposit Account of the Ministry of Health, it was found that in 68 cases relating to the Colombo South Teaching Hospital, outstanding cheques worth Rs. 3.93 million, which had been outstanding for more than 06 months, had been held in the General Deposit Account without taking action in accordance with Financial Regulation 396.
- (d) Overtime allowances amounting to Rs. 103,190 relating to two doctors of the Teaching Hospital, Mahamodara who had gone abroad had been held in the general deposit account since 29 August 2022.
- (e) The overtime allowances amounting to Rs. 8,376 relating to two nurses who had gone abroad at the Lady Ridgeway Children's Hospital had been retained in the deposit account as of 31 December 2024.
- (f) A balance of total Rs. 101,250, was held in the general deposit account from October 2019 to October 2022 as a salary deposit of the Management Assistant Officers of the National Institute of Health Sciences, Kalutara, which was problematic during the audit.
- (g) Cheques payable in terms of Financial Regulation 396 (a) are cheques whose validity period has expired and when examining the schedules relating to the

general deposit account of the Lady Ridgeway Children's Hospital 3 outstanding cheques worth Rs. 443,397.01, which were over 6 months old, had been held in the general deposit account without taking action in accordance with Financial Regulation 396.

4 Operational Reviews

4.1 Performance

4.1.1 Non-performing the activities

Since the Ministry did not submit to audit the progress of the activities included in the action plan for the year under review, it was not possible to examine the failure to achieve the expected level of completion, failure to achieve the expected outcomes, abandonment of projects without completion, and delays in project implementation.

4.1.2 No taking expected output level

Following observations made.

- (a) Although the letter No. BO7/01/2023 of the Secretary to the Ministry of Health dated 16 June 2023 stated that plans would be made to install solar panels for hospitals and health institutions as a solution to the electricity and energy crisis, due to the lack of necessary steps to install solar panels, it was not possible to minimize the monthly electricity cost of the National Renal Specialized Hospital, Polonnaruwa which amounted to nearly Rs. 10 million.
- (b) 55 units of equipment related to 20 types received as a grant from the Chinese Government to establish a Research and Development Division to conduct research related to kidney disease at the National Nephrology Specialist Hospital, Polonnaruwa had been stored in the hospital unnecessarily due to the fact that the division had not been established. Furthermore, attention had not been paid to the possibility of technological obsolescence due to non-use of these idle equipment.
- (c) Out of 1794 and 1436 patients registered for surgery at the Teaching Hospital, Kegalle in 2023 and 2024 respectively, only 732 and 708 patients, less than 50 percent, were able to undergo surgery.

4.1.3 No taking expected outcomes

Although more than 3 years had passed until the audit date of 10 February 2025, the Medical Intensive Care Unit of the National Renal Specialist Hospital, Polonnaruwa which was established in 2021, it was not at a functional level and the attention of the responsible parties had not been drawn to bring it to a functional level.

4.1.4 Abandoned projects without completing

Although the work on the building accommodating the Outpatient Department of the District General Hospital, Embilipitiya which was estimated to cost Rs. 218,443,000 and which commenced on 01 November 2016 based on Provincial Council allocations, was scheduled to be completed on 31 December 2018, construction work on about 30 percent of the ground floor had been completed and was stopped halfway.

4.1.5 Delays in project implementation

Although the construction of the following 03 buildings had commenced in 2016 at an estimated cost of Rs. 1,170,171,946 to overcome the shortage of space at the General Hospital, Chilaw the construction had not been completed by 31 December 2024.

- (a) Considering the dire need to construct an Emergency Unit, work had commenced on 15 January 2018 to be completed within 609 days at an estimated cost of Rs. 501.21 million, but this construction had been abandoned by the end of 2024.
- (b) Although the construction of the 5-storey medical ward complex building with an estimated cost of Rs. 583,778,828, which was started by the State Engineering Corporation on 19 February 2018, was to be completed by the end of 2020, its construction had been stopped and its contract period had exceeded about 1700 days.
- (c) In order to minimize the time required to construct a general building, taking into account the need to establish an operating theatre and an intensive care unit very soon to address the severe shortage of space in the hospital, although plans had been made to construct a temporary building using iron within 6 months, work on the 2nd floor of this building had not been completed by the end of 2024. This delay was attributed to the contractor's negligence, failure to identify needs before preparing plans, subsequent changes to plans, and construction site selection without a feasibility study. The reasons were delays in preparing plans and estimates, and bill payments. As a result, the contractor had requested on 31 May 2021, to increase the estimated cost of this construction, which was Rs. 85.18 million, to Rs. 131.95 million. In such a situation, there was an unnecessary expenditure of public funds and obstacles to the proper provision of patient care services.

4.2 Procurements

Following observations are made.

- (a) The following matters were observed during the audit conducted regarding the repairs of the vehicle bearing number KP-0050 (Land Rover Discovery 04) belonging to the Ministry of Health.
- i. After the quotations were called on 03 August 2022, the vehicle was referred to an agency for repairs on 09 August 2022, at an estimate of Rs. 51,000. After inspecting the vehicle, the agency submitted a new estimate of Rs. 1,297,050 on 16 September 2022. Subsequently, on 21 September 2022, an estimate was called for this repair from the local agent of this vehicle type, and that agency submitted an estimate of Rs. 1,995,655 on 11 October 2022. Although bids were invited from 13 institutions as per the procurement decision dated 04 November 2022, as per the bid invitation letter dated 08 November 2022, bids were invited from 8 institutions as per the letter of delivery by post, no steps had been taken to obtain the bids from the local agent at this time.
 - ii. A technical evaluation report was provided on 30 November 2022, which was not signed by the mechanical engineer with subject knowledge among the three appointed members of the technical evaluation committee. According to that report, it was recommended that the company that submitted the lowest price be awarded the repair. The Ministry Procurement Committee “E” meeting held on 02 December 2022 had approved the repair of this vehicle based on the estimate submitted by the local agent of this vehicle type on 11 October 2022. As per the procurement decision, this vehicle was referred to the local agent for repairs on 02 December 2022, and the agent submitted a new estimate of Rs. 2,124,076 on 16 December 2022. Although the Director (Transport) had requested on 19 December 2022, that the repairs be carried out according to the old estimate instead of this new estimate, there was no evidence in the file that the institution had agreed to it.
 - iii. The agent had submitted an additional estimate of Rs. 420,668 on 13 February 2023, and approval was given to the agent on 27 February 2023. Again, on 17 August 2023, an additional estimate of Rs. 11,927,210 was submitted and the Transport Works and Mechanical Engineer, who examined it, recommended that the vehicle be brought to the Ministry through their dateless letter. However, the responsible officers had not paid attention to the matter and again on 19 February 2024, the Transport Officer had submitted a report to the Director (Transport). It also stated that the repairs had been carried out using spare parts and that the bill provided should be paid. However, no bill was included in the file.

- iv. This vehicle was sent to the local agent for repair on 02 December 2022 and about 18 months later, on 28 May 2024, the agent was informed to promptly repair this vehicle and hand it over to the Ministry, otherwise, the vehicle was to be handed over to the Ministry within 07 days. Although the vehicle was deemed to be in need of urgent repair and delivery, it had taken more than two years to repair the defect reported by the driver on 28 July 2022 and return the vehicle to the Ministry, and by December 2024, it had not been possible.
- (b) Although it is stated that the Officer-in-Charge shall issue a certificate stating that the goods supplied conform to the specifications and other agreed terms in terms of paragraph 8.12.3 (a) of the Procurement Guidelines for the 03-laboratory equipment purchased for the Homeopathic Hospital during the year under review, an amount of Rs. 2,366,443 had been paid to the relevant institutions accordingly, without taking action and without checking its effectiveness.
- (c) The National Hospital, Kandy had purchased 06 electric passenger vehicles and 04 electric ambulances on 08 February 2018 at a cost of Rs. 18,024,548 with the aim of improving the quality of patient care services. The Technical Evaluation Committee report had indicated that there were significant technical deviations when comparing the specifications for the electric vehicles with the specifications of the selected bidder. Furthermore, although improvements had been recommended for these vehicles, no prior inspection or improvement had been carried out and a report had been submitted. Accordingly, action had not been taken in accordance with 8.12.1 (b) and 8.12.2 (a) of the Procurement Guidelines. However, these vehicles were taken out of service 2 years after purchase due to insufficient engine capacity and battery failure for hill towing. Although a 5-year maintenance agreement was to be entered into as per specification number 4 (b) of the bidding documents, no steps had been taken to enter into such a maintenance agreement with the electric vehicle supplier.
- (d) Due to the high-performance security for the bid due to the preparation of raw food estimates for the National Hospital, Kandy by Rs. 380,919,004 in the year 2022/2023 and by Rs. 260,410,438 in the year 2023/2024, there was a possibility that bidders who might have submitted other competitive bids would be discouraged.
- (e) When leasing the public cafeteria of the National Hospital, Kandy for the year 2024, a 30 percent weighting was also applied to the prices of food. As a result, the food prices of the bidder who had submitted the highest bid were high, and therefore, the public canteen was awarded to the bidder who had submitted the second highest bid. However, while operating the restaurant, the bidder in

question had consistently sold food to non-staff members at prices higher than the contracted price, as per his preference. However, the hospital had not taken any positive steps in this regard or taken any measures to control it.

- (f) When tenders were called for the welfare cafeteria of the National Hospital, Kandy, the prices for food sold to hospital staff and the prices for food sold to outsiders were presented separately. Although the food was sold to hospital staff at very low prices, it was sold to outsiders at more than double that price. Although this cafeteria is the only place on the hospital premises where patients and visitors from remote areas can obtain food, they are not sold food at a reasonable price. As a result, those people had been subjected to severe inconvenience. Also, even though those people had purchased food at a higher price, they had lost the ability to eat from the restaurant due to lack of space.
- (g) Although the cleaning service contract of the Sirimavo Bandaranaike Specialized Children's Hospital was signed from February 2024 to February 2025, the relevant service agreement was signed in July 2024 with a delay of 05 months and the value of the services obtained by the hospital during the period without an agreement is Rs. 16,510,195. Also, the hospital administration had not ensured that the contractor was supplying chemicals in accordance with the prescribed standards, and there were instances where the bidder violated the terms of the agreement by supplying chemicals that did not meet the prescribed standards.
- (h) Bids were invited on two occasions to establish an E-Health System program to computerize the services provided at the Sirimavo Bandaranaike Specialized Children's Hospital and on the second occasion, a bid of Rs. 19,496,857 (excluding VAT) was received, i.e. a bid of Rs. 879,105 higher than the first bid. Initially, repairs and replacements were free of charge for a period of 05 years, but instead of the favorable situation of a 25-year warranty period, a 3-year warranty period and a maintenance and repair fee of Rs. 3,500,000 for 10 years after the warranty period, the contract had been awarded as for 10 years of service, which was disadvantageous to the government. Also, although this procurement should have been carried out by the Ministry, it was carried out by the Hospital Regional Procurement Committee and then approved by the Ministry. However, this project, which was completed and handed over on 19 November 2019, remained completely inactive as of 31 December 2024, without any plans to activate it or the purchase of technical equipment.
- (i) While preparing vouchers for the provision of security services at the Base (Teaching) Hospital, Gampola, Rs. 200 each was deducted from each officer on 129 occasions for appearing under false names, totaling only Rs. 25,800. Although forgery of signatures is an offence punishable by termination of the

contract in whole or in part, as per Bid Conditions 19, no steps were taken to transfer the performance security to the government or to cancel the contract.

- (j) Although paragraph 6.1 of the General Circular No. 01-21/2015 dated 28 May 2015 of the Ministry of Health and Indigenous Medicine states that a half-round meal that can be provided to junior hospital employees for consumption in the hospital includes one meal as lunch or dinner, in the tender document prepared and issued by the District General Hospital, Matale in relation to the contract work for the supply of cooked meals, it was erroneously stated that a half-board meal provided to junior staff should include 02 meals, lunch and dinner. The Ministry's Procurement (C) Committee had approved the tender on 19 September 2023 when there were significant deficiencies in the documents, and had also approved the decision of the Hospital Procurement Committee on 18 January 2024 based on the deficiencies in the tender documents.
- (k) Due to erroneously stating that a half-board meal should include 02 meals, lunch and dinner, and calling for quotations and making erroneous procurement decisions based on that, it was observed that the selected supplier had submitted bids indicating high prices for a half-round meal when compared with the prices at another central government hospital in the Central Province. Accordingly, an overpayment of nearly Rs. 3,695,875 had been made for the 4-month period from 01 January 2024 to 31 April 2024, due to the payment of two meals for one meal provided. For the remaining 8 months of 2024, an overpayment of nearly Rs. 7,391,750 could have occurred.
- (l) The following matters were observed during the audit conducted in relation to the provision of cleaning services at the District General Hospital, Hambantota.
 - i. Although the chemicals certified by the Industrial Technical Institute (ITI) as conforming to the standards of the Sri Lanka Standards Institution as per the relevant bid conditions shall be supplied with printed packaging duly indicating the chemical composition and quantity contained therein, the supplier had provided the cleaning chemicals to the hospital with the manufacturing date, expiration date, batch number and quantity written on the packaging and in unsealed packaging. Cases were also observed where the standards had not been certified by the Sri Lanka Standards Institution.
 - ii. The Head of the Institution had not provided the land area and building details related to the cleaning duties as per the bid conditions, and an authorized officer had to check and certify the daily attendance records of the cleaning workers as per 2.19 of the bid conditions and the minimum number of male workers to be employed for cleaning work as per

condition 2.7 and the chemicals used for cleaning work as per condition 16.3 shall be of the prescribed standard. The Infection Control Unit had not verified that the conditions for testing and confirmation had been met.

- (m) The security service of the Teaching Hospital, Anuradhapura had been continuously awarded to a private company affiliated with the government for more than 20 years. The complaints had been lodged against that company by various parties, but without paying attention to this when making procurement decisions, the contract was awarded to the same company once again without inviting competitive bids for a period of 6 months from 01 October 2024 to 31 March 2025 at a value of Rs. 23,975,022. Furthermore, it was observed that no system had been established to truly verify the daily arrival and departure of the private security company's employees and the number of employees deployed for shifts.
- (n) The Teaching Hospital, Anuradhapura had awarded the cleaning service for the year 2023/2024 to a private institution that had been providing it for over 20 years without calling for quotations based on a Cabinet decision. Furthermore, although it was contractually agreed that the chemicals used for cleaning should be of the prescribed standard in relation to procurement decisions and conditions, it was revealed that the cleaning chemicals were not at the required standard during the inspection conducted by the hospital administration on 22 October 2024. The contract period had expired on 15 September 2024, but the cleaning service continued.
- (o) The following matters were observed during the inspection of the payment and food supplied to the private supplier entered into contract for the supply of raw food other than fish to the Teaching Hospital, Nagoda for a contract amount of Rs. 147,765,120.
 - i. The hospital had missed the opportunity to select the most reasonable and advantageous supplier from among the competitive bid prices due to the fact that only one supplier had submitted prices continuously for several years and the bids had been awarded to that supplier.
 - ii Although it had been agreed to supply skinless chicken as per the agreement entered into with the supplier, chicken with skin was continuously supplied at the higher agreed price of Rs. 1,580 per kilogram. The complaints were confirmed by the notes in the complaint log book, the public health inspector's reports, and the physical inspection conducted by the supplier at the time of delivery of the meat. During this period, a kilogram of skinless chicken could be purchased from the market for close to Rs. 1,000, while a kilogram of skinless chicken was being sold for a

high price of Rs. 1,580. More than Rs. 500 had been overpaid for each kilogram of meat purchased.

- iii. To avoid the accusation that the raw food supplier provides chicken with skin on and cuts it into pieces, which reduces the weight of each piece, and to avoid the longer time it takes to cut frozen skin-on meat, the chef had cooked the meat with the skin on to prevent delays in cooking. Public Health Inspector's reports had also shown that this situation was extremely unhealthy and could lead to complications for patients.
 - iv. Also, although the quality inspection reports confirmed that the tea powder supplied by the raw food supplier was of poor quality, and the notes in the complaint report book confirmed that the vegetables supplied were also in a muddy and dirty condition, payments had been made for the raw food items that had been supplied without taking the necessary steps for this.
- (p) The following matters were observed during the audit conducted regarding the cleaning service at the Teaching Hospital, Nagoda.
- i. If the Secretary of Health finds that the performance of the services of the selected bidder under the cleaning services contract is unsatisfactory or if the contractor has violated the terms of the contract, Secretary of Health has been given the power to terminate the contract and blacklist the contractor, as well as forfeit the contractor's performance bond entitlement. However, despite the failure of the Industrial Technology Institute (ITI) sample test reports during the quality inspection of cleaning chemicals in 2023, although the Deputy Director General (Supplies) of the Ministry of Health was informed by letter dated 08 January 2024, that the chemicals used by the cleaning service provider were of substandard quality by the hospital director, the cleaning contract for the year 2023/2024 was also awarded to the same private institution without taking steps to terminate the contract or blacklist the contractor.
 - ii. Although the quality test reports of the Industrial Technology Institute must be submitted to confirm that the chemicals used for the cleaning service are of proper standard as per the bid conditions, while the Technical Evaluation Committee had observed that this institution had not submitted those reports, the Ministry Procurement Committee had recommended that the contract be awarded subject to the submission of those reports. However, the quality inspection reports relating to the year 2023/2024 had not been submitted by the end of 2024, and the Ministry of Health had not paid attention to this matter.

- iii. Although 140 workers and 06 work inspectors are to be employed daily to provide cleaning services at the hospital as per the contractual agreements, during the period from October 2023 to September 2024, the number of workers that should have been employed each month was underemployed by a range of 207 to 40. Accordingly, although 140 workers should have been employed for a 9-hour shift per day, the number of workers employed was only 127.
- iv. While the hospital has deducted Rs. 1,207,478 from the employees' salaries, the total of the two contributions of 12 percent and 03 percent respectively, amounting to 15 percent, the contributions to be paid by the employer to the Employees' Trust Fund and the Employees' Provident Fund on behalf of the employees employed by the private cleaning service provider and paid it to the contractor, the fact that the contractor had again deducted those contributions from the employee's salary and retained them was a violation of labor laws and related regulations.

4.3 Assets Management

Following observations are made.

- (a) The following matters were observed during the audit conducted regarding the repair of the vehicle bearing number 32-2344 owned by the Ministry of Health.
 - i. The driver had informed the Director (Transport) on 24 January 2020 that the engine oil of this vehicle had thickened and the engine had stopped working. Accordingly, the Director (Transport) had referred this vehicle to the agency on 27 January 2020 for an estimate. Accordingly, there was no estimate given or any information on the file that the vehicle had been repaired. After more than a year, on 06 March 2021, the agency was informed to hand over the vehicle to the Forman to bring it to the Ministry. The driver of the vehicle had informed the Director (Transport) on 13 May 2021 that the vehicle could not be restarted. On 10 March 2021, the Forman and Engineer had inspected the vehicle and submitted a report. The Director (Transport) had instructed an agency to dismantle the vehicle for this repair on 17 May 2021 and provide an estimate. An estimate received from that institution was not included in the file, and the vehicle was again put on a test drive and a report was submitted by the Works Manager on 03 September 2021.
 - ii. On 08 September 2021, this repairing was awarded to the company that submitted the lowest price for Rs. 394,703 as per the recommendation given by the Forman after the quotations were called for. Although there

was a condition in the quotation letter that the time required for the repairs should be communicated, this company had not stated the time required. No agreement had been reached regarding the time required before the vehicle was sent for repair, and the time when the vehicle should be handed over to the institution or after the repair was completed was not specified.

- iii. The bill was submitted on 23 January 2023, approximately 13 months after the vehicle was handed over for repair, and it was submitted for payment on 29 March 2023. Although the vehicle was guaranteed to run for 85,000 kilometers after the repair, there was no evidence that the vehicle had been driven after the repair. It was observed that the vehicle had been parked at the Mulleriyawa yard after the repair.
 - iv. Although the audit was informed that this vehicle was repaired again under the Primary Healthcare System Enhancement Project, information regarding the date on which the quotations were called for the said repairs, the date on which the vehicle was handed over to the garage for the said repairs, and the date on which the vehicle was handed over to the Ministry after the repairs, were not submitted to the audit.
- (b) The following matters were observed during the audit conducted regarding the repair of the vehicle bearing number PB-7902 owned by the Ministry of Health and Mass Media.
- i. A driver had notified this vehicle in a letter dated 13 December 2021 to be repaired and put into service, and as per the recommendation given by the Transport Manager on 14 December 2021, bids were invited from 14 institutions on 27 December 2021. The Transport Forman had given a recommendation on 02 February 2022, to the company that submitted the lowest price of Rs. 652,460 out of the prices received from 5 companies, changing the scope of the repair and carrying out the relevant repairs for a sum of Rs. 382,460. Accordingly, the vehicle was referred to the relevant institution on 08 June 2022.
 - ii. On 05 January 2021, the Director of General Hospital, Matara had requested the Director (Transport) to provide a vehicle and the Transport Forman recommended that this vehicle be provided for repair at the hospital's expense, as it would be beneficial to repair and put it into service.
 - iii. Based on information received by the audit that this vehicle had been parked on the side of a road in the Battaramulla area for a long time, it was

inspected on 10 January 2023 by officers from the Ministry's Investigation Division and Transport Division. The Investigation Division had not acted upon the verbal request to conduct an investigation and report to the audit regarding this matter, and the Senior Assistant Secretary Investigations had informed the Director (Transport) on 12 January 2023 to look into this matter and take necessary action.

- iv. Until the file related to this vehicle was submitted for audit on 02 January 2025, no action had been taken by the responsible officers regarding this matter and this vehicle had been taken to the Mulleriyawa vehicle yard and parked in the yard without being used for any productive purpose.
- (c) 61 surgical consumables, medical equipment and kitchen utensils were unused at the National Renal Specialist Hospital, Polonnaruwa and no steps had been taken to provide them to other hospitals in need.
- (d) It was observed that since there are no local representatives for the 77 medical equipment received from the Chinese Government by the National Renal Specialist Hospital, Polonnaruwa, no agreements have been entered into for the service and maintenance of that equipment. It was observed that if these devices require repair or become unworkable, they have to be removed from use.
- (e) It was observed during the physical inspection that 04 Hemodialysis machines used for hemodialysis in the Hemodialysis Unit of the National Nephrology Specialist Hospital, Polonnaruwa were out of order as of the audit date of 13 February 2025.
- (f) It was observed that the 04 medical equipment that had been donated by the Chinese Government to the National Renal Specialist Hospital, Polonnaruwa had become inactive, but since there was no local representative office, spare parts could not be found and therefore remained idle without being repaired.
- (g) It was observed that it was not possible to repair the Anesthesia Machines received as a grant from the Chinese government to the Polonnaruwa National Kidney Specialist Hospital, Polonnaruwa using spare parts due to the bankruptcy of the parent company.
- (h) The facilities established at the District General Hospital, Embilipitiya and the Teaching Hospital, Ratnapura under the Clinical Waste Management Project in Government Hospitals implemented by the Ministry of Health under Australian loan assistance. The clinical waste management machines (Metamizer machine) had been out of order since 22 April and 23 April 2024 respectively. As a result,

problems had arisen within the hospital premises due to the accumulation of infectious and sharp waste.

- (i) 06 Air Sterilizers, which were received by Embilipitiya Hospital in 2021 for use during the COVID-19 pandemic, remained idle within the hospital premises as of the audit date of 18 June 2024.
- (j) Although the blood bank officials had informed the hospital director that water had been leaking from the slab of the building where the blood bank was located, which had been handed over to the Teaching Hospital, Ratnapura on 30 June 2017, since 2019, the situation remained the same as of 28 November 2024.
- (k) 91 pieces of various medical equipment in 21 wards and clinical units of the Ratnapura Teaching Hospital had been broken and unusable between the years 2014 - 2024.
- (l) There was a sub scheduled house and 25 public service houses in the Elapitiwala Housing Complex, about 2.5 kilometers away from the hospital allocated for the Colombo North Teaching Hospital. The houses in this Elapitiwala housing complex were reserved only for married doctors, and during a physical inspection conducted on 15 January and 16, 2025, 19 of these houses were unoccupied. The audit revealed that 18 of these houses had been vacant for more than 4 years. Due to the lack of proper maintenance of these houses and the surrounding environment, the currently used and unused houses were falling into disrepair.
- (m) In the Elapitiwala housing complex of the Colombo North Teaching Hospital, a pit had been constructed in the back of Building F, which was allocated to the health staff, and bananas had been cultivated on that plot by an outside party. No protective fence or boundaries have been set up around this land, and neither the ownership of the hospital nor the ownership of the Ministry of Health has been verified, and no steps have been taken to secure government property by setting up fences.
- (n) In order to resolve the outstanding issues regarding vehicle ownership before 30 June 2018, in accordance with Asset Management Circular 02(i) dated 21 December 2017 and No. 02/2017 issued by the Ministry of Finance and Mass Media. Although vehicles used without registration ownership must be registered in the name of the institution with the consent of the institution that has the registration ownership or must be formally transferred to the institution that has the registration ownership. Action had not been taken regarding 03 vehicles used by the Indigenous medicine Sector.

- (o) 7 medical equipment of the Polonnaruwa Teaching Hospital had not been used for patient care, condemned or given to another hospital.
- (p) Although the Orthopedic Department of the Polonnaruwa Teaching Hospital will be providing services to patients in Ampara, Trincomalee, Matale, Dambulla, Batticaloa, Monaragala, Badulla etc. in the year 2024, patient care services were hampered due to insufficient staffing, the fact that all 03 exercise ECG machines and 03 24-hour blood pressure machines were out of order, and the relevant machine supply companies had closed down and were unable to be repaired.
- (q) It was observed that the eye clinics, cardiology clinics and patients' scan examinations of the Teaching Hospital, Kurunegala were not adequately equipped, which caused inconvenience to both the hospital and the patients.
- (r) The land where the Teaching Hospital, Kurunegala is maintained in the name of the Kurunegala Divisional Secretariat and no steps had been taken to vacate it in the name of the Kurunegala Hospital. Although a report on the unauthorized persons residing on the hospital land was requested by the Divisional Secretary's letter no. 4/5/1/60 dated 12.07.2024 to resolve this issue, the necessary steps had not been taken to provide those reports until the audit in October 2024 and no action had been taken to identify the unauthorized residents.
- (s) A stock of equipment worth approximately Rs. 14,568,119 received by the Medical Supply Division to the National Hospital, Kandy during the period from 2021 to 2022 had remained in the warehouse as of 29 August 2024, underutilized, without being used from the date of receipt.
- (t) The bid for the complete overhaul of the van bearing number 60-7017 of the Base (Teaching) Hospital, Gampola was invited from approved institutions and the lowest bid of Rs. 398,500 was forwarded to the institution that submitted the bid on 31 December 2023. Although the said institution had assured that the van would be repaired and delivered within a period of 03 months, the van had not been repaired and delivered by 31 March 2025 and the essential medicines and medical supplies were not delivered to the Department of Health. This vehicle, which was constantly used to deliver medicines to other drug stores, had been parked in a garage for a long time, hindering the efficient operation of health services.
- (u) 07 Dot Matrix Printers received at the warehouse on 03 November 2017 for the implementation of the LGN 02 project at the Base (Teaching) Hospital, Gampola remained in the warehouse for more than 06 years without any use.

- (v) A very old building of about 3600 square feet in size, which is partially completed at the District General Hospital, Nuwaraeliya and which is at risk of sinking or collapsing, is being used by the hospital cleaning staff. No steps had been taken to promptly and formally remove the building and use the premises for more productive purposes.
- (w) A land measuring 0.4401 hectares belonging to the District General Hospital, Nuwaraeliya has been illegally occupied by 12 residents from 07 families for almost 15 years, but no formal action had been taken in this regard.
- (x) Steps had not been taken to acquire the land on which the District General Hospital, Nuwaraeliya is located for the hospital and to assess and account for the new hospital land and buildings measuring 4.6824 hectares.
- (y) Although 15 perches of land owned by the District General Hospital, Nuwaraeliya had been handed over to the Nuwara Eliya Municipal Council for the construction of a community hall, that land had been used for parking vehicles. Due to the land not being used for the purpose for which it was provided, no steps had been taken to reacquire the land.
- (z) 21 laboratory equipment and devices, which had been unused for a period of 1 to 10 years, were kept in 3 laboratories of the Matale District General Hospital without being repaired, put into use or disposed of appropriately.
- (aa) Although, prior to undertaking development activities using government funds, the relevant land should be formally surveyed and a title certificate should be obtained to legally acquire ownership, but no steps had been taken to transfer the ownership of the land on which the Teaching Hospital, Anuradhapura was located, which had been developed with millions of rupees of local and foreign funds, to the hospital or the Ministry of Health. Due to the inability to legally acquire ownership of the hospital land, it was not possible to confirm the security of the hospital land. Also, a portion of the hospital land had been occupied by 12 unauthorized occupants and although a court order had been issued to reclaim the property in a relevant court ruling, as of December 2024, the date of the audit, the hospital authority had not taken steps to return those lands to the hospital.
- (ab) The incinerator installed in 2014 to be used for incineration of waste at the Teaching Hospital, Anuradhapura had been inactive since 2022 and in November 2022, the Regional Procurement Committee had granted approval for repairing the machine at Rs. 392,895 excluding tax, but as of the audit date of 11 December 2024, the said machine had not been repaired or disposed of, and the machine had been allowed to deteriorate.

- (ac) The new incinerator provided by UNICEF to the Teaching Hospital, Anuradhapura was installed on the hospital premises in November 2023 and had not been operated for more than 06 months. It remained inactive as of 11 December 2024, after being operational for about a month.
- (ad) Due to the failure to take the necessary measures to make the Metamizer machine and Incinerator machines of the Teaching Hospital, Anuradhapura to be operational and the new Incinerator machine becoming inoperative, for the removal of clinical waste in the year 2023, during the first two months of 2024 and August and October 2024, a total of Rs. 113.18 million as Rs. 39.95 million, Rs. 24.14 million, and Rs. 49.09 million were paid to an external party, respectively. Attention had not been paid to the possibility of minimizing the amount paid to an external party by repairing and using this equipment. Furthermore, although a Metamizer machine was provided to Teaching Hospital, Kegalle under the Clinical Waste Management Project in Government Hospitals implemented by the Ministry of Health at a cost of approximately US\$ 701,335.83, Due to its inoperability and the lack of a method to dispose of the waste materials removed, the machine had been completely decommissioned from 25 April 2024.
- (ae) The Erb XL 360 analyzer in the Biochemistry Laboratory of the Teaching Hospital, Anuradhapura had been used at a minimal level for several years and had not been used at the end of the year due to the receipt of a new analyzer to the hospital. The hospital authorities had not paid attention to its appropriate reuse or transfer to another appropriate party.
- (af) Among the medical quarters owned by the Angoda National Institute of Mental Health, one medical quarter had been closed since 2009 and another quarter had been closed since 2019. It was observed during the on-site inspection that the fixtures and fittings of these houses had been missing due to their long closure. It was also reported to the audit that these houses were being used for anti-social activities.
- (ag) The following matters were observed during the audit conducted regarding the PET-CT Scanner machine purchased by the Colombo National Hospital for US\$ 1,350,000.
 - i. Although this machine was installed in the Epilepsy Unit on 10 June 2016, due to the delay in providing other facilities and accessories required to operate the machine and conduct patient examinations, the warranty period provided by the supplier has exceeded 80 percent of the 03-year warranty period. This machine was unable to start testing. As a result, the number of

tests performed during the warranty period was limited to a very low number of 80 patient tests in 13 days.

- ii. There are 03 CT Scanner machines available at the Colombo National Hospital for performing CT Scan examinations, and in addition, CT Scan examinations have also been performed using the above PET-CT Scanner equipment since 2018. Furthermore, as of 31 December 2023, the number of CT Scan examinations performed using this machine was 7337. The useful life of the machine is based on the number of times it is operated, and thus, using a high-value PET-CT Scanner to perform CT scans will have an impact on the useful life of the machine and its future performance. or, confirmation had not been obtained from the Biomedical Engineering Department as to whether the machine could be used more effectively for patient diagnosis by performing both the PET-CT Scan and the CT Scan tests.
 - iii. Until October 2023, considering the availability of FDG and the available human resources, the PET-CT Scanner test could have been performed at least once a week, and accordingly, tests could have been performed at least 52 days a year, but no tests were conducted between 2016 and 2018, and only between 159 and 257 tests were conducted between 20 and 28 days between 2019 and 2023.
 - iv. Since the PET-CT scan, which is performed by injecting the patient with a highly radioactive substance called FDG, requires a continuous supply of electricity, the batteries in the UPS (Uninterruptible Power Supply) device for this PET-CT Scanner machine have expired. Although the hospital management was informed by the radiologist in the relevant department on November 2, 2023, the requirement had not been fulfilled.
 - v. Before conducting tests with this machine, as per the decisions of the Standing Procurement Committee appointed by the Cabinet of Ministers of the Ministry of Health and Indigenous Medicine dated 07 May 2015, a Radiologist and two radiographers will be provided with comprehensive training for a period of 04 weeks (Epilepsy Programs are in Operation) at a foreign center related to neurological diseases and it was stated that a biomedical engineer should be provided with 02 weeks of training at the factory where the machine is manufactured, information that such training was provided was not presented to the audit.
- (ah) Although more than 4 years have passed since the battery of the UPS device used to protect the MRI Scanner installed at the Colombo National Hospital from high

voltage and power outages was discovered on 26 August 2020, the relevant departments had failed to repair the UPS device and due to the failure to resolve the problematic situation with this UPS device, this MRI Scanner had failed on 05 occasions in 2024 alone. The following points were observed during the audit conducted in this regard.

- i. Although a private company had submitted a price of Rs. 3,461,760 (excluding VAT) for the replacement of 96 batteries along with a research report stating that the batteries in the UPS equipment should be replaced in a letter dated 09 October 2020. The Biomedical Engineering Services Division had purchased 96 batteries for the UPS equipment 3 years later on 10 October 2023 at a cost of Rs. 10,080,000 per unit. Accordingly, an additional cost of Rs. 6,618,240 had to be incurred for the purchase of UPS batteries.
- ii. Although the order placed on 22 June 2023 for the purchase of UPS batteries stated that the UPS batteries should be supplied within 02 months i.e. on or 21 before August 2023, the batteries were procured by the Biomedical Engineering Division after a delay of 50 days i.e. on 10 October 2023.
- iii. Although it is stated in accordance with 2.8.5 of the Procurement Guidelines that 03 officers should be appointed for the Technical Evaluation Committee which assists a Regional Procurement Committee, In contrast, the Technical Evaluation Committee appointed for the above procurement had appointed only one officer.
- iv. Out of the 96 UPS batteries received by the Epilepsy Unit of the National Hospital of Sri Lanka, only 32 batteries had been installed in the UPS equipment on 17 October 2023. Arrangements had been made to provide 40 of the remaining 64 batteries to the Ridgeway Princess Children's Hospital, while No records of the use of the remaining 24 batteries were submitted to the audit.
- v. According to the user manual of the battery manufacturer, the capacity of UPS batteries changes depending on the temperature and time of storage of UPS batteries, so the National Hospital did not connect the MRI Scanner to the circuit for almost a year. Although a re-check of the capacity level of the 32 existing batteries should have been carried out, information that this had been done was not presented to the audit.
- vi. 64 OPTI 100 (12v / 100 Ah) batteries worth Indian Rupees 16,763, which were supplied without polythene cover (seal) instead of 64 TECHIFINE (DC 12-100) batteries purchased and not installed for the UPS equipment of

the MRI Scanner machine, were manufactured in July 2023 and at the time of the audit. Since it has been unused for about 14 months, an inspection needs to be carried out to determine the damage to the capacity of the batteries. Furthermore, although there was a need to obtain the recommendation of the responsible officers of the Biomedical Engineering Division in this regard and to recover from the responsible parties if any loss had occurred. However, information was not presented to the audit that this had been done.

- vii. According to the field inspection report of the private company that supplied the UPS batteries on 11 October 2023, it was stated that the UPS equipment premises of the CT Scanner machine at the Lady Ridgeway Children's Hospital were at high temperatures due to lack of air conditioning, The Biomedical Engineering Division had paid little attention to the impact on the effective lifespan and capacity of UPS batteries and equipment due to their high temperatures.
- viii. The battery supplier had conducted tests to determine whether it was appropriate to connect two types of batteries to the UPS equipment of the MRI Scanner machine in the Epilepsy Unit, and the company stated that it did not recommend connecting two types of batteries together. Although the Biomedical Engineer of the Radiology section of the Biomedical Engineering Division had been informed on 06 December 2023, the report containing the recommendations of the Engineers of the Biomedical Engineering Division had not been submitted.
- ix. Only 32 batteries provided to the National Hospital, Colombo were installed in the UPS device without connecting it to the electrical system of the MRI Scanner machine, while the remaining 64 batteries, along with 96 batteries, were installed in the UPS device and the necessary equipment was installed to provide connection to the machine. When the National Hospital was purchasing cables, it was not possible to achieve the desired objectives from the battery procurement due to the fact that a lot of time was spent on purchasing cables due to the failure to identify the procurement requirement and prepare specifications and bidding documents.

4.4 Transactions in the form of financial irregularities

Following observations are made.

- (a) Following facts were observed during the audit regarding foreign visits of Medical Officer working as Director (Information) of the Ministry.

- i. When examining the officer's personal file along with the information obtained from the Department of Immigration and Emigration regarding foreign travel made by this officer using two foreign passports, The officer's personal file did not include the approvals obtained for 18 foreign trips from 21 January 2013 to 12 July 2024.
 - ii. Although the foreign leave from 21/04/2015 to 25/04/2015 had been approved by the Minister in charge of the subject, a letter formally approving the leave was not included in the personal file of the officer submitted for audit.
 - iii. The leave approved to the officer from 2015.11.27 to 2015.12.07 had been requested on 2015.02.03 to be revised as the officer returned to Sri Lanka on 2015.12.02 due to illness and reported back to duty on 2015.12.03. Accordingly, the leave was revised and approved from 2015.11.27 to 2015.12.03 by the letter dated 2016.01.09. However, the officer had actually arrived in Sri Lanka on 2015.11.27.
 - iv. The officer had been approved for foreign leave from 2017.04.10 to 2017.04.15 and he had gone abroad on 2017.04.08 and returned to Sri Lanka on 2017.04.29. Accordingly, it was observed that the officer had traveled abroad without formal approval from 16.04.2017 to 29.04.2017.
 - v. The approval of the Deputy Director General (Medical Services I) to cancel the foreign leave approved to the officer from 19.11.2018 to 23/11/2018 was given vide letter No. TCS/H/AL/11996 dated 21/12/2018. However, according to the officer's foreign travel data, he had traveled abroad from 17.11.2018 to 26.11.2018.
 - vi. 20 instances were observed where the officer went abroad before the date of commencement of the approved foreign leave and returned to Sri Lanka after the date of expiry of the leave and formal approvals had not been obtained for those changes.
- (b) The following matters were observed during the audit conducted regarding the fitting of tires to the vehicle bearing number PD-0736 belonging to the Ministry of Health and Mass Media.
- i. The driver had submitted an undated letter to obtain 04 tires for this vehicle and it had been approved by the Director (Transport) on 06.02.2023. Although the date of last obtaining tires for this vehicle was stated as 19.11.2020 as per the said application, according to the vehicle

log book, 04 tires were issued to this vehicle on 06.04.2021. The Director (Transport) had approved the issuance of 04 tires under file minute number 65 on 06.02.2023. According to the vehicle's logbook, on 04.03.2023, 04 Ferentino tires costing Rs. 245,741.57 were provided to the vehicle.

- ii. On 19 March 2024, the driver had requested to provide 04 tires for this vehicle and the Director (Transport) had approved the provision of 04 tires on the same day under minute number 87 in the file. According to the vehicle's logbook, on 30.09.2024 (it is not clear whether the date was 30.09.2024 or 30.04.2024), 04 Farroad type tires costing Rs. 193,520 were supplied to the vehicle. The purchase invoice dated 30.04.2024 relating to the purchase of these tires included a stock certificate stating that the tires were received at the warehouse on 25.06.2024. When enquired with the Accountant (Supplies) on 18 March 2025 in this regard, it was confirmed that payments had not been made due to the tires removed from the vehicle not being delivered to the warehouse.
 - iii. According to the new vehicle's log book, the entry made stating that 04 tires were installed on the vehicle on 30.09.2024 is a fraudulent entry and that the tires were purchased and it was also confirmed that the purchase invoice submitted stating that tires were fitted to the vehicle and wheel alignment and wheel balancing were performed was a fraudulent invoice.
- (c) In accordance with the Ministry of Health Circular No. 02-117/2001 dated 30 October 2001, a specimen allowance of Rs. 22.50 had been paid for a test conducted in hospitals and this allowance had been applied to several test areas where various types of tests were conducted. However, since the Ministry had not determined how to define a test for the purpose of obtaining this allowance and how this allowance should be used for various types of tests with the use of modern technological equipment, Government hospitals had paid this allowance in various ways for various fields. The following matters were observed during the audit conducted regarding the payment of allowances for radiation treatment performed through the Linear Accelerator Therapy Machine by the Apeksha Hospital, Maharagama.
- i. This allowance was paid for the treatment given to one patient at a time through the linear accelerator treatment machine, 03 therapeutic Radiographers are involved and in addition to the angle (field) size determined by the Consultant Radiologist for that patient by adding 10 more fields to it, and in some cases, when radiation fields were provided to two locations at the same time for one patient, the 10 additional fields

mentioned above were added separately for those two locations and the allowance was paid as 20 fields.

- ii. When performing treatment through the linear accelerator therapy machine, two Therapeutic Radiographers are sufficient to ensure accuracy and perform the treatment. Although the situation was confirmed by a committee chaired by the Deputy Director General (Medical Services) 1 on 22 June 2021 and further confirmed by a committee chaired by the Director General of Health Services on 15 March 2022, Apeksha Hospital, Maharagama had paid salaries and allowances to three Radiographers for the same treatment on days other than 12 and 13 February 2024.
 - iii. None of the 36 Radiographers working at the hospital were assigned to the Iodine Treatment Unit, one of the main treatment units of the hospital, and were assigned to the daily shifts of the hospital. All iodine treatments performed by the hospital for patients were performed outside of office hours. Two Radiographers were involved in providing iodine treatment and an additional duty allowance of Rs. 22.50 per millicurie was paid based on the millicurie of iodine component contained in the iodine tablets/liquids given to the patient.
 - iv. According to the information recorded in the two machines, Linear Accelerators 2 (LA2) and 3 (LA3), 997 and 1283 cancer patients were treated during the additional duty hours (from 12 noon to 2 pm and after 4 pm) for the months of January and March 2023, respectively. When the Radiographers received additional duty allowances for those months, the number of patients treated was incorrectly recorded as 1910 and 2183 respectively, resulting in additional allowance payments of Rs. 632,835 for 28,126 additional fields.
 - v. The average monthly allowance paid to the 36 therapeutic Radiographers in 2023 was approximately Rs. 5,793,747, with most officers being paid more than four times their basic monthly salary as allowance.
- (d) Although a contract had been entered into with the contractor to lay 575 cubic meters of soil worth Rs. 1,408,750 on the land called Itravelikkandam belonging to the Ashraf Memorial Hospital in Kalmunai in the year 2021, however, it had been paid for 2235.86 cubic meters of soil laid. Accordingly, an overpayment of 288 percent had been made over the estimated value, and during the joint physical inspection conducted on 26 March 2025 with the participation of audit officers, it was confirmed that only 1779.6 cubic meters of soil had been spread. Accordingly, it was confirmed that Rs. 1,117,837 had been overpaid for 456.26

cubic meters of soil. Also, it was observed that the entire payment made for the soil was incorrect, since laboratory test reports confirming that the soil used was approved soil and that the soil used had been properly compacted (compaction report) had not been obtained.

4.5 Losses and Damages

The following observations are made with respect to the Statement of Losses and Disposals (Note (i)) and the Statement of Write-offs (Note (ii)) prepared in relation to the Operational Programme and Development Programme in the financial statements presented.

- (a) The following matters were observed during the examination of the Statement of Losses and Waivers (Note (i)) prepared by the Ministry and submitted by the hospitals and institutions.
 - i. Although the value of the losses and waivers statement prepared by the Ministry was Rs. 31.98 million, according to the statements prepared by the hospitals and institutions, the value was Rs. 160.64 million. Accordingly, a difference of Rs. 128.66 million was observed.
 - ii. The total value of the statement of losses to be recovered or waived as at 31 December 2024 prepared by hospitals and institutions was Rs. 160.64 million, of which Rs. 47.53 million was more than 05 years old. It was 30 percent of the total value and the value for which the time analysis was not presented was Rs. 24.30 million.
 - iii. The loss of 34 medical supplies worth Rs. 17,000 at the National Hospital of Sri Lanka was not mentioned in the statement submitted by the hospital, but the statement prepared by the Ministry included those values.
 - iv. Although the statement prepared by the Ministry mentions the loss of cheques worth Rs. 362,702 from the Teaching Hospital, Batticaloa, no statements of damages and losses had been submitted by the relevant institution to verify this.
- (b) According to the statements of write-offs and recoveries submitted by hospitals and institutions under Section 109, out of the losses of Rs. 23.62 million in the year under review, Rs. 2.66 million had been recovered and Rs. 15.62 million had been written off. However, as per Note ii of the statement prepared by the Ministry, Rs. 34.92 million had been included in respect of the above 11 hospitals and institutions, while only Rs. 760,553 had been recovered from the losses and a

value of Rs. 35.68 million had been written off from the books. The following facts were further observed in this regard.

- i. The value of the losses related to the expiry of medicines at the General Hospital, Kurunegala was stated as Rs. 717,047 in the statement prepared by the hospital, but in the statement prepared by the Ministry, it was shown as Rs. 7.17 million. Also, although the statement submitted by the hospital stated that the loss due to expiry of medicines was Rs. 63,371, those values had not been included in the statement prepared by the Ministry.
- ii. The expired medicines amounting to Rs. 6.16 million at the Anuradhapura General Hospital were shown as undiscounted and carried forward balance in the statement prepared by the hospital, while the same value was shown as a book value in the statement submitted by the Ministry.
- iii. Although the statement of write-offs and recoveries prepared by the National Hospital, Galle mentioned Rs. 218,775 in relation to 4 cases, those values had not been included in the statement submitted by the Ministry. Also, although the statement submitted by the hospital mentioned the recovery of Rs. 25,000 out of the Rs. 26,500 damages related to the ambulance accident; it was not included in the statement prepared by the Ministry.
- iv. Although the statement submitted by the Ministry mentions the write-offs and recoveries related to expired medicines worth Rs. 2.63 million at the Base Hospital, Akkaraipattu and Rs. 4.61 million at the District General Hospital, Matale, those values were not included in the statements prepared by the hospital.
- v. Although the statement submitted by the hospital mentioned the write-offs and recoveries related to the loss of Rs. 1.08 million in the Biomedical Engineering Services Division, those values had not been included in the statement prepared by the Ministry.
- vi. Regarding the theft of a laptop worth Rs. 89,000 in the Primary Health Service System Strengthening Project and the loss of Rs. 3.93 million due to expired medicines at the General Hospital, Chilaw as mentioned in the statement prepared by the Ministry, the statement prepared by the Ministry mentions as write-offs and recoveries. The statements of losses and damages from the two relevant institutions had not been submitted to confirm this.

- (c) 11 hospitals and institutions had submitted Form (i) as a blank report, and 19 hospitals and institutions had submitted Form (ii) as a blank report. Accordingly, it was observed during the audit that no loss or damage (including vehicle accidents) occurred in those hospitals and institutions during the year under review.
- (d) 26 hospitals and institutions, including the Ministry's Office of the Director General of Health Services, have not submitted the forms in Note (i) and 28 hospitals and institutions have not submitted the forms in Note (ii) and based on the forms that have been submitted as these financial statements were prepared, there were concerns about the accuracy of the financial statements presented.
- (e) Although a record of losses should be maintained in accordance with the format prescribed under Financial Regulation 110 of the Financial Regulations Code of the Democratic Socialist Republic of Sri Lanka, the Ministry had not taken action accordingly and during the sample audit, it was observed that the following vaccine expiration dates were not documented due to not updating the damage register by the Epidemiology Unit.
 - i. The Third Additional Financing for COVID-19 Emergency Response and Health Systems Preparedness Project funded the procurement of 14 million doses of Pfizer COVID-19 vaccine at a cost of Rs. 16,102 million in December 2021 and January 2022. Despite requests to submit information on the vaccines that were delayed from these vaccines to the audit, the information was not submitted to the audit until 14 March, 2025. According to the stock register of the Central Vaccine Warehouse, 20.7 million doses of Pfizer vaccine received under this project and other means were included in the stock register, of which 7.5 million doses had expired within the Central Vaccine Warehouse itself. The Central Vaccine Warehouse did not have information on how many vaccines issued by the Central Vaccine Warehouse had expired within each institution.
 - ii. 16.86 million doses of Sino pharm vaccine were purchased at US\$ 7 per unit, with US\$ 105 million reimbursed through the COVID-19 Vaccine Responsive Recovery Project and the remaining amount from the Ministry's financial allocations. Of these, 1.78 million vaccine doses had expired in the central vaccine warehouse. Also, the Central Vaccine Warehouse did not have information on how many of the vaccines issued from the Central Vaccine Warehouse had expired within those institutions.
- (f) In relation to 285 incidents of drug damages and losses identified as having occurred between the years 2009 and 2020 in drug stores belonging to the

Medical Supplies Division, the losses amounting to Rs. 452,275,428 to be further recovered or written off had not been included in the statement of losses and waivers in the financial statements.

- (g) The Medical Supplies Division had not updated and maintained the register of damages in accordance with Financial Regulation 110 (1).
- (h) Action had not been taken to identify drug expirations, quality failures and drug shortages that had occurred during the years 2021 to 2024 and include them in the statement of losses and waivers in the financial statements in accordance with Financial Regulation 110 (2).
- (i) The damage caused after the Kotikawatta No. 53 warehouse belonging to the Medical Supplies Division was submerged in the flood on 18 May 2016 was estimated at Rs. 405,576,870. Of this, only Rs. 206,311,814 was paid by the relevant insurance company between 30 January 2017 and 21 September 2017, and the remaining amount of Rs. 199,265,056 has been recovered even though more than 07 years have passed. It was observed during the audit that the necessary steps had not been taken in accordance with Financial Regulations 101 to 113 in this regard.

4.6 Non-economical Transactions

Following observations are made.

- (a) The following matters were observed during the audit conducted regarding the utilization of 10 Automated Immunoassay/ Hormone analyzer (Mindray Clia 2000i) devices purchased by the Ministry of Health at a cost of Rs. 34.2 million in the year 2023 and provided to hospitals.
 - i. These devices were delivered to hospitals between 16 December 2022 and 28 June 2023. However, it was observed that there was a significant delay in the relevant hospitals starting to conduct tests using this device or that it was not utilized until 23 January 2025. Accordingly, it was observed that this purchase was made without studying the need and the ability to procure other resources required for its use. In this situation, the amount of Rs. 13.68 million spent on 04 pieces of equipment had become a completely useless expenditure.
 - ii. Although the purchased equipment had the capacity to perform 49 types of tests, according to the information provided to the audit, only 08 types of tests had been performed by the hospitals. Accordingly, it was observed that this equipment had been purchased without identifying the actual need. It was observed during the audit that if the actual need had been identified and equipment with the capacity to conduct only those tests had been purchased,

it would have been possible to purchase the equipment at a lower unit price. The following facts were observed during further investigation conducted at Matale Hospital regarding this device.

- According to the Test Menu provided by the local representative for the Minray-CLIA 2000 i type Hormone Analyzer machine purchased by the Ministry of Health at a cost of Rs. 3,420,000 and installed in the District General Hospital, Matale Laboratory on 27 December 2022, although the machine could have performed 99 types of tests, the machine remained underutilized as only 5 types of tests were performed at the District General Hospital, Matale. Although the machine was underutilized, it had to incur an annual cost of over 12 million rupees to purchase the consumables and reagents needed to operate automatically.
- According to Bid Conditions No. 23 relating to the procurement of the machine, it was stated that the US dollar price of consumables and reagents required for the use of the machine should remain stable for the next 05 years. The selected supplier had indicated that it would quote prices in Sri Lankan Rupees at the current exchange rate.
- However, when the hospital calls for quotations for the purchase of reagents, the exchange rate prevailing on the date the supplier of the machine submits the quotations is used instead of the Prices were being quoted using a forward exchange rate that could be used for 6 months. Although the prices were submitted, the requested response was provided within a period of 03 to 04 months. When comparing the 06-month forward exchange rate submitted by the supplier and the Central Bank exchange rate applicable to the dates and times of the response (Selling Rate), the supplier had to pay a higher price of about Rs. 1,447,256 due to the use of forward exchange rates.
- According to the list of tax exemptions (1st Schedule -Item No. 12) under the provisions of Sections 3(2) (a) and (b) of the Social Security Contribution Levy Act, No. 25 of 2022 and in the letter No. FP/01/01/5801/SSL 2022 dated 18 October 2022 addressed to the Director General of Customs by the Director General of the Ministry of Finance, Economic Stabilization and National Policies, although it was observed that the respondent was exempt from SSCL tax as per the Social Security Tax Exemption List mentioned, the supplier had submitted prices with SSCL tax on 02 occasions, resulting in an overpayment of Rs. 38,007 tax and Rs. 5,701 VAT on that amount of Rs. 43,708.

- (b) The Hydroclave Waste Management Unit, which was received as a grant in 2009 for the Teaching Hospital, Mahamodara to manage clinical waste generated by the hospital, has not been used since the date of receipt by the hospital, and the same has been provided to the German Sri Lanka Friendship Women's Hospital. A clinical waste management unit (device) under the same brand was purchased from the same company on 28 December 2023. However, even if this machine is used, there is no change in the amount of contaminated waste, it becomes damp and smells bad. Although a shredder can be used, it is impractical and expensive. Due to the failure to obtain confirmation from the microbiologist that the Hydroclave device was functioning properly, it could not be used for waste management purposes after 12 March 2024, after being used for about 05 days after the hospital opened. The money spent on it had been wasted. Accordingly, it was observed that a total of Rs. 8.14 million had been paid from May 2024 to the end of December 2024 due to the assignment of a private supplier to carry the hospital's clinical waste.
- (c) 20 items of cooking equipment in the main kitchen of the German Sri Lanka Friendship Women's Hospital had not been used since 07 March 2024, when the hospital opened, and 03 items of equipment had been damaged due to various reasons. It was also observed during the physical inspection that the government money spent on their purchase had been wasted.
- (d) An incinerator has been constructed at a cost of nearly Rs. 17 million to burn the nearly 365 kilograms of waste that cannot be directly disposed of into the general environment, including clinical waste collected daily at the Teaching Hospital, Kegalle. Although the functionality had been checked as of 07 June 2024, due to the lack of formal training provided to the hospital staff and the lack of formal handover/acceptance to the hospital, The waste had to be removed by a private company at a cost of Rs. 185 (excluding VAT) per kilogram, resulting in an annual waste expenditure of approximately Rs. 24 million.
- (e) Due to the purchase of 04 machines worth Rs. 34,485,827 by Teaching Hospital, Kealle in the years 2019, 2020 and 2021 without conducting a formal feasibility study regarding the need and functionality of the machine, these machines remained idle without being put to use or being provided to another hospital in need.
- (f) The National Hospital, Kandy had incurred a repair cost of Rs. 13.1 million in 2023 for the repair of 03 biomedical equipment, but there is a situation where the same fault or other faults are reported repeatedly in that 03 equipment within a very short period of time, i.e. within a period of 1-6 months. Accordingly, they could not be actively used for testing for a long time after the repairs, and the

positive results of the repairs carried out at an excessive cost were not in a favorable state.

4.7 Failure to respond to audit inquiries

Although the Chief Accounting Officer must ensure that all audit inquiries are responded to within the specified time frames required by the Auditor General, the total number of audit inquiries that had not been answered as of 07 April 2025 was 117, and the number of audit inquiries that had not been answered even after more than a year had passed was 27.

4.8 Management Weaknesses

Following observations are made.

- (a) The following matters were observed regarding the maintenance of cleaning services at the District General Hospital, Embilipitiya.
 - i. As per the contract condition 2.7, at least 20 percent of the workers employed for the cleaning service should be male workers, but according to the inspection conducted on the audit dates, it was 9 percent.
 - ii. A list of the names of the cleaning staff employed at each location before the commencement of each daily shift in accordance with the 12 terms of the agreement and although the contractor was required to submit their ID card numbers to the head of the institution, they had not been submitted.
 - iii. Although the monthly required quantities of equipment and chemicals as per the terms of the agreement 13.5 must be handed over to the Nursing Officer of the Infection Control Unit or an Officer-In-Charge of the Infection Control Unit on a date notified by the hospital every month. It was not confirmed that an Infection Control Unit officer was present to receive the goods, as the copy of the acceptance of equipment and chemicals did not include an Infection Control Unit officer's signature indicating that the goods had been received.
 - iv. Before making payments in terms of clause 11 of the agreement, it was necessary to obtain assurance from the relevant officers that the work assigned in each section had been satisfactorily completed along with the payment documents, but no system had been implemented to evaluate the cleaning work.
 - v. Due to the failure to maintain a stock register or other source document as of the audit date of 10th June 2024 to confirm the quantity of equipment to be supplied by the Supplier for cleaning purposes as per Contract Condition 01

- (x). The accuracy of the value of the equipment paid for, which was Rs. 445,500 (Rs. 74,250 per month from October 2023 to March 2024), could not be confirmed.
- vi. In making payments for the cleaning service, Rs. 2,441,346 had been paid as common expenses for 06 months at a rate of Rs. 406,891 per month, and out of this, there were no bills or acceptable sources of documents to prove the payment of Rs. 2,082,530.
 - vii. A log shall be maintained to record the arrival and departure of workers as per Contract Conditions 2.19 and shall be submitted for inspection by an authorized officer daily. However, the cleaning company maintains two attendance and departure registers for day and night shifts, and of these, only the attendance and departure register for the night shift was examined.
- (b) The following matters were observed regarding the provision of raw food and cooked food to patients and junior staff at the Teaching Hospital, Ratnapura.
- i. During the inspection of the provision of raw food from January to October 2024, fish, dried fish, eggs, milk powder, oranges and avocados, which should have been provided to provide the patients with a nutritious diet, were omitted on many days.
 - ii. It was observed that while calling for prices for raw food and determining the maximum price, attention was not paid to the prevailing market price volatility, and a loss of Rs. 9,462,819 was incurred in the year 2024 due to paying a price higher than the market price for 16 raw food items.
 - iii. During the months of September and October 2024 alone, the number of employees who ordered food but did not receive it was 644 in the morning, 2236 in the afternoon and 2032 at night respectively. Accordingly, there were large amounts of food leftovers, and the amounts of those leftovers had not been recorded in the books.
 - iv. On 25 November 2024, during the physical inspection of the distribution of food to junior employees, the food vouchers of Sections B and C were not received at the location, and none of the relevant overseers participated in the distribution of food. As a result, the total amount of food distributed could not be identified and the manner in which the food record books maintained regarding the distribution of food to junior employees were updated was a point of discrepancy during the audit.

- (c) Although, in accordance with the revised agreement for the provision of cleaning services at the Teaching Hospital, Ratnapura signed on 30 July 2024, payments should be made after the relevant officers have certified that the work in each section has been completed satisfactorily, as per the agreement condition number 10, an amount of Rs. 34,778,055 was paid to the contractor for the months of January, February and March 2024 without obtaining details about the progress of the cleanup.
- (d) There are only 05 dialysis machines for kidney patients at the Teaching Hospital, Kuliyaipitiya and 42 dialysis patients are receiving treatment from the hospital as of the audit date of February 2025. High-risk patients who are in another ward of the hospital are also referred to this unit for emergency treatment. Another 42 patients in need of dialysis are on the waiting list. Three of the patients on the waiting list have reportedly died. Of the reported patients, 16 patients within the hospital's catchment area are receiving dialysis from other hospitals. It was observed during the audit that there is a dire need to increase the number of dialysis machines in order to minimize the risk to the lives of patients in the area, and that there is a problem of insufficient space in the hospital premises for this. It is further observed that although the number of patients has increased with the upgrade to a teaching hospital, there has been no increase in essential facilities.
- (e) According to the information provided by three Radiologists at the National Hospital, Kandy there were 1738 patients on the CT scan waiting list as of 06 March 2024. The waiting period for those patients lasted until 12 March 2026. However, one patient had to wait on the waiting list for almost two years to get his CT scan.
- (f) It was observed that while 1855 patients were waiting on the waiting list for tests, the MRI machine at the National Hospital, Kandy was only being used from 8 am to 5 pm and was idle from 8 pm to 8 am the next day.
- (g) As of March 6, 2024, 14 waiting lists were maintained for 10,551 patients with three doctors for performing 08 types of Ultrasound Scan tests at the National Hospital, Kandy. Accordingly, patients had to wait on the waiting list for between 2 months and 21 days and 9 months and 20 days to have those tests performed.
- (h) Arrangements had been made to divert patients who came to the National Hospital, Kandy on Sundays for inpatient treatment for various diseases to the Teaching Hospital, Peradeniya instead of accepting them for orthopedic and surgical treatment.
- (i) 08 generators have been installed at 08 locations at the National Hospital, Kandy. These 08 generators are installed in such a way that they can supply electricity to

08 separate units. However, due to the fact that the generators were not interconnected, in the event of a power outage, even the most essential units in that sector were unable to receive electricity if the generator in a particular sector was also out of service.

- (j) There is no specific map of the electrical wiring installed to supply electricity within the National Hospital, Kandy premises. As a result, there are obstacles to the safe supply of electricity. In addition, the electrical wiring system has been damaged by rats and monkeys.
- (k) Since the laboratory tests related to all three departments of Biochemistry, Hematology and Microbiology of the Base (Teaching) Hospital, Gampola are carried out in one section, the analytical machines, refrigerators and all other equipment used are installed in one location and the space is very limited, which has been an obstacle to maintaining laboratory services efficiently and systematically.
- (l) The Oxygen Generating Plant system, worth nearly Rs. 77 million, which was provided to the General Hospital, Chilaw by the Ministry of Health under the assistance of the Tzu Chi Foundation, was installed by a private company on 08 January 2022, within the hospital premises and has been used in its Intensive Care Unit, Premature Baby Unit. The service was provided to the Emergency Department and the Intensive Care Unit in Ward No. 17. While agreements have been reached with the relevant private institution for the service and maintenance of the oxygen production machine for the years 2023 and 2024, a USAID-supported project was launched in September 2023 to maintain the oxygen production machine and measure the purity of the oxygen. The necessary equipment kits (18 items) had been received by the hospital and were still stored in the director's room, unused, as of the audit date of 07 October 2024. Although the above Oxygen Generating Machine was contracted for an annual service and maintenance contract for the year 2024/2025 at a value of Rs. 2,463,542, the machine was out of service on 18 September 2024. It had not been restored by 12 March 2025, when it was physically inspected during the audit. Due to the machine failing from time to time, the units supplying oxygen through this machine had to spend Rs. 452,100 for the year 2023 and Rs. 1,102,200 for the year 2024 to purchase 47-liter oxygen cylinders from outside.
- (m) In accordance with recommendation 8.30 of the Auditor General's Special Audit Report dated 14 March 2018 on the medical supplies and supply process carried out by the Medical Supplies Division of the Ministry of Health, Nutrition and Indigenous Medicine, Since the quality of medical supplies is degraded due to not storing them within the appropriate temperature ranges, tender samples and

sample samples obtained during the purchase of medicines should be kept in a cool place until the stock is released to hospitals and used up. It was recommended that arrangements be made for storage. However, even though almost seven years have passed, the necessary steps have not been taken to prepare the said sample storage facility as of December 31, 2024, and the air-conditioned storage facility allocated for preparing the said sample storage facility was not operational until the date of the audit. It was observed during the physical storage inspection that it had not been put to any use. Also, although the necessary materials for the renovation of the main door of the sample store were purchased with the advance payment of Rs. 100,000 received by the Deputy Director of the Medical Supplies Division on 08 May 2024 for the renovation of this sample store, The material had not been used for the relevant purpose and had been used for another purpose.

- (n) That in 2024, over Rs. 321,385,888 in late fees and warehouse fees were paid on 38 occasions for the clearance of donations received from foreign institutions to the Medical Supplies Division from the port, it was observed during the audit that in 07 of these cases, Rs. 65,330,550 was spent on electricity costs for refrigerated containers, and Rs. 115,457,621 was paid as late fees and warehouse fees. The failure to properly coordinate donations received from foreign institutions to hospitals and health institutions in Sri Lanka has resulted in delays in receiving documents from the Wharf Division of the Medical Supplies Division and delays in obtaining approvals from the National Medicines Regulatory Authority. It was observed that between 26 and 306 days had been spent on this, and as a result, more than Rs. 10 million in late fees and port warehousing fees had been paid for donation clearances in 08 cases. It was observed during the audit that in some cases, the Port has issued auction notices to auction the relevant stocks due to delays in initiating the clearance process due to the medical supplies wharf division not receiving prior notices. It was also observed during the sample audit that the late fees incurred in the clearance of lorries, cabs and medical equipment had been spent from the expenditure item for the purchase of medicines in the Medical Supplies Division.
- (o) Due to the failure of the Medical Supplies Division to manage the issuance of medical supplies to hospitals as scheduled, in the year 2024, medicines worth Rs. 10,782,466 and surgical items worth Rs. 3,184,000 were purchased by the Teaching Hospital, Kurunegala and General Hospital, Kegalle under local purchases, while of the medicines received from the Medical Supplies Division at the Drug Stores at the Teaching Hospital, Kurunegala, 26 types of medicines worth more than Rs. 50,445,026 were still stored in the corridors of the ground floor and first floor of the drug store building as of 27 February 2025. Thus, it was

observed that the storage period in the corridors ranged from 2 days to 1 year and 7 months.

- (p) In the year 2024, the General Hospital, Kegalle had referred to the Medical Supplies Division on 55 occasions to purchase medicines and surgical supplies worth Rs. 2,680,284 under local purchase, and the District General Hospital, Negombo had purchased 09 items of chemicals worth Rs. 308,725 on 10 occasions. The Medical Supplies Division had taken between 4 and 46 days to grant approval.
- (q) Teaching Hospital, Kurunegala has only 03 functional machines as of October 2024 to perform ultrasound scans on patients. 02 devices are inactive. Due to this, the number of patients who were given dates for Scan tests for various parts/organs of the body from the audit date of 10 October 2024 to May 2025 was about 2138 and although it was observed that the aforementioned patients were experiencing severe discomfort and life-threatening conditions, sufficient steps had not been taken to reduce congestion through measures such as repairs.
- (r) Centralized air conditioning systems installed in the hospital system are an essential factor for the safe operation of operating theatres. This ensures that gases containing harmful germs that accumulate during surgical procedures in the operating theatres are constantly removed. Accordingly, although centralized air conditioning systems are an essential factor for hospitals, out of the 8 centralized air conditioning systems in the National Hospital, Kandy 4 systems worth over Rs. 50 million remained inactive for periods ranging from 4 months to 25 years.
- (s) Ventilators are essential equipment for specialized pediatric units and compressors are essential to operate them. Nearly 200 infants are treated per month in the specialized pediatric unit of the Base Hospital (Teaching), Gampola. The two compressors used to supply the medical gas required for that sector had been out of service since 2018. The Biomedical Engineer had stated that one of the machines could not be repaired, and the other machine had also been out of service since 18 December 2023.
- (t) The Zoll model Transport Ventilator machine provided to Ward No. 10 of the Base Hospital (Teaching), Gampola by the Biomedical Engineering Division on 15 September 2020 had become inoperative. Although the hospital director had informed the Biomedical Engineering Division on 22 October 2022, the patients were given mechanical ventilation to protect their lives. This heavily contributing machine had not been restored until 22 January 2024.

- (u) The following matters were observed during the audit conducted regarding the activities of the Laboratory Unit of the Teaching Hospital, Nagoda.
 - i. Although the process of receiving, storing, and issuing reagent kits purchased for laboratory machines from suppliers should be done through a laboratory warehouse according to a formal procedure, the reagents purchased for each machine were received from the suppliers by the laboratory technicians in charge of the relevant machines and stored in the laboratory itself.
 - ii. According to the approved cadre as a teaching hospital requires 45 staff to be employed under the post of Medical Laboratory Technician but there were 19 vacancies for laboratory technicians by the end of 2024, therefore, it had become a huge problem in providing daily laboratory services.
- (v) The following matters were observed regarding the implementation of the Health Services Act No. 12 of 1952.
 - i. The responsible parties had not taken steps to amend this Act, which was passed with the stated objectives, granting statutory powers to the Department of Health Services, defining its responsibilities, appointing Regional Hospital Boards and Hospital Committees, and establishing more effective administration of public health by local government institutions, to suit current changes. Although this Act should have been amended with the passage of the 13th Amendment to the Constitution of the Democratic Socialist Republic of Sri Lanka and the Provincial Councils Act No. 42 of 1987, action had not been taken until the year 2024 to do it.
 - ii. The current functioning of the Department of Health Services and its divisions as provided for in Sections 2(1) and 2(2) of the Health Services Act No. 12 of 1952, how these sections affect the Provincial Health Services Departments established with the establishment of Provincial Councils, and since the Central Government's Department of Health is currently not operational, no response was provided to the audit even after nearly 21 months of requests to provide information on how these sections are being enforced.
 - iii. The National Health Council referred to in Section 4(1) of the Act had not met since 2006. Accordingly, it was observed that the Ministry had not acted in accordance with the statutory provisions. Accordingly, this Act was unable to successfully achieve the desired objectives.
 - iv. Under sections 9(1) and 11(1) of the Act, the Minister in charge of the subject matter shall appoint Hospital Boards and Hospital Committees and

the Minister shall publish such Hospital Boards and Hospital Committees in the Gazette, Hospital boards and committees had not been appointed as per the provisions of the Act. It was observed that the Ministry has not appointed hospital boards for any hospital and that hospital committees have been appointed for only 37 hospitals. However, the audit did not confirm that the composition of these committees and the appointment of the committee chairman were made in accordance with the provisions of the Act. Also, none of these hospital committees had been published in the Government Gazette.

- v. Although copies of hospital committee meeting minutes as per Section 10(5) of the Act and Annual Reports as per Section 14 of the Act must be provided to the Ministry, out of 37 hospitals that had appointed hospital committees, only 8 hospitals had submitted annual committee reports and no hospital had submitted committee meeting reports.
- (w) The following matters were observed during the audit conducted regarding the accident involving the vehicle bearing number PA-6192 owned by the Ministry of Health and the failure to repair the vehicle.
- i. This vehicle had met with an accident in the Mudungama area of Polonnaruwa on 02 January 2014. Although an investigation should be initiated in terms of Financial Regulation 104(1) in respect of damage to government property in terms of Financial Regulation 102(c) of the Republic of Sri Lanka, the officers responsible for this accident had not acted accordingly.
 - ii. A full insurance policy had been obtained from the Sri Lanka Insurance Corporation for this vehicle and accordingly an application had been made to obtain insurance compensation in respect of the accident. The Secretary of Health was informed in writing on 20 March 2014, that the insurance claim would not be granted, since the insurance company's investigation confirmed that the driver listed on the insurance application form as the driver driving the vehicle at the time of the accident was not actually driving the vehicle at the time of the accident. Although the Ministry had not agreed to this, the audit did not confirm that a formal investigation had been conducted in this regard.
 - iii. The file number TRD/Accident/2014-04, which had been initiated by the Transport Division of the Ministry on 16 January 2014 in relation to the accident involving this vehicle, which was attached to the staff of the then Minister in charge of the subject, had been brought to the Minister's office on 20 June 2014 and misplaced. A temporary file was then opened and

the original file was not found until December 2024. No formal investigation had been conducted into the disappearance of this file.

- iv. The insurance company had continuously refused to pay the insurance claim and on 03 March 2015, the Director (Transport) had sought advice from the Chief Legal Officer as the vehicle had not been repaired till then. However, evidence that instructions were given in this regard was not presented to the audit. In this situation, even though almost 11 years had passed since the accident, as of December 2024, the vehicle was still parked in a garage in Mulleriyawa without being repaired. This situation was observed during the audit as a result of irresponsible actions by the responsible officers.
 - v. On 08 December 2015, a garage had given an estimate of Rs. 1,894,000 for the repair of this vehicle, and on 11 January 2021, a quotation was issued by the Director (Transport) and an estimate of Rs. 1,166,950 (minimum price) was received. Although the Director (Transport) had inquired from the Chief Legal Officer on 18 November 2020 about the possibility of repairing this vehicle using government funds, no response had been provided.
 - vi. The Director General of Health Services had taken steps to seek the advice of the Attorney General in this regard on 28 March 2016, almost two years after the accident. In this regard, the Attorney General's Department had informed the Director General of Health Services on 07 September 2018, to act in accordance with Cabinet Decision No. 75(i)(c) dated 22 May 2018, as both institutions are state institutions. According to this Cabinet decision, this matter should have been brought to the attention of the Cabinet through the Minister in charge of the subject. Action had not been taken as per the instructions given by the Attorney General until December 2024.
 - vii. A committee was appointed to investigate the accident on 05 July 2024 as per F.R. 104 investigation, more than 10 years after the accident. However, a report on the investigation conducted by the Investigation Division in this regard had not been provided until December 2024.
- (x) 473 files belonging to 414 vehicles owned by the Ministry of Health were condemned in 2022 and the following facts were observed during the audit conducted in this regard.
- i. The Special Audit Report on the Vehicle Management of the Ministry of Health, Nutrition and Indigenous Medicine issued by the Auditor General on 22 April 2019 had pointed out numerous internal control weaknesses in

the management of vehicles owned by the Ministry. This special audit report had pointed out that a large number of vehicles owned by the ministry were missing or could not be found information. Even when the vehicle files were being condemned in 2022, a special audit report had not found sufficient information about the vehicles for which information could not be found or was identified as missing. In such a situation, while submitting proposals for the disposal of 473 vehicle files and before granting approval for the same, sufficient attention should have been paid to the current situation regarding these vehicles. Approval was given for the condemning of these vehicle files without such an investigation. Of the vehicle files thus condemned, 17 vehicles were listed as missing or missing vehicles in the said special audit report, but the files relating to those vehicles had been condemned.

- ii. In accordance with the audit inquiry No. MED/B/MH/01/2022/64 dated 10 April 2023, issued to examine the actions taken by the Ministry and the progress in implementing the recommendations made in relation to the observations highlighted in the said special audit report and according to the audit inquiry number MED/B/MH/01/2024/03 dated 23 July 2024, which was issued in connection with the actions taken in relation to the same audit inquiry, files relating to 196 vehicles identified as missing or missing vehicles had also been condemned in the year 2022. If the condition of each vehicle had been investigated on that day when these files were being used, it would have been possible to find information about these vehicles.

- (y) The Director General of Health Services had notified on 03 July 2001, that half salaries should be paid for the period of suspension to the Judicial Medical Officer serving at the General Hospital, Kalutara who was suspended from duty with immediate effect by the Secretary to the Ministry of Health, letter No. MH/FS/28/2001 dated 03 May 2001. While the charge sheet was handed over on 09 March 2002, this Medical Officer had gone abroad without formal approval. Accordingly, as per the letter dated 10 March 2003 of the Director General of Health Services, it was informed that he would be treated as he vacated of post with effect from 01 June 2002. The following are the matters observed during the audit conducted in this regard.

- i. On 03 February 2022, a request was made to the Director of Administration (Medical Services II) of the Ministry of Health to submit the personal file of the said Medical Officer for audit, which was included in the working files on 09 February 2022. Since this file did not exist, it was stated that it would be checked and reported if it was in the record

room, but the personal file was not submitted for audit until 15 March 2025.

ii. The following are the findings of the audit conducted on the personal file of the said Medical Officer submitted for audit by the Teaching Hospital, Kalutara on 05 April 2022.

- Every person appointed to a position in terms of Section 8.1 of Chapter II of the Establishments Code shall be issued with a letter of appointment setting out the full terms and conditions of his service, but evidence that a formal appointment letter was issued to this Medical Officer, who had been appointed to the post of Medical Officer in the Preliminary Medical Grade on 15 September 1990, was not presented to the audit.
- While keeping the conduct records of pensionable officers in accordance with Section 2.2 of Chapter VI of the Establishments Code, the basic information and the signature of the staff officer were not included in the conduct record sheet. It was observed that the said conduct record sheet had not been kept up to date after 01 July 1998.
- It was observed that Rs. 415,100 had been given to the said Medical Officer as a vehicle loan on 27 November 2000, but that information was not entered on a loan card. Although the officer was informed on 08 August 2001 that the documents relating to this vehicle loan had not been submitted, evidence that the loan had been collected was not presented for audit. However, according to the advance account of government officials of the ministry submitted for audit for the year 2021, there was no vehicle loan to be collected from him.
- According to the balance of the debt due from the suspended officers as per the Advance B Account of Government Officials 2021, it has been more than 20 years and 07 months since the said Medical Officer was suspended from work. As of 31 December 2021, there was a disaster loan balance of Rs. 337,000. Necessary steps had not been taken to recover this loan amount from the borrower or the guarantors. In this regard, action had not been taken in accordance with paragraph 3.10 of Part I of Public Finance Circular No. 01/2020 and Financial Regulation 113(6)(b).
- On 16 August 1999, the Director of Administration (Medical Services) had informed the National Institute of Health Sciences, Kalutara that

since the appointment of this Medical Officer had not been confirmed, a vehicle import permit could not be issued. However, he was promoted to Medical Officer Grade II by a letter from the Secretary of the Public Service Commission dated 09 May 1994. Also, the basis on which the vehicle loan was issued to him, when the file submitted for audit did not include a letter confirming his appointment, was also problematic during the audit.

- (z) Although the Sri Lanka Police had been informed that a complaint would be filed regarding the progress in implementing the recommendations made in the initial investigations conducted regarding the Medical Officer and the disappearance of the personal files of 38 Medical Officers, its progress was not submitted for audit.
- i. The driver had informed the company in an undated letter that the vehicle was having difficulty shifting gears and on the recommendation of the Transport Officer on 19 March 2024, an estimate was called from the agency on 05 April 2024. The agency had submitted an estimate of Rs. 204,895 on 29 April 2024 and the vehicle had been referred to the agency on 05 June 2024 for repairs related to that amount. The agency had submitted a bill for this repair on 11 June 2024 for Rs. 198,523 and it had been paid. Again, on 29 August 2024, the vehicle had stalled due to gear jamming while traveling on the expressway.
 - ii. Accordingly, the vehicle was referred to the agency and the agency provided an estimate of Rs. 985,789 on 29 August 2024. On 13 September 2024, bids were invited from another agency, stating that the agency did not have the required spare parts. Accordingly, an estimate of Rs. 488,100 was given and the vehicle was repaired for that amount. Accordingly, two different repairs had been carried out on two occasions for the same defect, and the report proposed to be obtained from the vehicle's agency in this regard was not submitted for audit. Also, it was not confirmed that the old spare parts removed from the gear system, which were returned after the repair of this vehicle, were handed over to the agency for testing along with the letter sent to obtain this report.
 - iii. While the estimate of Rs. 359,765 provided by the agency on 14 June 2024 for the replacement of the radiator of this vehicle is proposed to be carried out using genuine Toyota spare parts. The formal approval received to use local spare parts instead of genuine Toyota spare parts for repairs was not presented for audit. Also, the reasons why the prices of local spare parts are higher than the prices of some genuine Toyota spare parts shown here were not presented to the audit.

- (aa) In preparing the cost in accordance with paragraph 5 of Annexure V of the Bidding Documents for the National Competitive Bidding for the provision of cleaning services to the National Kidney Specialist Hospital, Polonnaruwa, it is clearly stated that the Employees Provident Fund and Employees Trust Fund costs paid to employees must be included, the hospital is responsible for ensuring that the funds have been paid to the relevant workers when settling the bills for the monthly cleaning service. But the agreement does not include the provision that “details of payments to the Employees Provident Fund and Employees Trust Fund must be submitted with the relevant bills every month, hence, the hospital had not been able to verify whether the relevant institution was paying into the Employees' Provident Fund and Employees' Trust Fund on behalf of the workers.
- (ab) By the time of the audit on 30 July 2024, the insurance coverage of 9 vehicles used by Embilipitiya Hospital had expired and those vehicles had been operating without such insurance coverage for a period of between 16 days and 09 months.
- (ac) When examining the data from 01 December to 09 December 2024, it was found that while there were insufficient beds in some surgical and medical wards of the Teaching Hospital, Ratnapura and there was a surplus of beds in another similar surgical and medical ward. A proper management system had not been established to provide beds in a way that no any inconvenience to patients.
- (ad) Action had not been taken to recover the amount of Rs. 139,724 that was due from 09 Health Aid Assistants who did not report for duty without informing them by 04 December 2024 at the Teaching Hospital, Ratnapura.
- (ae) Although the floor scales used to measure weight during waste removal at the Teaching Hospital, Ratnapura have been calibrated annually by the Department of Weights and Measures and their accuracy has been verified, but one year had passed since the confirmation obtained when the scale was purchased on 10 May 2023, by the audit date of 28 November 2024, the weighing and measuring license had not been obtained.
- (af) There was a scheduled house and 25 public service houses in the Elapitiwala housing complex, about 2.5 kilometers away from the hospital allocated for the Colombo North Teaching Hospital. The houses in this Elapitiwala housing complex were reserved only for married doctors, and during a physical inspection conducted on 15 and 16 January 2025, 19 of these houses were unoccupied. The audit revealed that 18 of these houses had been vacant for more than 4 years. Due to the lack of proper maintenance of these houses and the surrounding environment, the currently used and unused houses were falling into disrepair.

- (ag) House No. AN/Q/MAJ/111, which was located in the Colombo North Teaching Hospital, which falls under the above Scheduled Houses, was reserved for the hospital's ECG Recordist. However, at the request of a driver from the blood bank branch established at the hospital, a room in this house was provided to the driver on a temporary basis from 15 February 2023. Furthermore, a Public Health Midwife working at this hospital had made a request on 04 October 2023 to be temporarily provided with a house or room, but the hospital's governing authority had not granted approval to that request. However, the audit revealed that this officer had also been residing in this house since 31 October 2023. It was further observed that although these government houses were being used by both the above-mentioned officers, the hospital had not charged any money for it.
- (ah) Although the Homeopathic Hospital did not have a laboratory scientist from its inception until the year under review, the Ministry of Health had provided 07 laboratory instruments, an air conditioner and cupboards in the year 2003. Although this equipment had been lying idle for over 20 years, the hospital management had not made any arrangements to transfer it to another hospital. In the year 2024, the Indigenous Medicine Division again provided 03 laboratory machines worth Rs. 2,366,443.
- (ai) Although, it has been stated in paragraph 3.3 of the Public Expenditure Management Circular No. PS/CSA/00/1/4/1 dated 09 September 2022 issued by the Presidential Secretariat that only 02 vehicles should be allocated for other officers of the approved support staff, a fuel allowance of Rs. 2,416,883 and Rs. 2,165,649 was provided to 04 assistant officers of the State Ministerial Staff in the year 2023 and to 05 assistant officers in the year 2024 respectively.
- (aj) Although the District General Hospital, Polonnaruwa was approved to be converted into a teaching hospital in the year 2022 and the Ministry of Health and Mass Media had delegated the financial powers related to a teaching hospital by the Secretary's letter No. HM/CF01/FR135/2025 and dated 31 December 2024, As of the audit date of 19 February 2025, the gazette notification to convert it into a teaching hospital had not been issued and no action had been taken to amend the staff of the teaching hospital.
- (ak) Although the prices provided in terms of 13.2 of the agreement signed by both parties for the operation of the canteen at the Teaching Hospital, Polonnaruwa for the period from 01 May 2024 to 30 April 2025 should not be changed without the approval of the Procurement Committee of the hospital, The contractor had stated on 30 January 2025, that it would charge staff and non-staff members Rs. 10, Rs. 80 and Rs. 130 more for vegetable, egg and meat parcels respectively than the prices mentioned in the said agreement. Also, according to clause 3.1 of the contract

agreement, the monthly rent of Rs. 1,172,000 for the previous month should be paid before the 5th day of the following month, but since June 2024, the contractor has not paid the monthly rent accordingly, but the hospital had not taken steps to recover the relevant arrears and fines from the security deposit deposited if the monthly rent payment is delayed by 30 days as per clause 3.3 of the agreement. Furthermore, the contractor's outstanding monthly rent, electricity charges and late fees as of 31 December 2024 amounted to Rs. 2,851,786, which was 81 percent of the security deposit. Furthermore, the contractor's outstanding monthly rent, electricity charges and late fees as of December 31, 2024 amounted to Rs. 2,851,786, which was 81 percent of the security deposit.

- (al) Although the cardiac catheterization service at the Teaching Hospital, Polonnaruwa is operated 24 hours a day, as of 10 February 2025, 192 patients are on the waiting lists until June 2025 and 1,517 patients are on the waiting lists until the end of 2026, respectively. There was no focus on increasing the capacity of this sector and minimizing the time spent on waiting lists.
- (am) Although about 200kg of clinical waste was collected daily, due to the lack of a proper disposal system in the Teaching Hospital, Kuliapitiya, it was piled up on the hospital premises. Also, due to the cessation of operations of the Metamizer machine from April 25, 2024, the huge pile of clinical waste has created a serious environmental and health threat to the hospital premises, in December 2024, a private company was paid Rs. 9,203,950 to remove the waste. The private sector determines prices based on weight, and during rainy weather conditions, the increase in weight of water collected at one time also leads to increased costs. Furthermore, apart from clinical waste, a large amount of discarded glass, electronic waste, etc. had also been piled up on the hospital premises. Accordingly, the lack of a formal system for disposing of waste materials within the hospital resulted in high costs as well as environmental and health damage.
- (an) Although the Hospital Director has been assigned the responsibility for inventorying purchased goods in terms of Circular 10.3.2 of the Delegation of Financial Control Powers for the Year 2024 of the Secretary to the Ministry of Health dated 31 December 2023, 57 items of goods purchased for the National Hospital, Galle in 2024 through the Quality Promotion Fund, totaling Rs. 10.091 million, had not been inventoried.
- (ao) In accordance with Section 04 (X) of the Circular of the Secretary to the Ministry of Health and Nutrition No. 02/19/2009 issued on 27 March 2009, "In calculating overtime allowances for officers of the nursing service who do not perform duties according to a work schedule that does not maintain 24-hour service continuously, although it is stated that "overtime allowances should be calculated in accordance

with the general regulations applicable to employees in the public service", nursing officers attached to the Quality Management Unit of the National Hospital, Galle will not be paid overtime in the year 2024. A total of Rs. 807,181 in additional service allowances had been paid without complying with the provisions of the circular.

- (ap) The German Sri Lanka Friendship Women's Hospital is in a state of emergency due to the fact that the fire protection system is not functioning and the fire extinguishers have expired by 31 December 2024, making it impossible to deal with sudden fire disasters. Therefore, it was observed that the health of patients and employees, as well as hospital buildings and equipment, has become extremely dangerous.
- (aq) It was observed that the information entered in the night attendance records of the security officers maintained by the German Sri Lanka Friendship Women's Hospital and the security officer's office of the hospital differed from each other. It was observed that payments were being made without verifying the accuracy of the attendance of security officers on night shifts and without proper supervision. Accordingly, during the audit sample period from 01 July 2024 to 31 December 2024, a total of Rs. 2.859 million had been paid irregularly based on irregular entry and exit document information.
- (ar) The hospital administration had failed to recover the restaurant rent amounting to Rs. 952,600 for the period from December 2020 to October 2023 at the Teaching Hospital, Mahamodara as per the agreement as of the audit date of March 2025.
- (as) The German Sri Lanka Friendship Women's Hospital had not taken steps to recover outstanding bills of Rs. 2.94 million unpaid by the contractor since 01 January 2024 or to make a deduction in the payment to the contractor. Furthermore, due to the payment of only the electricity bill each month, a total of Rs. 27.23 million in arrears and surcharges had to be paid to the Electricity Board as of 31 January 2025.
- (at) The meter reading was recorded incorrectly due to a technical error that occurred during the measurement of the bill issued by Ceylon Electricity (Private) Limited in relation to the Teaching Hospital, Mahamodara from January to August 2022. Although those errors were corrected and new bills were prepared and an outstanding amount of Rs. 3.62 million was to be paid to that company, those fees had not been paid up to the date of the audit. Furthermore, for the period from November 2015 to October 2021, the Mahamodara Nursing College had not calculated the electricity charges in accordance with the state regulations, i.e. (GV category), and a total of Rs. 2.96 million was paid more to Ceylon Electricity (Private) Company Limited. A total of Rs. 2.96 million had been paid in excess to

Ceylon Electricity (Private) Company Limited and no action had been taken to recover the excess fees paid.

- (au) Although the number of tests should be taken into account in the payment of specimen allowances, instead, by calculating separate allowances for the compounds included in the tests, the National Hospital, Kandy had overpaid Rs. 258,502 for Medical Research Technologists and Rs. 57,500 for laboratory testing assistants in August 2023.
- (av) Although Radiologists are able to receive an additional allowance of Rs. 75 for CT examinations performed outside of working hours at the National Hospital, Kandy, due to the employment of two Radiologists in this hospital, an expense of Rs. 150 was incurred for each CT scan performed outside of working hours, at a cost of Rs. 75 for both Radiologists per CT scan.
- (aw) Employers had not paid contributions to the Employees' Provident Fund for the officers who worked under the private institutions that were awarded the electricity contract for the National Hospital, Kandy from the year 2010 to 18 March 2024. Accordingly, when making monthly payments to the contractor, the officials of the National Hospital, Kandy had made the payments without obtaining confirmation as to whether they had made payments to the Employees Provident Fund.
- (ax) When performing X-ray examinations at the National Hospital, Kandy on-call duties are performed outside of duty hours, i.e., from 12.00 p.m. to 2.00 p.m. for a period of 02 hours from 4.00 p.m. to 8.00 a.m. the next day. When paying specimen allowances for those periods, specimen allowances are paid based on the number of tests performed on each patient. Accordingly, specimen allowances had to be paid for several tests of one patient without a specific methodology. Furthermore, although the specimen allowance should be paid at Rs. 22.50 per examination as per General Circular No. 02-117/2001, the two Radiographers serving at that time were paid Rs. 22.50 each, making a total of Rs. 45 per examination. Accordingly, an excess of Rs. 56,425.50 was paid to Radiographers for X-ray examinations performed outside of working hours for the month of February 2024.
- (ay) There are 02 fuel tanks with a capacity of 13310 liters and 10000 liters respectively for storing diesel in the National Hospital, Kandy. In which, 9380 liters of diesel obtained on 27 October 2023 remained as of 30 August 2024. The average storage period for diesel fuel is between 6 and 12 months. Under proper storage facilities, this period increases to 18 to 24 months. However, it was observed that old diesel stored in this manner can cause adverse conditions such as reduced fuel efficiency, reduced fuel stability, and microbial growth, which can damage the machinery that uses it.

- (az) Although a normal repair period of 60 days was given to external agencies for the repair of equipment in the year 2023 based on the recommendations of the Technical Evaluation Committee, 05 pieces of equipment that were sent for repair in the year, took between 4 and 10 months to be returned to the National Hospital, Kandy. Also, Rs. 27,538,925 had been spent on repairs for those 05 pieces of equipment and no late fees had been charged for the delays. Also, keeping equipment with commercial value in an outlying location for a long period of time without a contract, had a direct impact on their safety.
- (ba) The female Development Officer of the Transport Division of the National Hospital, Kandy and a male driver had misused the cab bearing number JL-5147 for a personal purpose on 17 June 2023 to travel a distance of 150 km. Also, after completing the journey, steps had been taken to prepare a detailed itinerary for it. However, the hospital had taken steps to recover only the fuel charges and the combined allowance he had received from the drivers from the relevant officer in this regard. However, since the above officers had committed an offence under the First Schedule of the Establishments Code, proper disciplinary action had not been taken against them.
- (bb) There is no proper supervision of the health care assistants who perform their duties in the drug stores of the National Hospital, Kandy and according to the sample examined, during the periods when they are not on duty The value of the overtime that was fraudulently obtained by 05 health care assistants working in those warehouses, who were recorded as having done their duties, in the months of October, November, and December 2023 and May, June, and July 2024 alone, was Rs. 239,782.
- (bc) The 3-storey Medical Laboratory Technician Specialist Training School located on the premises of the Teaching Hospital, Peradeniya was taken over by the hospital in accordance with the letter dated 11 March 2024 bearing the number ETR/D/MLT/09/2023 of the Secretary to the Ministry of Health in order to expand the services of the Peradeniya Hospital. However, at the time of the takeover of the institution, there were five staff members working in the institution and the utilization of human and physical resources such as inventory items, laboratory equipment, chemicals and library books. It was observed that these resources were underutilized as of 31 December 2024 due to lack of planned and necessary decisions.
- (bd) There are 65 married government houses in the District General Hospital, Nuwara Eliya and they were not divided into scheduled or non-scheduled and the provisions of the Establishments Code regarding the collection of rent had not been followed.

Also, the government had incurred a loss of Rs. 679,968 due to non-collection of rent as per the schedule for a house rented for Rs. 990,000 to provide facilities.

- (be) A Metamizer machine worth approximately US\$ 701,335.83 was provided to General Hospital, Chilaw on 16 June 2017 under the Clinical Waste Management Project in Government Hospitals implemented by the Ministry of Health under the Australian Loan Assistance. However, since the hospital's clinical waste disposal is carried out using the incinerator machine provided in 2021, there is no need for this machine and it has been requested to be removed from the hospital premises to make room for residential facilities for patients. Despite the hospital's continued requests to the Ministry Secretary, the machine remained idle on the hospital premises on the audit date of 12 March 2025.
- (bf) Due to the hospital does not have sufficient government housing to provide housing facilities for the specialists and other doctors of the General Hospital, Chilaw and arrangement to build new ones, the amount that had to be paid to external parties for official residences in the years 2022, 2023 and 2024 was Rs. 6,290,700, Rs. 6,294,100 and Rs. 6,284,952 respectively.
- (bg) The sewage system installed at the Anuradhapura Hospital has been inactive for more than 03 years and the sewage/wastewater discharged from the hospital is not being disposed of in a health-safe manner without being discharged into the environment, it is gradually being discharged into the tanks and canals connected to the Malwathu Oya, which supplies drinking water to the city of Anuradhapura and despite the Central Environmental Authority having issued warning letters to the hospital, no necessary action had been taken in this regard.
- (bh) Under the Clinical Waste Management Project in Government Hospitals implemented by the Ministry of Health under an Australian loan, a waste segregation facility was established within the premises of the Teaching Hospital, Anuradhapura to segregate waste into components. The metamaizer machine has been inactive and gradually decaying since 2022, and the waste and clinical waste previously shredded by the machine have been dumped on the hospital grounds, along the canal bordering the hospital grounds, for more than 2 years. It was observed that the waste had been stored in an unsafe manner. No measures had been taken to prevent the waste from entering the canals.
- (bi) Although the Teaching Hospital, Anuradhapura is also required to obtain an Environmental Protection License from the Central Environmental Authority in accordance with the Extraordinary Gazette No. 2264/18 dated 27 January 2022, which has been issued under Section 23 (a) of the National Environment Act No. 47 of 1980, the audit revealed that the environmental protection permit has not been

issued since 2017 due to the hospital not implementing the conditions that should be considered for issuing the environmental permit.

- (bj) No Storekeeper was appointed for the surgical supplies store in the operating room of the District General Hospital, Hambantota and the key was in the custody of the nursing officers working in the adjacent room. A stock register had not been maintained to record the receipt and issue of surgical materials. Surgical materials had been obtained without recording in any register at the request of the nursing officers in charge of the sections where the materials were obtained. Since there was no documented information about the stock balance in the surgical warehouse, the purchase requirement was determined by counting the amount of material physically available on the shelves at the time of ordering.
- (bk) At the District General Hospital, Hambantota a single nursing officer was deployed to the operating theatre for drug related responsibilities from 18 December 2022 without any transfer of duties. During the sample audit, it was observed that the stock books for 14 medicines were not balanced daily for a period of between 2 and 30 days.
- (bl) The District General Hospital, Hambantota had not maintained a stock register including the receipts, issues and balances of TKR, THR device kits required for knee and hip replacement surgeries performed under the Bone and Orthopedic Surgery Department. In cases where certain parts of the device kits do not match the patient's body size, the supplier company will exchange the incompatible parts at the next surgery, but no formal approval had been obtained for this exchange.
- (bm) Ambulance No. LW-1558 was involved in an accident on 22 June 2021, causing a loss of nearly Rs. 2,698,925 and has been lying idle at the Teaching Hospital, Kegalle for over 3 ½ years without repair. Failure to conduct a formal inspection in accordance with the accident-related financial regulations had been the reason for not carrying out repairs. The ambulance was operating without any insurance at the time of the accident, so it was not possible to cover the loss, and no other responsible party had been identified and steps had been taken to recover the loss.
- (bn) Although a public complaints register was maintained at the Teaching Hospital, Kegalle it did not contain sufficient information and did not include all the complaints received. Formal and adequate action had not been taken regarding the complaints.
- (bo) It was observed during the inspection of the running charts that the ambulance bearing number LW-0896 belonging to the District General Hospital, Embilipitiya

had been used to go to the private residence of the Director during the days he was on duty.

- (bp) Separate and formal files for civil works had not been maintained for the construction works carried out by the District General Hospital, Embilipitiya and the general files that had been maintained had not been numbered and maintained properly. Also, the Special Schedule Charges (SSR) of Rs. 643,807 prepared for the construction of the main office building had not been approved by an authorized officer, and although Rs. 188,496 had been paid for 121.6 square meters of Floor Rendering Cement work under Work Item No. 24 of the said work. It was observed that Rs. 118,565 had been overpaid for the 76.5 square meters that had not been completed, as the actual area completed was 45.1 square meters.
- (bq) Through the project to provide solar power systems to government institutions under the Solar Power War Program implemented by the Ministry of Power and Renewable Energy in 2017, the hospital did not have any information on whether the solar power system installed at the District General Hospital, Embilipitiya was operating continuously, how many units of electricity were being generated, and whether the hospital's electricity bill had been reduced as a result. Furthermore, there is no note in this regard on the electricity bills received by the hospital, and there was no awareness of the computer software that had been introduced to obtain information on the number of electricity units generated by the solar power system and its performance.
- (br) As of 31 March 2025, a total of Rs. 367,061 was due in salaries, allowances and employee loans from two medical officers, three nursing officers and four health assistant officers who left the service of the District General Hospital, Embilipitiya.
- (bs) With the aim of strengthening the National Immunization Program and implementing an efficient vaccine management program, 10 refrigerated lorries and 21 cabs were provided by the United Nations Children's Fund in 2024 for the Epidemiology Division. The following facts were observed in this regard.
 - i. Although these 10 lorries were brought to the port on 20 February 2024, due to the fact that it took almost three months for clearance, a warehouse fee of Rs. 36,187,060 had to be paid in addition to the customs and clearance fees of Rs. 66,377,703. After clearance, the vehicles were parked in the parking lot of the Medical Supplies Division warehouse premises for almost 8 months from 28 June 2024 until registration was carried out without any use.
 - ii. The failure of the Ministry officials to promptly install side guards and register the vehicles of these ten refrigerated lorries, which were cleared at a

cost of Rs. 102,564,763, there is a risk of mechanical failure in the lorries, and there is a risk of the batteries in these lorries dying, which may result in additional costs. It was also observed that due to the parking of lorries in this manner in the Medical Supplies Division, there was a situation of obstruction when container trucks and lorries carrying medicines entered the Medical Supplies Division.

- iii. To facilitate the vaccine transportation process and to ensure the efficient and effective transportation of vaccines to immunization clinics in the field, 21 double cab vehicles were provided by the United Nations Children's Fund. It was observed during the audit that Rs. 144,911,309 was paid as customs and clearance fees, Rs. 5,849,501 as warehousing fees due to the 51-day detention at the port, and Rs. 1,034,559 as insurance fees. It was further observed during the audit that these port warehouse fees and insurance fees have been paid from the Medical Supplies Division's Medicine Purchase Expenditure (111-02-25-003-1204) and that a clearance fee of Rs. 7,519,753 has to be paid further due to ended with the provisions provided by the Ministry of Health.
- iv. Out of these 21 double cabs cleared, 07 were located outside the Regional Health Directorate Offices and Medical Officer of Health offices that were identified as priorities when requested by the United Nations Children's Fund. It was further observed during the audit that the work under the Ministry of Health had been divided into 07 other sectors and activities had been carried out away from the basic objectives.

(bt) The following points were observed regarding the failure of medical supplies during the year 2024.

- i. It was observed that out of the medical supplies issued to government hospitals, medicines, surgical and laboratory materials worth Rs. 4,213,348,539 were withdrawn from use due to their poor quality in 2024, and other medicines worth Rs. 1,367,940,344 were temporarily suspended due to their poor quality. Many of the substandard medical supplies contained visible particles, non-compliance with British Pharmacopeia specifications, non-compliance with US Pharmacopeia specifications, non-compliance with labeling guidelines, discoloration, tablet breakage, the presence of glass fragments and adverse reactions were identified, and as a result, use was withdrawn or suspended.
- ii. It was further observed that among the medical supplies that were deemed to be in poor condition and were removed from use were medicines used for bacterial infections, skin diseases, mental illnesses, diabetes, liver diseases, and medicines used as antibiotics.

- iii. Rs. 127,065,713 due from the Sri Lanka State Pharmaceutical Manufacturing Corporation as at 31 December 2024 for items for which circulars were issued in 2023 for substandard medical supplies had not been collected as at 31 March 2025. Information on the amounts due from other external parties, including the State Pharmaceuticals Corporation, was not submitted to the audit.
- (bu) The Prednisolone Acetate Eye Drop medicine, which is used after cataract surgery for eye patients, had been ordered by the Medical Supplies Division under Order No. 2021/SPC/N/R/P/00043, and in the year 2023, it was discovered that the medicine was defective about 1 ½ months after receiving the stock of 50,000 bottles worth Rs. 3,631,093. It is alleged that the Medical Supplies Division has not taken sufficient steps to check the condition of the drugs before issuing them to hospitals, and that patients at the Colombo National Eye Hospital and District Hospital, Nuwara Eliya have been suffering from eye allergies. Observations were also made through the Auditor General's Special Audit Report No. SPR/2024/03 and dated 10 May 2024. The following matters were further observed in this regard.
- i. According to the report of the Technical Committee appointed to determine the amount of compensation to be paid to patients who lost their sight due to the use of the above drug at the District General Hospital, Nuwara Eliya, out of 17 patients who were at risk due to this drug at the Nuwara Eliya Hospital, the audit observed that 12 patients were legally blind due to permanent visual loss in one eye, and three more patients had more than 70 percent vision loss (70% permanent blindness, 75% permanent loss of vision). Also, the audit did not observe that investigations had been conducted regarding patients at other hospitals who had been harmed by the use of that drug.
 - ii. The committee appointed on 13 June 2023 to investigate the incident that occurred at the eye ward of the District General Hospital, Nuwara Eliya has recommended that this serious failure has caused serious harm to patients and that the manufacturer should be held accountable. It was proposed that those affected receive compensation through the company, that provisions be included in procurement documents to obtain compensation from companies supplying substandard medicines, and that random quality checks be increased through the National Medicines Quality Assurance Laboratory. Also, at the Cabinet meeting held on 12 February 2024, a technical committee was appointed to determine the amount of compensation to be paid to those who became victims of this incident and to pay either an in-kind allowance or full compensation to those victims without delay, to introduce a system for testing the quality of medicines

before they are released to hospitals, to utilize laboratories to the maximum extent possible for testing medicines, and to take contractual measures against suppliers who supply substandard medicines in addition to the Secretary of Health was directed to take appropriate steps to obtain compensation for damages in accordance with the provisions of the common law. However, almost 2 years have passed since this incident occurred, as of 10 April 2025, but the company has failed to provide compensation to the patients concerned, and no steps have been taken to obtain compensation through the company for those affected by the drug. The State Pharmaceuticals Corporation has not yet taken steps to include provisions in the procurement documents to obtain compensation from companies that supply substandard medicines. It was also observed during the audit that no steps have been taken to blacklist such suppliers.

- (bv) The Director of Medical Supplies, vide circulars Nos. MSD/Q/P/2023/56 and MSD/Q/Special/2023/4 issued on 09 and 18 October 2023, had withdrawn medicines including Human Immunoglobulin and Rituximab from use due to their failure. The report on the “Medicine Requirement, Procurement, Supply, Distribution and Regulation for the Years 2022/2023” includes information on the procurement process, distribution and quality failure of the above 02 drugs that have caused great controversy in the country, and the acquisition of blood plasma to produce the drug. The facts were also revealed in the Auditor General's Special Audit Report dated 10 May 2024. However, although almost 1 ½ years have passed since these 02 drugs failed as of the audit date of 10 April 2025, in accordance with paragraph 9 of the purchase order No. ICL/EOI/P1/174/2022 issued to the supplier on 13 January 2023, it was observed during the audit that the Ministry of Health has not taken steps to recover the cost of purchasing the medicines, which amounted to Rs. 180,366,697, and the administrative costs, which amounted to 25 percent, from the relevant supplier company.
- (bw) In the years 2022 and 2023, the National Health Development Fund of the Ministry of Health received donations of US\$ 2,500,000 from the Sri Lanka Cricket and Rs. 100,000,000 from the Foreign Employment Bureau. The funds were given to the State Pharmaceuticals Corporation for the purchase of medicines. The following facts were observed in this regard.
 - i. The Executive Committee of the Sri Lanka Cricket Board has decided to provide a grant of US\$ 02 million to the Lady Ridgeway Children's Hospital and the Castle Street Women's Hospital for the improvement of the health sector in the face of the financial and economic crisis in the country. On 08 July 2022, Sri Lanka Cricket had provided an amount of USD 2,000,000 to the Health Development Fund, of which the Health Development Fund had paid USD 1,999,998 to the State Pharmaceuticals Corporation on 16

September 2022 for the procurement of Meropenem injection 1g and 500mg medicines. Although it was stated that this \$2 million grant would be given to the Lady Ridgeway Children's Hospital and Castle Street Women's Hospital for the advancement of the health sector, the reasons why the funds were later used to purchase medicines were not presented for audit.

- ii. Despite the receipt of funds by the State Pharmaceuticals Corporation for the above-mentioned 02 medicines on 16 September 2022, the State Pharmaceuticals Corporation has sent the bills totaling Rs. 817,114,333 including the invoice value of the two medicines and service charges and other expenses to the Medical Supplies Division for settlement and it was settled to the State Pharmaceuticals Corporation by the Medical Supplies Division.
- iii. The remaining US\$ 500,000 of the US\$ 2.5 million provided by Sri Lanka Cricket to the Health Development Fund will be utilized to procure and supply 19 selected drugs used for cancer diseases. Despite the fact that US\$ 500,000 was provided to the State Pharmaceuticals Corporation by the National Health Development Fund between February and August 2023, the State Pharmaceuticals Corporation has not been able to procure and supply 17 medicines out of this amount. Again, debit and bill settlement documents worth Rs. 165,697,812, including an invoice value of Rs. 154,573,714 and a service charge of Rs. 11,124,098, including 10 percent and other expenses, had been submitted to the Medical Supplies Division. Accordingly, it was observed during the audit that the above amount had been requested through 09 bill settlement document lists between 20 April 2023 and 06 August 2024.
- iv. As per the letter dated 30 October 2023 addressed to the Secretary of Health by the Managing Director of the State Pharmaceuticals Corporation with copies to the then Deputy Director General of Medical Supplies and the Director of Medical Supplies, although it was informed that the relevant funds would be provided by the Sri Lanka Cricket, no attention was paid to this and at the time of the audit, bills of Rs. 117,723,972 for 10 types of medicines related to 05 settlement documents were received on 08 August and 13 November 2023. The Medical Supplies Division had paid them to the State Pharmaceuticals Corporation.
- v. Although the National Health Development Fund had provided an amount of \$12,150 to the State Pharmaceuticals Corporation on 03 February 2023 for the procurement and supply of 02 pharmaceutical items out of the above 19 medicines, it was observed from the computer database that, as of the audit date of 02 January 2025, almost 2 years had passed and the stocks of

medicines had not been received at the Medical Supplies Division's warehouses.

- vi. Vouchers had also been prepared at the time of audit to settle the payments of Rs. 45,055,479 relating to the remaining 06 medicines received by the Medical Supplies Division and for these payments, the officers of the Supplies Division had also made payments on 30 August and 10 September 2024. Payment vouchers had been prepared and checked, and the payments had been recommended by the Chief Accountant (Supplies) and the Director (Medical Supplies). The Deputy Director General of Medical Supplies had approved the payments based on those recommendations. Accordingly, it was observed during the audit that the relevant officials had not acted with due understanding regarding these payments.
- vii. The amount of Rs. 100 million that was given to the National Health Development Fund by the Foreign Employment Bureau on 23 January 2023 was given to the State Pharmaceuticals Corporation on 17 August 2023. The Deputy Director General of Medical Supplies had informed the Chairman of the State Pharmaceuticals Corporation on 06 February 2023, to utilize this grant and provide 42 essential drug items to cancer patients as soon as possible. The Pharmaceutical Products Supply and Regulatory Division had called for quotations under emergency purchases on 15 February 2023 for 15 types of medicines selected from the above orders. The bidding process began on 15 February 2023 at 1:15 p.m. and the bid opening was held on 17 February 2023 at 10:00 a.m. It was observed during the audit that the opportunity for more suppliers to submit their bids was missed due to the fact that less than 02 days were given to submit their bids.
- viii. Although the above-mentioned sudden call for quotations was made in less than 02 days, it took almost a month to obtain the procurement decision and between 30 - 41 days to issue purchase orders (indents) to the selected suppliers. It was observed during the audit that the "urgent need" was only applicable to the suppliers for submitting prices, as it took between 80 and 191 days from the date of issuance of the indenture to receive the pharmaceutical stock.
- ix. The Additional Secretary of the Pharmaceutical Production, Supply and Regulatory Division had appointed only a Price Committee consisting of 07 members on 22 February 2023 to evaluate the prices related to the purchase of the above 15 medicines. No medical consultant or expert with technical knowledge was appointed to evaluate specific drugs such as cancer drugs, and in accordance with paragraph 2.1 of the Health Sector Emergency Procurement Guidelines, Although the Emergency Procurement Committee

should have sought advice from technical experts in cases where technical evaluation committees were not appointed, the audit did not confirm that such action was taken.

- x. Furthermore, in accordance with paragraph 2.1 of the above guidelines, justifying the need for the purchase of items purchased under the health sector emergency procurement process, including the item purchased, supplier and value, monthly reports must be submitted by the Minister of Health for the covering approval of the Cabinet, and the procurement process should have been monitored and reported at the end of the procurement process to ensure fair and effective processes by the Internal Auditor of the Procurement Entity. However, this had not been done in relation to the procurement of the above 15 types of medicines.
- xi. According to sections 58, 82 and 101 of the National Medicines Regulatory Authority Act No. 05 of 2015, it is mandatory to obtain registration with the National Medicines Regulatory Authority for the import, manufacture, sale and distribution of all medicines and the authority was required to ensure the quality, safety, and efficacy of medicines. However, regardless of this, suppliers were selected based on Certificates of Exemption from Registration (WOR) for 11 drugs that were not registered with the Authority in this procurement. Furthermore, 9 of these drugs were released under a special pathway without the formal approval of the committee to exempt them from registration. Therefore, when granting approval for exemption from registration, the relevant committee will consider the rationality of the price, the opinion of the relevant college on the drug, the need for the drug, the number of similar registered drugs currently available, Without considering factors such as the number of similar registered drugs currently available, the registration status of the drug, the registration status of the supplier and manufacturer, the existence of previous quality issues, and the quality of the drugs, only the documents confirming the order, such as the purchase order, indenture and invoice, were examined and the relevant approval was granted without evaluating the documents confirming the security and authenticity.
- xii. The above-mentioned 15 medicines were received by the Medical Supplies Division between July and October 2024, with an invoice value of Rs. 132,897,018 and a total value of Rs. 138,212,899 including a 4 percent service charge of Rs. 5,315,881. Although the grant of Rs. 100 million received from the Foreign Employment Bureau was given to the State Pharmaceuticals Corporation by the Health Development Fund on 17 August 2023, the Corporation had submitted debit notes to the Medical Supplies Division to make payment for the entire value of Rs. 138,212,899 without reducing that value, ignoring the fact that the Medical Supplies Division had

already paid Rs. 100 million for these medicines. Payment vouchers were prepared for the total value and after audit verification, the Manager (Post Distribution Operations) of the State Pharmaceuticals Corporation, vide letter dated 11 October 2024, the Accountant of the Medical Supplies Division had been informed to deduct Rs. 100 million from the debit card value. Accordingly, there was an opportunity to make an additional payment of Rs. 100 million due to the deliberate or negligent actions of the officers of the State Pharmaceuticals Corporation and the Medical Supplies Division. As a result, it was observed during the audit that there was a risk of financial misconduct.

xiii. It was observed during the audit that due to the actions taken without understanding or carelessness, and the intentional or negligent actions of the officials of the State Pharmaceuticals Corporation, an additional payment of Rs. 117.72 million and Rs. 817.11 million, totaling Rs. 934.83 million, has been made. Accordingly, the State Pharmaceuticals Corporation has wrongfully withheld government funds of Rs. 934.83 million for more than a year and US\$ 12,150 for almost 02 years. The audit further observed that debit notes were prepared in the same manner for the US\$49,680 provided to the State Pharmaceuticals Corporation through the Special Dollar Account of the Central Bank of Sri Lanka for the years 2022 and 2023 and forwarded to the Medical Supplies Division for payment. Accordingly, during the 2022/2023 economic crisis period, Rs. 934.83 million could have been used for the procurement of other essential medical supplies and due to the negligence of officials, the government funds of US\$ 61,830 were unnecessarily held at the State Pharmaceuticals Corporation for over 02 years until the audit revealed that the audit emphasizes that the negative impact on the health sector cannot be measured.

- (bx) In acquiring on lease basis the Rare wing section of the first floor and fifth floor of the HQ Colombo building, which housed the State Ministry of Pharmaceutical Production, Supply and Regulation, which has been abolished by the year 2025, the amount of Rs. 7,570,493 paid to Lanka Realty Developments (Pvt) Ltd as security deposit and electricity deposit had not been offset against monthly rent before the agreement expired. Although the Attorney General's Department has been informed to take legal action in this regard, no legal action has been taken to date and it is observed that an investigation should be conducted into the non-recovery of the relevant deposits and to recover from the relevant responsible parties.
- (by) Due to the remand of one of the officers of 04 divisions of the Medical Supplies Division, the officer in charge of inventory items going abroad without properly handing over the items, and the vacation of service of two other officers in charge of the warehouses, the inventory items in those sectors had not been subjected to the

2023 Annual stock verification and no steps had been taken to recover the deficiencies revealed during the verification or document the excess as of 17 January 2025.

- (bz) Although the annual drug stock survey is to be conducted by a survey board approved by the Director General of Health Services on 31 December annually, as per the letter No. SM/PSRP/14/2022/SWASTHA-Vel.II of the Secretary to the Ministry of Health dated 04th December 2023, the drug stock survey for the years 2023 and 2024 had not been conducted in any hospital by the audit date of 10 March 2025.
- (ca) A formal investigation had not been conducted in accordance with Financial Regulation 104 regarding the damage caused by the malfunction of the Table Detector, a part of the radiation machine worth approximately Rs. 7 million, installed in Room A of the Radiology Department of the Teaching Hospital, Polonnaruwa, on 20 November 2021.
- (cb) Blood Glucose Strips surgical item and 02 items of Atracurium Besylate and Nitroglycerine Sublingual Tablets 0.5 mg (GTN) medicine purchased through UNOPS with the financial provisions of the Covid-19 Emergency Response and Health Systems Preparedness Project implemented under the loan assistance of the World Bank, without distribution to hospitals had expired in the warehouses themselves and the following facts were observed during the audit conducted in this regard.
 - i. Out of the 5,000,000 units ordered for the item Blood Glucose Strips – Adults, which are used to measure the blood sugar levels of patients and cost US\$600,000 (approximately Rs. 219 million), 50 percent or 2,500,000 units worth Rs. 109,500,000 were received at Warehouse No. 54 of the Medical Supplies Division on 20 March 2023. The said stock remained in the said warehouse for almost 01 year and 09 months without recording the receipt of goods, citing the non-receipt of relevant documents. It was observed during the audit that the said stock had expired without being distributed to hospitals in the Medical Supplies Division warehouse by 31 January 2025.
 - ii. During this period, due to deficiencies in the documentation related to the supplies provided through UNOPS, an incorrect method of temporarily storing pharmaceutical supplies has been adopted within the Medical Supplies Division, it was also observed that, on the instructions of the Senior Assistant Director, the warehouse custodian had accepted the relevant stock without the relevant invoices, packing lists, etc. Even though the documents were received by the Medical Supplies Stock Control Unit, 2 months later, on 31 May 2023, the coordination of medical supplies provided through UNOPS was still ongoing. It was further observed during the audit that this lapse had

occurred due to the negligence of the officials, despite the appointment of a separate pharmacist as the project coordinator within the Medical Supplies Division.

- iii. The existence of such unGRNed stock should have been disclosed to the Stock Survey Board during the annual stock survey conducted in the Medical Supplies Division warehouses for the year 2023, but was not disclosed. It was also observed that the relevant survey board had not carried out its survey work correctly and responsibly. It was also observed that if the survey work had been carried out correctly, the expiry of this item could have been prevented.
- iv. There was a shortage in the hospitals at that time due to the issues in key orders submitted to the State Pharmaceuticals Corporation in the years 2021 and 2022 in relation to the Blood Glucose Strips item and Rs. 59,607,902 worth local purchasing had carried out by the hospital in 2022. It was observed during the audit that due to the negligence of officials, when there was a stock of 2.5 million units in the Medical Supplies Division, the stock was not released to the hospitals, resulting in local purchases of Rs. 52,097,126 by the hospitals in the year 2023. It was also observed that these items, which were previously purchased through the State Pharmaceuticals Corporation for Rs. 11 per unit, have been purchased through UNOPS for Rs. 43 per unit, but due to stock shortages, hospitals have been purchasing them at higher prices ranging from Rs. 83 to Rs. 112 per unit.
- v. As per the specifications, 2000 Blood Glucose Meters and 4,980,000 Lancet Pins, which were to be provided free of cost with this item, were purchased through the project at a cost of US\$87,680, and 2.5 million units of Blood Glucose Strips expired. The audit also observed that there is a risk that 2.5 million lancet pin units will become unusable and useless.
- vi. It was also observed that the provisions of the Establishments Code were not followed against the officials who acted negligently, causing a loss of Rs. 198,057,949 to the government due to the cost, clearance fees and resorting to local purchases for 2.5 million units of expired Blood Glucose Strips.
- vii. In addition, 250,000 units of Atracurium Besylate 25mg/2.5ml USP Injection, worth US\$129,000 (approximately Rs.38,055,000), ordered through UNOPS under a World Bank loan, were received by the Medical Supplies Division on 06 July 2023, this medicine has been rejected due to the lack of temperature data records required to verify the cold chain conditions that must be maintained during the import of cold chain medicines, but at the time of this report, it has been almost 2 years since the import of this medicine. It was

also observed during the audit that the medical supplies section number 06 had been stored in cold storage and expired in March 2025. It was observed during the audit that UNOPS had not taken any action to remove them and that in addition to the cost of this, Rs. 829,811 had been paid as clearance and port delay fees for these medicines.

- viii. It was observed that since there is limited cold storage capacity in the medical supplies Division, the storage management has also become difficult due to the storage of a stock of rejected medicines in cold storage. The audit further observed that further storage of this rejected stock of medicines, which expired in March 2025, in cold storage is an additional cost to the Medical Supplies Division.
 - ix. It was observed that the medicine Nitroglycerine Sublingual Tablets 0.5 mg purchased through UNOPS was also a stock of medicine that was not accepted by the Medical Supplies Division as it did not comply with the criteria of the Medical Supplies Division. It was observed during the audit that this medicine was still stored on the second floor of the medical supplies Division on the date of the audit. The audit further observed that UNOPS had not taken any action to withdraw this medicine, which is worth nearly Rs. 71 million.
 - x. All the Blood Glucose Strips, Atracurium Besylate and GTN medicines purchased through UNOPS have expired and are still stored in the Medical Supplies Division warehouses as of the audit date, without any use. No steps were taken to prevent the expiry of these medicines and to supply these medicines in accordance with the criteria of the Medical Supplies Division or to coordinate all these activities in a proper manner, and information on the total cost incurred for this was not submitted to the audit.
 - xi. In addition to the above items, it was observed that 892 medical supply items worth Rs. 890,163,110, including items that failed due to condition, had expired in the Medical Supplies Division and hospitals as of 31 December 2024.
- (cc) Although, in terms of Financial Regulation 104, investigations should be initiated immediately after a loss or damage occurs to ascertain its extent and causes and to determine those responsible for it, the action had not been taken in accordance with the financial regulations as of 31 December 2024, the date of the audit, although a period of 4 to 15 years has passed in relation to the shortage of medicines amounting to Rs. 22,914,374, the expiry of medicines amounting to Rs. 218,045,669, and drug losses of Rs. 199,265,056.

- (cd) The lease period of all houses other than official houses allocated to any post in terms of Section 6.1 of Chapter XIX of the Establishment Code of the Democratic Socialist Republic of Sri Lanka is 05 years, in violation of this, 75 officers of the National Institute of Mental Health, Angoda have resided in the premises for periods ranging from 25 days to 15 ½ years, exceeding the lease period, and 14 officers who had obtained government housing on a temporary basis have been granted residence permits beyond the periods provided. Due to the fact that they had been staying in those houses for a period of 01 to 05 years, the housing applicants on the waiting lists were unable to obtain houses within the prescribed time limits and had to remain on the waiting lists.
- (ce) Although, in accordance with Section 7.2 of Chapter XIX of the Establishment Code of the Democratic Socialist Republic of Sri Lanka, a penalty rent for the relevant period should be collected from officers who reside in a house beyond the lease period, there are 75 officers who have been staying in government houses at the National Institute of Mental Health, Angoda for more than 05 years and who are working on a temporary basis and in other workplaces. When collecting penalty rent from 17 officials staying in government houses, the penalty rent was collected based on the assessed value of the year 2018, without applying the assessed value as of 31 January 2022. Due to this, the assessed value alone was undercharged by approximately Rs. 1,031,623 from the penalty rent due to the government.
- (cf) At the National Institute of Mental Health, Angoda there were a total of 230 people on the waiting list for 05 government housing categories classified according to each service category, but without taking any notice of this, 24 houses belonging to those 05 categories were given to parties outside the relevant service categories. Also, 03 scheduled houses owned by the institution had not been given to the officers who had the right to use those houses.
- (cg) During the period from 2022 to 2024, the National Hospital, Galle received a total of Rs. 168.19 million from 876 and 73 foreign students studying elective courses through the Faculty of Medicine and the Faculty of Health Sciences of the University of Ruhuna respectively. Of that amount, Rs. 43.56 million, equivalent to 25.9 percent, is to be paid to the National Hospital, Galle as well as Rs. 250,000 to be paid to the National Hospital, Galle by the Faculty of Medicine as per the decisions of the University Finance Sub-committee for the year 2024, totaling Rs. 43.81 million. The relevant faculties had not remitted the funds to the hospital until the audit date of March 2025.
- (ch) Between 2022 and 2024, the German Sri Lanka Friendship Women's Hospital received a total of Rs. 12.07 million from 122 and 83 foreign students studying elective courses through the Faculty of Medicine and the Faculty of Allied Health

Sciences of the University of Ruhuna respectively. Of that amount, 25.9 percent or Rs. 3.13 million is to be paid to the German Sri Lanka Friendship Women's Hospital, as well as as per the decisions of the University Finance Subcommittee. The amount of Rs. 3.23 million, including Rs. 100,000 payable to the German Sri Lanka Women's Hospital for the year 2024, had not been remitted to the hospital by each faculty up to the audit date of March 2025.

- (ci) The contract for the supply of raw food ingredients required by the kitchen to provide food to the in-patients and junior staff of the Teaching Hospital, Anuradhapura had been awarded to a single supplier for the past 5 years, although there had been previous instances where problems had arisen with the supply of raw food ingredients, but attention had not been paid to the matter.
- (cj) The following matters were observed during the audit conducted regarding the development of the official residence of the Director of the District General Hospital, Embilipitiya and the provision of goods and services.
 - i. Furniture and electrical equipment worth Rs. 239,535 were ordered and supplied for the Director's residence of the District General Hospital, Embilipitiya without following the procurement guidelines. Although there is no provision for the provision of furniture for scheduled houses under Chapter XIX 1.1 of the Establishments Code, that is, houses allocated to a particular post or grade within a department, by letter of the Deputy Director General (Logistics) of the Ministry of Health dated 08 January 2025, No. BO3/DGH-Embilipitiya/com/2023, at the request of the Director of Embilipitiya Hospital, No. DGH/EMB/F10/OFF.FUR.02/2024 dated 26 December 2024, approval had been given to obtain furniture for the director's residence.
 - ii. 06 types of household and electrical appliances worth Rs. 258,755 purchased for hospital needs had been used for the Director's residence.
 - iii. It was observed during the physical inspection conducted on 25 March 2025 that a chicken coop had been constructed in the house provided to the Hospital Director after 02 December 2024, and in addition, another part constructed using cement stones and nets had been demolished.
 - iv. A wall had been constructed around the Director's house by removing the fence made using 14 wire posts at a cost of Rs. 28,000, and the hospital did not have any of the wire posts removed during the construction of the wall.
 - v. Cultivation had been carried out in the yard of the house provided to the Director and pipes and taps had been installed to supply water to the crops in February 2025 using the water equipment purchased for the hospital.

- vi. Materials worth Rs. 158,221 had been purchased from time to time for the renovation work of the house given to the Director, and the audit could not identify the renovation work carried out on the house.
 - vii. Although there are no provisions to deploy security officers for government housing, two officers from the Hospital Security Service were deployed for the housing provided to the Hospital Director.
- (ck) The following matters were observed during the audit conducted regarding the disposal of clinical waste at the Teaching Hospital, Nagoda.
- i. The relevant private company must provide the hospital with the necessary equipment in accordance with the terms of the tripartite agreement entered into with a private company for the disposal of clinical waste generated within the hospital. The hospital spent Rs. 3,717,974 on purchasing 205,140 yellow bags between February 2021 and the end of 2023, resulting in a loss to the government, due to the failure to provide color-coded packaging bags required for waste segregation and storage.
 - ii. Although the company concerned had supplied only 5260 yellow bags for the disposal of clinical waste in the hospital for the three months of April, May and June 2024, compared to the hospital's monthly requirement of 7,000 yellow bags, that quantity was by no means sufficient. Also, although bags with a thickness of at least 300 gauge were required to be provided for the storage of clinical waste, the quality of the bags provided was only 110 gauge.

5. Sustainable Development

5.1 Progress in achieving the Sustainable Development Goals

42 sustainable development indicators had been identified for the Ministry of Health, of which 26 indicators had not reported progress for the year under review. The following indicators for which progress was reported had not reached the required performance level.

- (a) According to indicator number 3.2.1, although the target was to maintain the under-5 mortality rate at 7 per 1000 live births by 2030, the figure, which was 12.5 as of 31 December 2023, was 12.2 as of 31 December 2024.
- (b) Although the neonatal mortality rate was targeted to be maintained at 4 per 1000 live births by 2030 according to indicator number 3.2.2, the figure, which was 6.5 as of 31 December 2021, had increased adversely to 7.2 as of 31 December 2023, and the same information had not been submitted for the year 2024.

- (c) Although the target was to maintain the number of human rabies deaths at zero by 2030 according to indicator number 3.3.5.2, the figure, which was 16 in 2023, had increased to 20 by 31 December 2024.
- (d) Although the target was to maintain zero new cases of lymphedema related to Filariasis by 2030 according to indicator number 3.3.5.3, the number, which was 908 in 2023, had increased adversely to 1109 in 2024.
- (e) According to indicator number 3.3.5.4, although the target was to maintain the number of leprosy patients coming for treatment at 1,000 by 2030, in 2021 that figure had reached a good figure of 993. However, in 2023, it had increased adversely to a high of 1,580, and in 2024, it had decreased slightly to 1,350.
- (f) According to indicator number 3.3.5.5, although the target was to maintain the reported rate of Leishmaniasis, a skin disease, at less than 1 per 100,000 by 2030, the number had increased adversely from 4277 in 2023 to 4448 in 2024.
- (g) According to indicator 3.6.1, although the target was to maintain the death rate from road accidents at 10.74 per 100,000 by 2023, the figure, which was 10.53 in 2023, had increased adversely to 11.5 in 2024.
- (h) According to indicator 3.8.1.3, although the target for infant immunization coverage was 100 percent by 2030, it remained at 98 percent in 2023 and had declined adversely to 96.7 percent in 2024.
- (i) According to indicator number 3.8.1.9, the Age-Standardized Prevalence of Non-raised blood pressure among adults above 18 years of age, regardless of treatment status, was targeted to be maintained at 80 percent by 2030, but at the end of the year under review it remained at 65.2 percent.

6. Human Resource Management

6.1 Attached staff, actual staff and expenditure on personnel salaries

The following observations are made in this regard.

- (a) Although the Planning Division requested that information regarding the cadre be submitted to the audit in specific formats, the information had not been prepared and submitted accordingly. Upon examination of the information regarding the cadre of the Ministry of Health and its subordinate institutions as per the salary scales as of 31 December 2024, submitted to the audit by the Planning Division

via email on 25 March 2025, it was found that although the total cadre approved as per the salary scales is 97,986, according to cadre information as of December 31, 2024, the actual cadre was 84,106, resulting in an overall cadre shortage of 13,880, a high of 14 percent. The following matters were observed during the sample audit conducted on hospitals, institutions and department cadres.

- i. The approved cadre strength under 64 different post categories of Lady Ridgeway Children's Hospital was 2682 and the actual cadre strength was 2181. Out of this, 523 officers were vacant for 55 post categories and 22 officers were redundantly employed for the specialist medical post category. None of the vacancies had been filled in relation to 14 approved posts and Health Service Assistant had been appointed to cover the work in relation to only 08 of these posts. Of these, the position of Cinematographer had been vacant since 08 September 2000 and a Health Service Assistant had been appointed by the Ministry of Health to cover the work of this position since 28 August 2012 and he has been covering the duties for about 12 years.
 - ii. While the approved cadre and actual cadre of the Teaching Hospital, Kegalle were examined, the approved cadre for 58 posts was 1682, while the actual cadre as of 30 November 2024 was 1538. There were 187 vacancies in 33 posts and 43 surplus posts in 06 posts.
 - iii. As of 31 December 2024, there were 137 vacancies in 35 posts of staff at Teaching Hospital, Kuliyaipitiya including 11 Consultants, 09 Medical Officers, 07 Nursing Officers, 12 Ward Sisters and 38 Attendants, including essential posts. It was observed that there is an obstacle to providing efficient health services.
 - iv. The Teaching Hospital, Peradeniya has an approved nursing cadre of 682, 04 Special Grade Nursing Officers and 20 Nursing Brothers and Sisters, but during the current year, 01 Special Grade Nursing post and 30 Nursing Staff posts were vacant.
 - v. There were 115 vacancies in 30 approved cadre posts for the District General Hospital, Polonnaruwa
- (b) Although the cadre information check according to the salary scales submitted to the audit indicated that the approved cadre for the year 2023 was 96,642 and that the approved cadre for the year 2024 was 97,986 after creating 1,544 new posts for the year 2024, it was observed that on contract basis and in other 21 salary scales, the approved cadre in the year 2023 is 96,442.

- (c) Although 1,102 mosquito control assistants who were recruited informally on contract basis in 2017 for dengue control activities were employed, approval was obtained for only 671 of these posts in 2024.
- (d) According to the information submitted to the audit, there were 06 post names that were not included in the approved cadre in the years 2023 and 2024 and to which officers were not attached, and the reasons for the inclusion of these unapproved posts were not disclosed to the audit.
- (e) Furthermore, it was observed that 137 officers were serving in the Ministry of Health and its subordinate institutions as of 31 December 2024, in relation to 14 post titles that did not exist in the approved cadre in the years 2023 and 2024. The retention of officers in unapproved services and the failure to approve services as required, as well as the authority granted to recruit officers to posts without approval and pay salaries and allowances, were problematic during the audit.
- (f) According to the information submitted to the audit, there was a shortage of 14,853 officers in respect of 279 posts and a surplus of 937 officers in respect of 37 posts. It was observed that there was a shortage of 14,536 officers in the institutions for 58 existing positions, and that there was a surplus of 3,484 officers in some institutions. It was observed that this deployment without addressing the surplus and shortages was a weakness in management.
- (g) According to the information submitted to the audit, in addition to the above surplus and deficit posts, there were cadre shortages of 3,581 officers in respect of 229 other posts. It was observed that attention should be paid to this matter and if it is essential to continue maintaining the relevant posts, steps should be taken to fill the vacancies in those posts or to suppress non-essential posts.
- (h) According to the information submitted to the audit, in addition to the above surplus and shortage posts, there was a cadre surplus of 694 officers in respect of 31 other posts. The authority granted to recruit officers to posts without approval and to pay salaries and allowances was problematic during the audit.
- (i) Although the Department of Management Services had granted approval to the Ministry on 07 November 2017 for one post in the Special Grade of the Sri Lanka Planning Service under the title of Director General (Planning), no steps had been taken to fill that post.
- (j) Information regarding the staff recruited and temporarily released to the Ministry of Health had not been submitted to the audit.

- (k) An acting medical officer was appointed to the post of Director of the Teaching Hospital, Anuradhapura in August 2017, but even though more than 07 years have passed, no steps have been taken to appoint a permanent officer for the post.
- (l) Although every government officer should be subject to transfers in accordance with the Extraordinary Gazette No. 1589/30 dated 20 February 2009 and Section 193 of Chapter XVIII of the Rules of Procedure of the Public Service Commission, it was observed that steps had not been taken accordingly. Some of the cases are as follows.
- i. As of 30 September 2024, the cadre of Lady Ridgeway Children's Hospital had 520 officers with service periods between 05 and 10 years, 389 officers between 10 and 20 years, 219 officers between 20 and 30 years and 33 officers above 30 years.
 - ii. There is no specific internal transfer policy or procedure in place for the nursing staff of the National Hospital, Kandy and 426 nursing officers within the National Hospital, Kandy have been employed in the same unit or section for a long period of time ranging from 10 to 31 years. Furthermore, a database system containing information on the nursing staff had not been established in the hospital.
 - iii. It was observed that 422 officers belonging to 26 posts have been continuously serving at the Teaching Hospital, Polonnaruwa for a period of between 06 and 33 years.
- (m) An officer who is considered as vacated his post in accordance with Rule 214 of Chapter XV of the Rules of Procedure of the Public Service Commission published in the Extraordinary Gazette No. 2310/29 dated 14 December 2022, it is the responsibility of the Head of the Institution to immediately notify this by registered mail, but notices of resignation were issued to 12 officers of 03 posts at the National Kidney Hospital, Polonnaruwa who had not reported for duty with a delay of between 24 and 788 days. Similarly, notices on vacated of post of 39 officers in 08 posts who had not reported for duty at the Teaching Hospital, Polonnaruwa had been issued with a delay of between 09 and 300 days.
- (n) Deficiencies in the personal files of nursing officers, failure to initiate and maintain files in a proper manner when recruiting officers and providing nursing training, and interrelationships between various institutions of the Ministry of Health, due to ignorance or fraudulent activities, the service of a nursing officer who commenced duty at the National Hospital, Kandy on 27 June 2003 had not been confirmed until 31st December 2024. Also, contradictory information had

been fraudulently provided to the personal file of a female officer who had been appointed as a nursing officer on 18 July 1988, including the 1984 nursing training course, through 02 birth certificates and 02 national identity cards. According to the documents, the officer was supposed to retire on 01 November 2022, but she remained in service until 20 August 2023, when she was exposed for submitting forged documents and acting fraudulently. Even after her retirement date, she was paid Rs. 648,680 in salary and allowances for 10 months.

- (o) The Ministry of Health had not taken steps to confirm the service of an officer who was appointed as a Radiographer from 07 January 2002, even though he had fulfilled the necessary qualifications, up to 30 August 2024, when he would have been more than 08 months since his retirement. Also, in accordance with paragraph 06 of Public Administration Circular 03/2018, a retired officer of the Sri Lanka Army who was appointed to the National Hospital, on 20 March 2017 as a Pharmacist in the Public Service under the patronage of service exemption. Although the remaining half of the cost-of-living allowance due with the pension should have been given along with the monthly allowance, the full cost of living allowance had been given to him. Accordingly, the amount paid to him in excess had been calculated as Rs. 398,830.

Sgd: B.G. Darshana
Senior Assistant Auditor General
For Auditor General

CHAPTER 4

Performance Indicators

4.1 Performance Indicators of the Institute

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

Indicator	2021	2022	2023	2024
Maternal mortality ratio per 100,000 live births (FHB data)	47.04*	33	25	DNA
Infant mortality rate per 1000 live births (FHB data)	9.1	10.1	10.4	
Children under-five mortality rate per 1000 live births (FHB data)	10.5	12.0	12.5	12.1
TB treatment success rate (NPTCCD data)	79.4	78.1	79	DNA
Dengue case fatality rate (Dengue Control Unit)	0.08	0.09	0.07	0.05
Number of Dengue related deaths		72	62	24
Child (less than 15 years) cases of Leprosy (ALP data)		DNA		
Percentage of people living with HIV currently receiving antiretroviral therapy (NSACP data)	66.59	68.00	71	DNA
Number of new HIV infections per 1,000 uninfected population (NSACP data)	0.01	0.01	0.01	0.01
Health worker density (per 10,000 population) (Annual Health Bulletin data)	Population 22,156,000	Population 22,181,000	Population 22,037,000	Population 21,916,000
Medical Specialists	1.33 (2,946)	1.28 (2839)	1.25 (2756)	DNA
Medical Officers (Excluding administrators & Specialists)	8.77 (19,432)	9.21 (20,426)	9.58 (21,119)	DNA
Dental Surgeons	0.79 (1,757)	0.76 (1,689)	0.73 (1604)	DNA

Indicator	2021	2022	2023	2024
Nursing Officers	1.33 (2,946)	1.28 (2839)	1.25 (2756)	DNA
Pharmacists and Dispensers	22.46 (49,765)	22.77 (50,516)	24.18 (53,283)	DNA
Midwives including Supervising Midwives and Hospital Midwives	1.68 (3,716)	1.66 (3,676)	1.64 (3625)	DNA
Availability of essential medicines in hospitals BH and above (SARA Survey data)			DNA	
Children under 5 years who are stunted (FHB data)	7.4	9.2	10.3	10.5
Children under 5 years who are wasted (FHB data)	8.2	10.1	10.0	9.2
Child immunization: Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine (Epidemiology Unit data)	<95	<95	<95	<95
Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (Global Health Observatory data)				
Hospital- MRSA bacteraemia rate per 10,000 patient days				
Percent of post-LSCS surgical site infection rate				Hospital-wise data in Hospital performance tables
The proportion of elective surgeries postponed in a month as per theatre list OR Waiting time duration in indexed operations				
Rate of adherence to surgical safety checklist				
Waiting time at OPD without lab investigations (Minutes)				

DNA = Data Not Available

Performance Indicators of Indigenous Medicine Sector

- Quality of indigenous medical service
- Production of quality herbal raw materials and quality standardized medicines
- Preservation of traditional medicine and medical knowledge
- Expansion of research opportunities in the field of indigenous medicine
- Contribution of indigenous medicine to primary health care and non-communicable disease control

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

➤ National Hospitals

Indicator	National Hospital of Sri Lanka	National Hospital Kandy	National Hospital Galle
Dengue case fatality rate for the year	1	0	0.51
Proportion of deaths out of patients admitted with myocardial infarction during the year	11	9	13.5
Number of beds	3,318	2,741	2,066
Bed occupancy rate	78	60	75.88
Number of major surgeries performed during the year	38,306	17,330	12,184
Percentage of essential drugs for NCD management available throughout the year	Indoor 88.24 Out door 52.94	52.63	90.20
Number of investigations performed per MLT per year	55,770	25,435	48,366
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	22.33	98.48	13.89
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	NA	45	NA
Rate of post-LSCS infections for the year	NA	17.04	NA

Percentage of staff (by category) who underwent at least one capacity-building programme during the year			
1. Doctors	23.89	14.12	55
2. Nurses	91.67	17.63	84
3. Other Technical Officers	33.26	28.85	68
4. Minor Staff	9.50	3.87	54.6
Average number of general OPD patients seen per doctor per day	26	34	90

NA = Not Applicable

➤ Teaching Hospitals

Indicator	Name of Hospital										
	Teaching Hospital Anuradhapura	Teaching Hospital Badulla	Teaching Hospital Batticaloa	Teaching Hospital Colombo North Ragama	Teaching Hospital Colombo South Kalubowila	Teaching Hospital Jaffna	Teaching Hospital Kalutara	Teaching Hospital Kuliyaapiya	Teaching Hospital Kurunegala	Teaching Hospital Peradeniya	Teaching Hospital Ratnapura
Dengue case fatality rate for the year	0	0	0.11	0	0		0.2	0		0.11	
Proportion of deaths out of patients admitted with myocardial infarction during the year	9.39	12.17	8.87	8.50	6.00 1 st Q		4.9	3.77		12.20	
Number of beds	1,939	1,468	1,257	1,837	1,281		1,164	640		1,000	
Bed occupancy rate	68.13	65.40	51.89	63.70	76		62.9	61.13		69	
Number of major surgeries performed during the year	17,329	18,324	6,398	11,492	5,983		7,240	5,603		5,583	
Percentage of essential drugs for NCD management available throughout the year	100	60.80	68.75	95	85.70		74	84.21		66.60	

Number of investigations performed per MLT per year	48,069	42,509	59,715	733,476	63,556		51,035	31,598		30,575	
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	100	3.14	4.78	3.92	99.26		4.5	100		1.98	
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	37.06	46.90	35.22	46.24	44.89		42.3	46.51		52.00	
Rate of post-LSCS infections for the year	1.43	0.80	0.19	1.05	0.48		0.13	0.26		0.95	
Percentage of staff (by category) who underwent at least one capacity-building programme during the year											
1. Doctors	39.31	81.60	60.78	41.00	10.00		23.7	22.05		1.70	
2. Nurses	23.94	114.80	67.50	90.00	55.00		50	24.00		46.11	
3. Other technical officers	39.39	76.90	10.68	30.00	-		20.60	25.00		19.38	
4. Minor staff	0.49	40.90	51.00	0.02	29.00		11.90	14.08		32.80	
Average number of general OPD patients seen per doctor per day	66	82	61	62	27		52	49		24	

➤ **Special Hospitals**

Indicator	Apeksha Hospital Maharagama	Castle Street Hospital for Women	De Soysa Hospital for Women	German-Sri Lanka Friendship Hospital for Women (Teaching) - Galle	Lady Ridgeway Hospital for Children	National Dental Hospital (Teaching) of Sri Lanka	National Eye Hospital	National Institute of Infectious Diseases Mullariyawa	National Institute of Mental Health Mullariyawa New Town
Dengue case fatality rate for the year	0	0	0	9.1	0		0	0.28	NA
Proportion of deaths out of patients admitted with myocardial infarction during the year	NA	0	0	NA	0		0	7.6	DNA
Number of beds	1,015	473	290	411	1049		503	300	1,355
Bed occupancy rate	69	55.30	70.13	48.20	55		46.62	41.00	72.17
Number of major surgeries performed during the year	3,088	4,917	2,819	4,923	6,020		27,255	-	NA
Percentage of essential drugs for NCD management available throughout the year	69.68	88.45	93	100	87.50		88.88	87.50	54.55
Number of investigations performed per MLT per year	31,360	21,970	27,603	28,818	38,212		14,732	22,870	16,155
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	14.19	100	27.03	1.30	81.60		32.38	5	5.56

Indicator	Apeksha Hospital Maharagama	Castle Street Hospital for Women	De Soysa Hospital for Women	German-Sri Lanka Friendship Hospital for Women (Teaching) - Galle	Lady Ridgeway Hospital for Children	National Dental Hospital (Teaching) of Sri Lanka	National Eye Hospital	National Institute of Infectious Diseases Mullariyawa	National Institute of Mental Health, Mullariyawa New Town
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	NA	41.72	38.81	41.70	NA		NA	NA	NA
Rate of post-LSCS infections for the year	NA	0.88	1.10	0.66	NA		NA	NA	NA
Percentage of staff (by category) who underwent at least one capacity building programme during the year									
1. Doctors	59.50	61.20	79.00	75.50	96.26		24.00	100	25.64
2. Nurses	72.00	67.48	81.00	27.70	94.25		21.62	66.00	6.90
3. Other technical officers	41.70	38.83	66.60	48.20	68.00		30.00	71.00	78.00
4. Minor staff	43.80	60.00	78.43	36.20	29.19		0	100	7.10
The average number of general OPD patients seen per doctor per day	NA	22	05	62	51		49	58	02

Indicator	National Institute for Nephrology, Dialysis and Transplant Maligawatta	National Hospital for Respiratory Diseases Welisara	National Nephrology Specialized Hospital Polonnaruwa	Rheumatology and Rehabilitation Hospital, Ragama	Sirimawo Bandaranayake Specialized Children Hospital Peradeniya
Dengue case fatality rate for the year	0	NA	0	NA	0
Proportion of deaths out of patients admitted with myocardial infarction during the year	0	NA	NA	NA	0
Number of beds	60	564	292	218	343
Bed occupancy rate	56.70	46.17	60.90	60.77	49.90
Number of major surgeries performed during the year	147	1,228	177	NA	2,263
Percentage of essential drugs for NCD management available throughout the year	NA	100	69.75	0	-
Number of investigations performed per MLT per year	22,436	23,987	47,957	20,296	22.63
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	1.35	3.7	Under DGHP	0	-

Indicator	National Institute for Nephrology, Dialysis and Transplant Maligawatta	National Hospital for Respiratory Diseases Welisara	National Nephrology Specialized Hospital Polonnaruwa	Rheumatology and Rehabilitation Hospital, Ragama	Sirimawo Bandaranayake Specialized Children Hospital Peradeniya
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	NA	NA	NA	NA	NA
Rate of post-LSCS infections for the year	NA	NA	NA	NA	NA
Percentage of staff (by category) who underwent at least one capacity building programme during the year					
1. Doctors	28.00	45.60	25.00	50.00	0
2. Nurses	71.00	73.50	251.90	74.00	57.00
3. Other technical officers		32.50	-	84.00	0
4. Minor staff		140	65.28	96.50	0
The average number of general OPD patients seen per doctor per day	No OPD	15	01	18	26

NA – Not Applicable

➤ **Board Managed Hospitals**

Indicator	Name of the Hospital	
	Sri Jayawardeneapura General Hospital	Wijaya Kumaratunga Memorial Hospital
Dengue case fatality rate for the year	00	00
Proportion of deaths out of patients admitted with myocardial infarction during the year	9.30	00
Number of beds	1008	137
Bed occupancy rate	57.11	70
Number of major surgeries performed during the year	4,619	11,024
Percentage of essential drugs for NCD management available throughout the year	100	100
Number of investigations performed per MLT per year	33,431	17,836
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	4.10	89.61

Indicator	Name of the Hospital	
	Sri Jayawardeneapura General Hospital	Wijaya Kumaratunga Memorial Hospital
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	58.94	NA
Rate of post-LSCS infections for the year	0	NA
Percentage of staff (by category) who underwent at least one capacity building programme during the year		
1. Doctors	17.83	0
2. Nurses	5.57	32.46
3. Other technical officers	22.00	46.60
4. Minor staff	96.00	0
Average number of general OPD patients seen per doctor per day	27	60

➤ District General Hospitals

Indicator	District General Hospital Ampara	District General Hospital Chilaw	District General Hospital Embilipitiya	District General Hospital Hambantota	District General Hospital Kegalle	District General Hospital Matala	District General Hospital Matara & Kamburugamuwa	District General Hospital Monaragala	District General Hospital Nawalapitiya	District General Hospital Negombo	District General Hospital N'Eliya	District General Hospital Polonnaruwa	District General Hospital Trincomalee
Dengue case fatality rate for the year	0		0	0.32	0.24	0	0	0.22	0	0	0	0	0
The proportion of deaths out of patients admitted with myocardial infarction during the year	9.30		5.41	9.94	15.95	6.83	9.08	6.52	6.29	16.35	2.71	12.90	4.78
Number of beds	840		495	885	809	880	917	580	471	820	786	1,085	554
Bed occupancy rate	52.09		70	61	59	50.2	66.1	65	50.6	81.3	60.69	58.77	63.8
Number of major surgeries performed during the year	2,421		3,035	7,548	5,671	5,316	5,336	2,773	2,700	3,358	3,392	6,717	2,167
Percentage of essential drugs for NCD management available throughout the year	87		-	100	94	84.21	69.90	72	96.15		37.50	72.60	94.52
Number of investigations performed per MLT per year	26,524		44,303	41,110	49,485	36,062	15,560	29,779	75,994	46,883	19,215	55,144	44,716
Percentage expenditure for local purchase of drugs out of the total allocation for drugs	0.47		2.5	91	0.39	1.46	0.24	4.20	0.32	0.76	5.26	0.88	1.96

Indicator	District General Hospital Ampara	District General Hospital Chilaw	District General Hospital Embilipitiya	District General Hospital Hambantota	District General Hospital Kegalle	District General Hospital Matale	District General Hospital Matara & Kamburuzammawa	District General Hospital Monaragala	District General Hospital Nawalapitiya	District General Hospital Negombo	District General Hospital Nuwara Eliya	District General Hospital Polonnaruwa	District General Hospital Trincomalee
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	38		45	48.75	49.67	53	54.63	44	40.15	45.05	41.42	50	34.5
Rate of post-LSCS infections for the year	0.93		1.13	0.97	1.61	1.77	0.43	0.64	0.60	0.93	0.14	0.40	0.85
Percentage of staff (by category) who underwent at least one capacity building programme during the year													
1. Doctors	19.00		82.00	-	22.58	100	4.14	56.14	91.00	10	85	100	27.69
2. Nurses	181		85.00	11.00	69.37	100	63.60	78.80	57.00	101	80	0.06	36.29
3. Other technical officers	0		40.00	-	0	0	46.80	3.30	66.00	33.90	20	12	-
4. Minor staff	43		54.00	0.003	19.31	100	10.90	3.51	35.00	13.28	20	0	-
Average number of general OPD patients seen per doctor per day	55		50	58	81	52	102	52	66	43	48	60	36

➤ **Base Hospitals (Type A and B)**

Indicator	Base Hospital Akkaraipattu	Base Hospital Gampola	Base Hospital Kalmunai North	Base Hospital Kalmunai South	Base Hospital Kanthale	Base Hospital Mullariyawa (Colombo East)	Base Hospital Beruwala
Dengue case fatality rate for the year	0	0	0	0	0	0	
The proportion of deaths out of patients admitted with myocardial infarction during the year	9.18	*	5.2	11.2	5.9	6.28	
Number of beds	281	392	450	291	216	266	
Bed occupancy rate	83	63.45	60	61.23	50.92	64.43	
Number of major surgeries performed during the year	2,885	2,376	3,581	2,487	763	822	
Percentage of essential drugs for NCD management available throughout the year	87.5	88.23	29.34	87.5	44.7	94.73	
Number of investigations performed per MLT per year	79,419	45,617	68,042	49,103	90,010	33,924	
Percentage expenditure for local purchase for drugs out of the total allocation for drugs	48.21	42.32	94.51	100	2.48	11.83	Under TH- Kalutara

Indicator	Base Hospital Akkarapattu	Base Hospital Gampola	Base Hospital Kalmunai North	Base Hospital Kalmunai South	Base Hospital Kanthale	Base Hospital Mullariyawa (Colombo East)	Base Hospital Bervuala
Caesarean section rate (number of Caesarean sections per 100 live births) during the year	48.64	51.34	55.80	51.55	40.97	46.39	-
Rate of post-LSCS infections for the year	2.11	0.18	0.17	1.93	0.47	2.48	-
Percentage of staff (by category) who underwent at least one capacity building programme during the year							
1. Doctors	142	63.09	50	30.76	62.5	85.1	
2. Nurses	81.63	100	50	9.75	80.2	96.96	
3. Other technical officers	150	75.72	50	5.67	0	60.86	
4. Minor staff	21	100	50	0.94	81.3	87.28	
Average number of general OPD patients seen per doctor per day	48	63	49	65	38	49	

Performance Indicators of Healthcare Institutions / Programmes / Projects

Disaster Preparedness and Response Division

Key Performance Indicator/s :	Target for 2024	Progress		
		2022	2023	2024
Number of Disaster Management Drills conducted in the hospitals	12 Disaster Management Drills at 12 hospitals	01. National Level Disaster Drill & Review of Drills conducted 2021 at Kegalle Palampitiya Primary School 02. 10 Disaster Management Drills held at 10 hospitals 03. Drill at NHSL	01. National Level Disaster Drill & Review of Drills conducted 2022 at Naanperial Vivegananda Vidyalaya , Belihuloya, Ratnapura District 02. 11 Disaster Management Drills held at 11 hospitals	01. National Level Disaster Drill 2024 & Review of Drills conducted in 2023 at Naanperial Vivegananda Vidyalaya Belihuloya Rathnapura District 02. 12 Disaster Management Drills held at 12 hospitals
Number of Re - Awareness Training Programmes for Nursing Professionals on Disaster Management	12 Re awareness programme for nursing officers grade iii on Emergency & Trauma Care	10 Re - awareness programmes for nursing officers grade iii on emergency & Trauma Care	12 Re - awareness programmes for nursing professionals on Disaster Management (600 officers)	08 Re - awareness programmes for Nursing Professionals on Disaster Management island wide
Equipment Purchasing (for improvement of DP&R activities) for several hospitals	Purchasing - Public Addressing System for NIID & Establishment of fire protection system for East Base Hospital Colombo	Not Done - informed us that no bidder has come forward due to a shortage of goods and high prices (due to the economic crisis in the country)- Rs.1,982,500.00		01. Equipment Purchasing for Health Institution - Public Addressing System for NIID 02. Establishment of fire protection system (East Base Hospital Colombo)
Printing of Publications	01. Annual Bulletin 2021 (500 books) 02. Annual Bulletin 2022 (500 books)	Printing 500 copies of the Annual Bulletin 2019	Annual Bulletin 2020 (500 books)	01. Annual Bulletin 2021 02. Annual Bulletin 2022 Prepared above mentioned two books as e-books

Education, Training and Research Unit

No	Indicator	Progress		
		2022	2023	2024
1	Number enrolled in Basic Training (recruited)	1664	3047	3148
2	Number of trainees successfully completed the programs	1170	2665	5280
3	Number of trainees of Post Basic Nursing Training completed	1198	257	139
4	Number of In- Service Training programmes conducted	GTP - 5859 ITP - 115 LTP - 201	GTP – 10249 ITP - 88 LTP - 400	GTP – 10278 ITP - 15
5	Number of Research Proposals received for research allowance payment	135	71	-

- GTP – Group Training Persons
- ITP – Individual Training Persons
- LTP - Launguge Training Persons

Environmental Health, Occupational Health and Food Safety Division

Key performance Indicator	Target for 2024	Progress		
		2022	2023	2024
Number and % of food safety reviews conducted out of total reviews planned		100% (district reviews)	78%	
Completion of National Food Safety Survey		100%	100%	-
Food Safety Policy Development		75%	90%	
Completion of the modification of web based information management system		70%	Non functional due to non availability of SL Cert certification	
Completion of residential training programme on Food Safety and Hygiene for officers involved in food safety	Conducting four two-day ToT programmes	-	100%	100%

Epidemiology Unit

Key Performance Indicator	Target for 2024	Progress			
		2021	2022	2023	2024
Immunization coverage for key vaccine-preventable diseases – BCG, Pentavalent, DT, Measles	100	BCG-99% PVV-96% DT- 95.6% MCV- 97%	BCG- 99% PVV- 98% DT- 97.4% MCV1-99% MCV2-98%	BCG- 99% PVV- 99% DT- 97.2% MCV -99%	>95%
Surveillance of communicable diseases – Completeness of reporting (reporting from all MOH offices)	100	100	91.2	99.0	100
Incidence of confirmed COVID-19 cases (per 100,000 population)	0.23	202.2	2530.2	3.703	0.476

Family Health Bureau

○ Maternal Care Program

Indicator	2020	2021	2022	2023	2024
Pregnant women registered before 8 weeks %	80.9	81.8	80.8	81.7	81.9
% pregnant making at-least one antenatal clinic	95.6	95.2	96.9	96.6	96.9
% of institutional deliveries	99.9	99.9	99.9	99.9	99.9
% PN women receiving atleast one domiciliary care	94.2	92.2	93.2	94.2	94.3

○ Child Nutrition Program

Nutrition Indicator (Children under five years)	2020	2021	2022	2023	2024
Underweight	13.1	12.2	15.3	17.1	17
Stunting	8.2	7.4	9.2	10.3	10.5
Wasting	8.6	8.2	10.1	10	9.3
Overweight	0.8	0.78	0.59	0.43	0.49

○ **School Health Program**

Coverage of School Medical Inspection (SMI) – (2023/2024)

No	Indicator	2023	2024
1	% of schools SMI completed	99.1	83.2
2	% of schools sanitary surveys completed	98.8	98.8
3	% of students examined	91.8	77.9
4	% of children wasted	18.7	19
5	% of children stunted	5.8	6.7
6	% of children obese	2.2	2.4
7	% of children overweight	5.1	5.3
8	% Health Promoting Schools	72.7	73.3

○ **Oral Health Program**

Year	Percentage of pregnant mothers screened for dental problems out of total registered pregnant mothers
2019	76.0
2020	80.0
2021	65.0
2022	65.0
2023	87.7
2024	87.9

○ **School Dental Service**

	Indicator	2020	2021	2022	2023	2024
Outcome Indicators	% of 12 year old children free from dental caries	82.8	81.3	81.7	82.0	81.5
	% of 12-year-old children free of calculus	94.7	92.6	95.3	96.6	96.7
	% healthy 12-year-old children	47.60	62.7	61.4	59.4	62.1
Process Indicators	Screening Coverage of 12-year-old children	43	35.1	74.9	80.6	71.8
	Coverage percentage of the 12 year old children	37.5	28.6	67.3	73.6	65.7

○ **Family Planning Program**

PERFORMANCE INDICATORS	2020	2021	2022	2023
1. Contraceptive Prevalence Rate (Any method) %	66	66.5	68.5	69.4
2. Contraceptive Prevalence Rate (modern methods) %	57	57.7	59.4	60.2
3. Couples with unmet need for contraception %	5.7	5.6	5.5	5.4
4. Demand satisfied by modern contraceptive methods (%)	79.5	80.0	80.3	80.5

○ **Well Women Program**

Well Woman Clinic attendance by women aged 35 years and 45 years

Indicator	2020	2021	2022	2023	2024 October
Percentage of women aged 35 years who attended the WWC	58.1	43.6	55.2	65.6	54.7
Percentage of women aged 45 years who attended the WWC	20.9	17.9	30.1	46.7	38.7

Percentage of Pap smears taken from women aged 35 years and 45 years

Indicator	2020	2021	2022	2023	2024 October
Percentage of Pap smears taken from women aged 35 years who attended the WWC	53.1	40.3	50.3	60.6	50.7
Percentage of Pap smears taken from women aged 45 years who attended the WWC	19.6	17.0	28.3	43.3	36.2

Clinic attendance and morbidities detected

Indicator	2020	2021	2022	2023	2024 October
Percentage of new cases of Breast abnormalities detected	1.7	1.6	2.2	2.3	2.6
Percentage of new cases of Diabetes Mellitus detected	3.9	5.7	7.9	4.7	5.7
Percentage of new cases of Hypertension detected	3.8	4.1	4.5	4.8	5

Finance / Planning Unit

Key Performance Indicators	Target for 2024	Progress		
		2022	2023	2024
Preparation of Capital Budget Estimate	2025 Budget	100%	100%	100%
Preparation of Performance Progress Report	2024/2025	100%	100%	100%

Health Promotion Bureau

Key Performance Indicator	Progress		
	2022	2023	2024
Percentage of social media reach in HPB Facebook page (mean reach per month)	30.76% (2,191,768)	25.8%	-
Number of health promotion settings (Pre-school) established	401 (22.8%)	1008 (28.6%)	2431 (46.0%)
Number of health promotion settings (Hospital) established	21 98%	26 100%	45 100%
Number of health promotion settings (Happy Village) established	267	158	-
Number of health promotion settings (Workplace) established	25	33	44
Number of Mother's Support Group) established	4812	5615	6649

Healthcare Quality and Safety Unit

Indicator	Progress (%)		
	2022	2023	2024
Quarterly Performance Review Meetings (PRMs) conducted	100	100	100
Biannual Performance Review Meetings / District Performance Review Meetings (DPRMs) conducted	100	100	100
Number of (Percentage of) staff trained as Master Trainers on 5S, CQI & TQM, patient safety and clinical audit	100/150 (66.66)	151/200 (75.5)	256/260 (98.46)
Number of (Percentage of) staff trained as Master Trainers on Clinical Audits	72/100 (72)	121/80 (151)	36/36 (100)
Percentage of healthcare facilities which commenced reporting adverse events	98	98.5	98.5

Institute of Oral Health - Maharagama

Key performance indicator	Progress		
	2022	2023	2024
Percentage of expenditure for local purchase for drugs out of total allocation for the year.	56.75%	60.01%	100%
OPD attendance per day.	138	188	200
Percentage of children fissure sealant applied out of the total pediatric patients who visited POHU	5.84%	3.2%	1.7%
Percentage of patients who underwent root canal treatments in restorative unit	8.5%	11.25%	10%

International Health Unit

Key Performance Indicators	Target for 2024	Progress		
		2022	2023	2024
No. of activity proposals approved and sent to donor agency		WHO- 354 of proposals (Estimated amount is Rs.2,279,587,153.00)		WHO- 220 of proposals (Estimated amount is Rs.920,732,483.00)
		Other sources fund sasakawa-13 of proposals and Estimated amount is Rs.17,659,218.00		

		UNFPA-31 of proposals (Expenditure-Rs.14,710,049.16)	UNFPA-39 of proposals (Expenditure-Rs.19,393,585.50)	UNFPA-59 of proposals (Received amount - Rs.50,800,000.00)
		UNICEF-10 of proposals (Expenditure-Rs.13,273,576.54)	UNICEF-16 of proposals (Expenditure - Rs.188,116,000.00)	UNICEF-30 of proposals (Received amount - Rs.310,386,199.43)
No. of Workshops on Global Health Diplomacy Training programme for Sri Lanka Health Professional			One two-day workshop completed	One, two-day workshop and one, one day workshop completed.
No. of progress review meeting	WHO- 02 UNFPA-02 UNICEF-02	WHO-one monitoring meeting conducted. UNICEF-one planning & review meeting conducted	WHO-three monitoring & review meeting conducted. UNICEF-one review meeting conducted	WHO-two monitoring meeting conducted. UNICEF-one review meeting conducted
No. workshops on Proposal Writing for International Funded Activities		Two days one workshops completed		Two days three workshops completed
Provision of fellowships to officers in the Ministry of Health	-	60 of fellowships awarded for 119 fellows	128 of fellowships awarded for 297 fellows	145 of fellowship/training/ workshop awarded for 254 officers.
Facilitating to grant visa & concurrences	-	Granting 44 Visa and 42 Concurrences	Granting 26 Visa and 64 Concurrences	Granting 40 Visa and 95 Concurrences

- Represented Ministry of Health Sri Lanka at Global Health forums namely WHO 77th Session of the World Health Assembly and contributed to areas which included the Immunisation agenda, Maternal, Infant & Child Nutrition, End TB strategy, Roadmap on Neglected Tropical Diseases.

Medical Statistics Unit

Key Performance Indicators	Target for 2024	Progress		
		2022	2023	2024
Updated Health Institutions List		Prepared the complete list of health institutions for 2022	Prepared the complete list of health institutions for 2023	Prepared the complete list of health institutions for 2024
Annual Health Bulletin (AHB)		Finalized the Annual Health Bulletin – 2020 and submitted to Additional Secretary (Medical Services) for final approval	Finalized the Annual Health Bulletin – 2021 and submitted to Additional Secretary (Medical Services) for final approval	Finalized the Annual Health Bulletin 2022-2023 and published in the web
eIMMR System		eIMMR system is functioning in 588 hospitals island - wide by the end of 2022	eIMMR system is functioning in 588 hospitals island - wide by the end of 2023	eIMMR system is functioning in 571 hospitals island - wide by the end of 2024
Conducting review programmes on eIMMR system and training programmes on statistics to health staff who are engaging in hospital statistics in every RDHS area		Conducted 12 training programmes including 2 online programmes due to budget limitations. Conducted two training programmes on ICD coding including one online programme in collaboration with NIHS – Kalutara	Conducted 06 training programmes due to budget limitations. Conducted two training programmes on ICD coding including one online programme in collaboration with NIHS - Kalutara	Conducted 02 training programmes due to budget limitations. Conducted one training programmes on ICD coding programme in collaboration with NIHS - Kalutara

Updated GN list of each MOH Area in Sri Lanka and mid-year population estimates		Updated the GN list of each MOH area in Sri Lanka for 2022. Prepared the mid-year population estimates by MOH area for 2023..	Updated the GN list of each MOH area in Sri Lanka for 2023. Prepared the mid-year population estimates by MOH area for 2024.	Updated the GN list of each MOH area in Sri Lanka for 2024. Prepared the mid-year population estimates by MOH area for 2025.
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Mental Health Unit

Key Performance Indicator	Target for 2024	Progress		
		2022	2023	2024
Proportion of districts with at least one psychiatrist and acute psychiatric inward care	100%	92%	96%	96%
Suicide Rate per 100,000 population	14.25	15.6	15.6	15
New clinic registrants with diagnosed mental illness per 100,000 population	506.9	400.4	461.1	463.2

National Dengue Control Unit

Key Performance Indicator	Progress		
	2022	2023	2024
Number of reported suspected dengue cases	76,689	89,799	49,870
Number of dengue related deaths	72	62	24
Dengue Incidence (per 100,000 people)	345.7	407.5	228.0
Dengue Case Fatality Rate (%)	0.09	0.07	0.05
Premise Index for <i>Aedes</i> larvae	9.3	9.0	9.03

National Institute of Health Sciences, Kalutara

Key Performance Indicators	Progress			
	2021	2022	2023	2024
Basic Training programs conducted	4	12	2	06
Inservice programs conducted	15	37	27	22
Dengue incidence	K- 316	K-594	K – 388	K – 243
	B- 280	B-1501	B – 527	B – 329
Maternal deaths	01	03	01	04
SMI Coverage	0%	K-100%	K – 100%	K – 100%
		B-98.2%	B – 100%	B – 100%
Well Women Coverage	55.2%	64.1%	62.3%	61.9%
PAP Coverage	46.9%	52.4%	53.8%	53.4%

Food Quality Control Laboratory (Chemical) - NIHS

Key performance Indicator	Progress			
	2021	2022	2023	2024
1. Total number of Sample Received	3669	6286	7981	7988
2. Number Unsatisfactory quality samples	310	871	896	746
3. Percentage Unsatisfactory quality samples	8.44 %	13.85 %	11.2%	9.3%
4. Number Satisfactory quality samples	3359	5415	7085	7,242
5. Percentage Satisfactory quality samples	91.55 %	86.14 %	88.7%	90.6%
6. Income Generation (Rs)	5,079,890.00	1,615,630.00	2,469,380.00	2,021,520.00

Performance of Service Laboratory – NIHS

Key performance Indicator	Progress			
	2021	2022	2023	2024
1. Urine	10740	9060	10778	10914
2. Blood	7611	7096	6861	6399
3. CSF	356	442	484	587
4. Pus/HVS/Wound Swab	5029	5908	6442	8006
5. Sputum	1841	2692	3091	2643
6. Body Fluid	609	619	819	666

7. Others Swabs/Specimens	-	83	34	80
8. Stool	53	36	92	94
9. PAP Smears	1789	5063	6972	6703
10. TB PCR (GENE XPERT)	1080	937	1847	1727
11. Covid 19 PCR	40794	10288	-	-
12. CT/GC (Gene XPERT)	-	-	15	-

Performance of Food Microbiology Laboratory – NIHS

Key performance Indicator	Progress			
	2021	2022	2023	2024
1. Water samples	422	923	1720	1513
2. Milk samples	708	780	1107	727
3. Food samples	550	1668	1917	2853
4. Income (Rs.)	1,229,000.00	874,100.00	1,452,600.00	1,093,800.00

National Programme for Tuberculosis & Chest Diseases

Key Performance Indicators	Target for 2024	Progress		
		2022	2023	2024
Case Detection Rate	90%	58.1%	67.1%	64.2%
TB incidence (new and relapse) rate (per 100,000 population)	62	36.6	41.6	39.8
Treatment success rate of all forms of TB	90%	79.4%	78.1%	78.9%
Case fatality rate (%)	<5%	8.8%	9.0%	7.7%
LTBI Coverage**		13%	92%	83%

** In 2022, LTBI treatment coverage was calculated using the total number of household contacts of the index patient as the denominator. However, starting in 2023, this approach was revised. The denominator is now the number of contacts who tested positive for LTBI, providing a more accurate measure of treatment coverage for those in need of intervention.

Organization Development Unit

Key Performance Indicators	Target for 2024	Progress		
		2022	2023	2024
Health Development Committee Meeting (HDC)	100%	84%	83%	50%
National Health Development Committee Meeting (NHDC)	100%	100%	100%	100%
Number of Job Description (JD)	50%	08	06	02

Planning Unit

Key Performance Indicators	Target for 2024	Progress		
		2022	2023	2024
Availability of Annual Action Plans	Available	Available	Available	Available
Availability of Annual Performance Report of the previous year	Available 2023	Available 2021	Available 2022	Available 2023
Frequency of updating and publishing HR Profile	Two reports	Two reports	Two reports	Two reports
Frequency of Monitoring Annual Action Plans	03 reports	03 reports	03 reports	03 reports

Public Health Veterinary Services

Key Performance Indicators	Target for 2024	Progress		
		2022	2023	2024
Number of human deaths due to Rabies		28	16	20
Total no. of dog vaccination against Rabies		1,183,126	1,090,360	1,151,350
Total no. of female dog sterilization surgeries		30,408	24,747	30,881

SUWA SERIYA FOUNDATION

No.	Activities / Indicators	2022	2023	2024
1	Expansion of existing fleet	25 Ambulances received from GOSL in fabrication stage	25 Ambulances received from GOSL added to service	- TATA offered to donate 50 ambulances - 20 ambulances loan and 25 ambulances of donated by ADB (Tender process on going)
2	Staff Recruitment	Recruitment halted by circular	Recruitment re-started	- Recruitments halted due to election
3	Training	- Online training sessions held - Implementation of LMS pilot project complete	- Online training sessions held - Initiated EMT training in Diploma in Paramedic Sciences at the Faculty of Medicine, University of Kelaniya - EMT Refresher training carried out led by the team from University of New Buckinghamshire, UK	- EMT Diploma for 2 batches completed - Pilot training - Refresher trainings conducted by Australian and UK teams followed by Training Department island-wide - Outbound leadership training for all staff
4	Health Emergency Responsiveness	Formalization of MoU with SLMA	- Commenced discussions on inter-operability - Content provided for National Emergency Operations Plan (2023-2028) to include 1990 Suwa Seriya as a key stakeholder	- Attended UK supported Structured Approache to Medical Major Incidents (SAMMI) training which will improve multi-agency medical response capabilities to major incidents
5	Technological advancements	- Manual PCR to ePCR software development complete - Implementation of the AI project	- Testing of ePCR in selected locations commenced - Connected Ambulance pilot project launched	- Day closure pilot testing commenced

		feasibility for pre-hospital care complete	- Converting Day closure manual form to day closure app software development commenced	
6	Private funding model	Initial planning	- Adopt an ambulance project initiated	- Alternate models of financial sustainability report being handled
7	Calls answered	1,219,020	1,130,870	1,276,009
8	Emergencies attended	344,623	375,146	386,840

CHAPTER 5

Performance of achieving Sustainable Development Goals (SDG)

5.1 Identified respective Sustainable Development Goals

In 2015, Sri Lanka, along with other nations, embraced the 2030 agenda for Sustainable Development, committing to achieving the 17 Sustainable Development Goals (SDGs). Of these, SDG 3 concentrates on health, aiming to ensure healthy lives and well-being for everyone, irrespective of age. This encompasses 13 targets, each vital for advancing healthcare. The Ministry of Health in Sri Lanka meticulously identified and finalized 46 indicators pertinent to health, aligning them with SDG 3 objectives. Notably, the 13 core indicators of SDG 3 were disaggregated into 38 health indicators, including 16 specifically tailored for gauging Universal Health Coverage, with the remaining 8 indicators being health-related although not directly part of SDG 3.

Recognizing the significance of SDG 3, the Ministry of Health established a National Steering Committee in January 2017, dedicated to spearheading progress towards achieving the Core Health Indicators (CHI) outlined in SDG 3. Over the years, this committee has convened twice in 2023 and once in 2022, ensuring ongoing guidance and oversight.

A pivotal step forward was the formulation of a strategic plan geared towards attaining the 2030 targets. The Ministry of Health took on the responsibility of monitoring and reporting on 31 SDG 3 indicators, along with 3 additional non-SDG 3 indicators. The finalized National Action Plan delineating pathways to achieve the SDG targets by 2030 was meticulously crafted and disseminated across pertinent stakeholders.

The Ministry of Health remains vigilant in its commitment to staying abreast of global developments in health metrics. Recognizing the dynamic nature of healthcare priorities, the Ministry periodically revisits its indicator framework, incorporating new indicators given by the UN in order to better reflect emerging challenges and opportunities. This iterative process ensures that the national health agenda remains responsive to evolving global standards while remaining contextually relevant to Sri Lanka's unique circumstances. Through swift and decisive action, the Ministry adeptly translates global advancements into tangible strategies tailored to meet the nation's specific healthcare needs, fostering resilience and adaptability in pursuit of improved health outcomes for all Sri Lankans.

Progress of the SDG indicators in 2024 is given in the table below:

Table 5.1 – Progress of the SDG indicators in 2024

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2022	2023	2024
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal Mortality Ratio	16 per 100,000 live births	33 (FHB)	25 (FHB)	Data is not finalized (FHB)
	3.1.2 Births attended by skilled health personnel	100%	99.9 (FHB)	99.9 (FHB)	99.9* (FHB)
3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Children under-five mortality rate	5 per 1000 live births	12.3 (FHB)	12.5 (FHB)	12.2* (FHB)
	3.2.2 Neonatal mortality rate	4 per 1000 live births	6.8 (FHB)	7.2 (FHB)	DNA
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 HIV incidence rate	<0.01 by 2030	0.01 (NSACP)	0.01 (NSACP)	
	3.3.2 TB incidence rate	13 per 100,000	36.6 (NPTCCD)	41.6 (NPTCCD)	40.1 (NPTCCD)
	3.3.3 Malaria Incidence per 1000, population	Maintain indigenous malaria incidence	0 (AMC)	0 (AMC)	
	3.3.4 Hepatitis B incidence per 100,000 among children 5-years of age		0 (EPID)	NA	
	3.3.5 Number of people		Data is not		

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2022	2023	2024
	requiring interventions against Neglected Tropical Diseases (NTD)		finalized (FHB)		
	1. Dengue- Number receiving treatment for dengue per year	21,000	76,689 (DCP)	89,799 (DCP)	49,870 (DCP)
	2. Rabies- Number of deaths due to human rabies	Zero human rabies deaths by the year 2030	27 (PHVS)	16 (PHVS)	20 (PHVS)
	3. Filariasis - Number of new lymphedema cases due to filariasis receiving treatment per year	Zero number of new lymphedema cases by 2030	553 (AFC)	908 (AFC)	1109 (AFC)
	4. Leprosy- Number receiving treatment for leprosy per year	1000 by 2030	1327 (ALC)	1580 (ALC)	1350 (ALC)
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	5. Leishmaniasis- incidence of reported cases of leishmaniasis per year	<1 per 100,000 by 2030	3417 (AMC)	4277 (AMC)	4448 (AMC)
	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorder a. Drugs	17.4%	Responsibility of reporting is no longer with MoH	Responsibility of reporting is no longer with MoH	

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2022	2023	2024
3.6 By 2030, halve the number of global deaths and injuries from road traffic accidents	b. Alcohol	10%			
	3.5.2 Total alcohol per capita (age 15+ years) consumption	3.8 litres per person	2.23 (NATA)	NA	
	3.6.1 Mortality rate from road traffic injuries	Reduce by 20% in 2030 (11.4)	Responsibility of reporting is no longer with MoH (11.38)	Responsibility of reporting is no longer with MoH (10.53)	11.5
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Percentage of currently married women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using any modern method	81 % (FHB)	80.3 (RHMIS)	80.6 (RHMIS)	80.7* (RHMIS)
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines	3.7.2 Annual number of births to women aged 15-19 years per 1000 women in that age group	20 per 1000	Data available	Data available	Data available
	Adolescent fertility rate				
	3.8.1 Coverage of essential health services – 14 tracer indicators	80%			
	Reproductive, maternal, newborn and child health				

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2022	2023	2024
and vaccines for all					
	3.8.1.1 Family planning – same as 3.7.1		80.3 (RHMIS)	80.6 (RHMIS)	80.7 (RHMIS)
	3.8.1.2 Pregnancy and delivery care: Antenatal care coverage – at least four visits (%)	> 99%	97.1	96.6	94.5
	3.8.1.3 Child immunization: % of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine (instead of DPT, Sri Lanka is giving PENTA 3)		98% (EPID)	98% (EPID)	92.5% (EPID)
	3.8.1.4 Child treatment: Care seeking for symptoms of Acute Respiratory Infection (ARI)	Data Available			
	3.8.1.5 Tuberculosis: TB treatment success rate	84.6%	78.1 (NPTCCD)	79.9	
	3.8.1.6 HIV/AIDS: Antiretroviral therapy (ART) coverage	15.3%	68 % (NSACP)	71	
	3.8.1.8 Water and Sanitation: Population using safely managed sanitation services	91.2% (2016)	This indicator is not reported annually	NA	

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2022	2023	2024
	Population using safely managed drinking water service	90.4% (2016)	This indicator is not reported annually	NA	
	3.8.1.9 Hypertension: Age-standardized prevalence of non-raised blood pressure	80%	M 64.2% F 66.2% Both 65.2% (STEPS 2022)	M 64.2% F 66.2% Both 65.2% (STEPS 2022)	M 64.2% F 66.2% Both 65.2% (STEPS 2022)
	3.8.1.10 Diabetes: Age-standardized mean fasting plasma glucose (mg/dl) for adults aged 18 to 69 years	80mg/dl	M 103.1 mg/dl F 104.8 mg/dl Both 104 mg/dl (STEPS 2022)	M 103.1 mg/dl F 104.8 mg/dl Both 104 mg/dl (STEPS 2022)	
	3.8.1.11 Tobacco: Age-standardized prevalence of adults >=15 years not smoking tobacco in last 30 days	90%	M 51.1% F 93.5 % Both 73.8 % (STEPS 2022)	M 51.1% F 93.5 % Both 73.8 % (STEPS 2022)	
	3.8.1.12 Hospital beds per capita, relative to a maximum threshold of 18 per 10,000 population		100% (MSU)	100% (MSU)	
	3.8.1.13 Health workforce: Health worker density and distribution (per 1000 pop.)		Physicians-1.04 Psychiatrists 0.4 Surgeons-3.0	Physicians – 100% Psychiatrists 42% Surgeons 17%	Physicians – 100% Psychiatrists 25.% Surgeons -17.9%
	3.8.1.14 Health	70%	66.36%	70.67%	66.4%

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2022	2023	2024
	security: International Health Regulations (IHR) core capacity index				
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 18-69 years (STEP Survey aata. Latest available is for 2015)	10%	M 48.9% F 6.5% Both 26.2% (STEPS 2022)	M 48.9% F 6.5% Both 26.2% (STEPS 2022)	
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines	3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.3 Availability of essential medicines and commodities This indicator is under development globally. (SARA Survey data. Latest available is for 2017)	BCG (100) DPT 3 (100) Polio 3 (100) MCV 2 (100) Tetanus T (100) HPV 2 (100) Maintain at same level (50% - Public 100.0, Private 95.29) 75% - Public 82.16, Private 80.26 90% - Public 21.44, Private 53.04)	BCG (99) PENTA 3(98) Polio 3(98) DPT 4 (99) DT (97) TT (98) Data Available	BCG (99) PENTA 3(98) Polio 3(98) DPT 4 (99) TT (98) MCV 2 (98) Data Available	BCG (90.6) PENTA 3(92.5) Polio 3(92.5) DPT 4 (95.4) MCV 2 (98.2)

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2022	2023	2024
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States	3.c.1 Health worker density and distribution	Physicians-1.79 Dental Surgeons-0.14 Midwives/Nurses - 3.82 Pharmacists- 0.47	Physicians 1.01 Dental surgeons-0.07 Midwives/Nurses- 2.69 Pharmacists-0.17	NA	
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	70%	70.67% (Quarantine Unit)		
	3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms		51.3 (DDG LS)	NA	
			54.6 (DDG LS)	NA	

5.2 Achievements and Challenges of the Sustainable Development Goals

Sri Lanka has successfully met global targets for several key health indicators within the Ministry of Health, such as the Maternal Mortality Ratio (3.1.1), Children under 5 mortality rate (3.2.1), Neonatal Mortality Rate (3.2.2), and immunization coverage rate (3.b.1), marking significant accomplishments for the nation. Progress across other indicators remains satisfactory, with data often sourced from periodic surveys conducted by the Department of Census and Statistics, including the Demographic and Health Survey and the Household Income and Expenditure Survey. However, irregular intervals between these surveys can disrupt the timely reporting of data, hindering effective monitoring of the Ministry's progress towards its objectives.

While strides have been made in achieving certain health-related Sustainable Development Goals (SDGs), Sri Lanka faces several persistent challenges. Non-communicable diseases (NCDs), such as cardiovascular disease, cancer, and diabetes, present a mounting burden on the country's health system, accounting for a significant portion of mortality rates. Mental health, exacerbated by the legacy of civil conflict, remains a pressing concern, exacerbated by a shortage of mental health professionals and enduring societal stigma.

Despite advances in maternal and child health, disparities in access to care persist across different regions of Sri Lanka, reflecting ongoing challenges within the health system. Infectious diseases, though largely controlled, continue to pose periodic threats, with outbreaks of diseases like dengue fever and leptospirosis recurring. Additionally, capacity constraints within the health system, particularly in rural areas, underscore the need for investment in infrastructure and human resources.

Furthermore, the unavailability of timely data, compounded by limited cause-specific mortality data from the Registrar General Department, presents a bottleneck in assessing certain indicators, such as neonatal mortality rate and probability of mortality from specific diseases between ages 30-70. Addressing these challenges demands sustained investment and a collaborative, multi-sectorial approach to enhance health outcomes for all Sri Lankans.

In response to evolving global and local needs, the Ministry of Health has demonstrated commendable flexibility, continuously adapting its strategies to align with the dynamic landscape and effectively pursue the 2030 global targets. Recognizing the pivotal role of data availability in informed decision-making, the Ministry has proactively initiated and concluded preliminary activities to kick start the long-awaited Demographic and Health Survey (DHS). This proactive step not only underscores the government's commitment to evidence-based policymaking but also signifies a significant milestone towards ensuring comprehensive and reliable health data for strategic planning and resource allocation.

The 13th National Steering Committee meeting was conducted on 26th March 2024 and following important decisions were taken.

SDG Indicator		Decision / Recommendation
3.1.1	Maternal Mortality Ratio	- It was advised to develop a comprehensive strategic plan to attain the set targets by effectively utilizing donor funds. - To prepare a detailed plan outlining the infrastructure needs as well as the essential drugs and equipment necessary to enhance and broaden Emergency Obstetric Care (EMOC) services
3.2.1	Under 5 Mortality Rate	To plan incorporating equipment, human resources and other necessities for the establishment nine new Special Baby Care Units in prioritised hospitals
3.2.2	Neonatal Mortality Rate	To expedite the process of establishing Baby-Friendly hospitals by engaging external accreditors and streamlining procedures.
3.3.2	TB Incidence Rate	To assess the feasibility of replacing the existing indicator with one that can effectively measure the efforts and activities aimed at controlling the disease.
3.3.4	Hepatitis B Incidence	To explore the possibility adopting alternative approached, such as examining hepatitis incidence among blood donors utilizing data from Blood Banks since the data availability is limited.
3.3.5 (1)	Dengue – Incidence of Dengue Cases Per 100,000 Population in a given year	To explore the possibility of replacing the current indicator with the Dengue Case Fatality Rate as the primary measure and adjusting the baseline accordingly.
3.3.5 (3)	Filariasis – Number of new Lymphedema cases due to filariasis receiving treatment per year	To explore the possibility of replacing the current indicator and adjusting the baseline accordingly.
3.3.5 (4)	Leprosy - Number receiving treatment for Leprosy per year	To explore the feasibility of developing new indicators using Leprosy prevellance among population and child leprosy incidence.
3.3.5 (5)	Leishmaniasis – Incidence of reported cases of Leishmaniasis per year	To explore the feasibility of developing new indicator considering number diagnosed / treated data..

CHAPTER 6

Human Resource Profile

6.1 Cadre Management

	Approved Cadre	Existing Cadre	Vacancies/ (Excess)
Senior	18,442	17,402	1,040
Tertiary	1,131	629	502
Secondary	44,852	38,570	6,282
Primary	33,561	27,505	6,056
Total	97,986	84,106	13,880

- Line Ministry institutions only

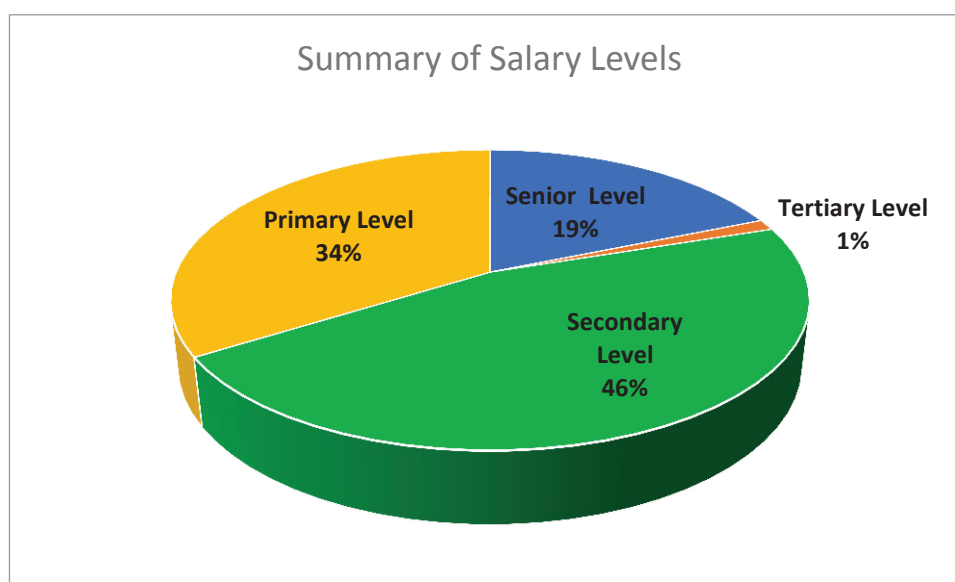


Figure 6.1 - Distribution of Cadre at Salary Levels

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

As shown in the above table, there are vacancies at all levels of staff, which negatively affects the performance of the institutions under the Ministry of Health. Especially in institutions directly involved in the management of patients, this shortage of human resources can at times affect the quality of the patient care provided. A shortage of staff can also lead to employee dissatisfaction. During the year 2024, the trend of resignation and leaving the country were increased as a result of economic crisis of the country.

➤ Human Resource Profile of the Indigenous Medicine Sector

Cadre details – Staff Officers

- The new cadre has been approved by the Department of Management Services' letter no. DMS/0016/2023/Vol-1 and dated 30.05.2023 by combining officers who are entitled for SL1 salary code and above SL1 salary codes.
- By the letter No. DMS/0016/2023/Vol-I of the Department of Management and dated 30.05.2023, the position of Director (SLAS) was approved as a grade III / II position, and by the letter No. DMS/0016/2023/Vol-I of the same department and dated 06.07.2023, the Director (SLAS) post has been revised as Grade I post.
- Accordingly, approved cadre of the Indigenous Medicine Sector is given below.

SN	Designation	Service	Salary code (PA circular 03/2016)	Class / Grade	Approved cadre	In-position	Vacancies
01	Additional Secretary	SLAS	SL3	1	02	02	-
02	Senior Assistant Secretary	SLAS	SL1	1	01	01	-
03	Chief Accountant	SLAcct. S	SL1	1	01	01	-
04	Director	SLAS	SL1	1	01	01	-
05	Director	SLPS	SL1	1	01	01	-
06	Director	SLAMS	SL1	1	01	-	01
07	Accountant	SLAcct. S	SL1	111/11	01	-	01
08	Internal Auditor	SLAcct. S	SL1	111/11	01	-	01
09	Assistant / Deputy Director	SLAS	SL1	111/11	01	-	01
10	Assistant / Deputy Director	SLPS	SL1	111/11	01	-	01
11	Assistant / Deputy Director	SLES	SL1	111/11	01	-	01
12	Assistant Secretary	SLAS	SL1	111/11	01	-	01
13	Legal Officer	Department	SL1		01	01	-
	Total				13	07	06

Other approved cadre

SN	Designation	Service	Salary code (PA circular 03/2016)	Class / Grade	Approved cadre	In-position	Vacancies
1	Administrative Officer	PHMAS	MN7	Super Grade	01	01	-
2	Translator	TS	MN6	11/1	01	-	01
3	Statistical Officer	Department	MN5	111/11/1	01	01	-
4	Development Officer	DOS	MN4	111/11/1	346	331	15
5	Public Health Management Assistant	PHMAS	MN2	111/11/1	18	09	09
6	Video Cameraman	Temporary	MT2	-	01	01	-
7	Photographer	Temporary	Rs. 29,840/= + Rs. 7,800/=		01	01	-
8	Office Assistant	KKS	PL3	111/11/1 Sp.	07	05	02
9	Driver	CDS	PL1	111/11/1 Sp.	07	05	02
10	Photographer	Temporary	Rs. 24,250 + Rs. 7,800	-	01	-	01
Total					384	353	31

- Approved cadre according to the letter no. DMS/SM/16 and dated 04.09.2020 of the Department of Management Services:

Cadre details of Homeopathy Hospital

SN	Designation	Salary Code	Approved cadre	In-position	Vacancies
01	Medical Consultant	SL-3	1	0	1
02	Deputy Director	SL-1	1	0	1
03	Medical Officer In-Charge		1	1 (Actg)	-
04	Medical Professional	SL-2 2016	5	1	4
05	Nursing Officer	MT-07	4	0	4
06	Pharmacist	MT-06	1	0	1
07	Laboratory Technician	MT-06	1	0	1
08	Development Officer	MN-4	2	2	0
09	Public Management Assistant	MN-2	2	0	2
10	Dispenser	MN-1	2	1	1
11	Driver	PL-2	1	0	1
12	Attendant	PL-2	8	6	2
13	Cook	PL-2	1	0	1
14	Labor	PL-1	8	4	4
Total			38	15	23

Cadre details of Homeopathy Medical Council

SN	Designation	Salary Code	Approved cadre	In-position	Vacancies
1	Registrar	MM 1-1	1	0	1
2	Medical Profession	MM 1-1	15	12	3
3	Public management Assistant	MA 1-1	2	1	1
4	Dispenser	PL 2-2006A	14	5	9
5	Laborer	PL 1-2006A	16	12	4
			48	30	18

6.3 Human Resource Development

Local Training Programmes

Education, Training and Research Unit of the Ministry of Health regularly conducts training programs for different staff categories based on the requests made by the heads of institutions and professional organizations utilizing the annual allocation for training.

- (i) In addition, following basic training programs were conducted and the total number of students completed the programs were 5,303.

#	Category of staff	Number completed in 2024
1	Nursing Officer (Basic Training)	3,622
	Pharmacist	94
	Occupational Therapist	47
2	Radiographer	52
3	Public Health Midwife	976
	Public Health Inspector	321
	Health Entomology Officer	29
	Electro-Cardiographer (ECG)	57
	Electro-Encephalograph Recorder (EEG)	17
4	Ophthalmic Technician	24
5	Dental Technician	15
6	School Dental Therapist	37
	Public Health Laboratory Technician	05
7	Prosthetics and Orthotics	07
	Total	5,303

- (ii) Following post basic training programs were carried out for Nursing Officers:

1. Pshychiatric Nursing Training (six months) – completed by 55 officers
2. Public Health Nursing Officer (1 ½ years) – completed by 84 officers

- (iii) In-service Training Programs

In-service training programs are conducted by the Training Unit or relevant institutions for all categories of the institutions throughout the year. The following table indicated the details of in-service training programs conducted by the Education, Training and Research Unit.

Category of Health Personnel	Group Training	Individual Training
Consultants	445	0
Medical Officers	2,106	0
Nursing Officers	4,584	1
PSM /Para Medical categories	1,049	0
PPO/PPA/DO/HMA/MA	510	1
Health Assistants	1,098	1
Other staff	486	12
Total	10,278	15

(iv) Continous Professional Development (CPD) Program

Continuous Professional Development (CPD) refers to the ongoing process of learning and developing professional skills and knowledge throughout one's career. It involves activities such as workshops, seminars, conferences, and training sessions - both in-person and online- that professionals undertake to maintain and enhance their expertise, stay current with industry trends, and adapt to changes in their field.

Overseas Training Programmes

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
01	Regional consultation : Advancing field epidemiology capacities in WHO South East Asia Region	2	19-Feb	21-Feb		India	Meeting
02	Regional Partners's Forum: Sustain, accelerate and innovate to end Neglected Tropical Diseases	4	15-Apr	16-Apr		India	Meeting
03	Transitioning from long-stay services to community mental health networks towards deinstitutionalization in WHO South-East Asia Region	2	11-Mar	13-Mar	320	Thailand	Meeting
04	1st ATACH Global Meeting and Training of Trainers on Climate Change and Health	1	3-Mar	7-Mar		Spain	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
05	Meeting of focal points for WHO Global Surveillance and Monitoring System in SEAR & WPR	1	26-Feb	28-Feb		Cambodia	Meeting
06	2nd Face to face Meeting of the WHO Global Chemicals and Health Network	1	19-Feb	21-Feb		Switzerland	Meeting
07	Global Consultation: National Oxygen scale-up framework meeting "road to oxygen access"	1	13-May	15-May	240	Senegal	Meeting
08	115th Meeting of the Special Programme for the Research and Training in Tropical Diseases Standing Committee	1	28-Apr	29-Apr		United States of America	Meeting
09	Regional workshop on Health Practitioner Regulation	3	11-Mar	13-Mar	300	India	Workshop
10	Inter-Country Capacity Building workshop on Patient Safety	1	25-Feb	28-Feb		Singapore	Workshop
11	Regional workshop on strengthening routine facility data analysis and use	6	22-Apr	25-Apr	750	Bhutan	Workshop
12	National Programme manager's meeting on strengthening implementation	2	23-Apr	25-Apr	320	Thailand	Meeting
13	47th Session of the TDR Joint Coordinating Board	1	10-Jun	12-Jun		Switzerland	Meeting
14	Regional Workshop Translating global and regional political commitments	2	22-Apr	24-Apr	125	Thailand	Workshop
15	Technical meeting on Multi Sectoral and Multi Stakeholder engagements for NCDs	1	5-Jun	7-Jun	160	Switzerland	Meeting
16	Health Cluster Coordination (HCC) Workshop -South East Asia Region	3	22-Apr	25-Apr	150	Thailand	Workshop
17	Regional COR-NTD Meeting for South-East Asia	3	17-Apr	18-Apr	360	India	Meeting
18	36th Commonwealth Health Ministers Meeting & 77th WHA	4	23-May	31-May	760	Switzerland	Meeting
19	WHO South East Regional workshop on	3	13-May	16-May	250	Nepal	Workshop

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
	scaling up services for Cancer and implementing South East Asia Cancer Grid						
20	WHO South-East Asia Regional Meeting on Healthy Ageing	4	10-Jun	12-Jun	640	India	Meeting
21	Regional meeting on accelerating access to rehabilitation in South-East Asia	2	15-Jul	17-Jul	320	Bangladesh	Meeting
22	Annual Regional Forum on Community Engagement & Protection	2	13-May	15-May	250	Bhutan	Workshop
23	WHO South East Asia Regional meeting on nutrition and climate change	2	13-May	15-May	200	Nepal	Meeting
24	The 2nd Workshop of the Public Procurement Agencies in WHO South East Asia Region on Improving access to Medicines	2	13-May	15-May	200	Indonesia	Workshop
25	Address the challenges of illicit tobacco trade and unrecorded alcohol	1	24-Jun	26-Jun	100	Thailand	Workshop
26	Meeting of the Assembly of the Members of the South-East Asia Regulatory Network	3	30-Jun	3-Jul		Bangladesh	Meeting
27	Hand-on workshop for capacity building on Measles-Rubella serological tests	2	16-Jun	21-Jun	350	Thailand	Workshop
28	Development of National Immunization Strategy (NIS) 2025-2029	2	28-Apr	1-May		Indonesia	Training
29	Meeting of the National Programme Managers and Regional Technical Advisory Group	2	24-Jun	26-Jun	400	Nepal	Meeting
30	Regional Workshop on Implementation of Good Reliance Practices for Vaccines Regulation	2	24-Jun	27-Jun	200	India	Workshop
31	Regional Consultation on WHO South-East Asia Region Priority Programme Initiative	1	30-Apr	1-May	120	India	Seminar
32	8th Meeting of the Regional Technical Advisory Group (SEAR-TAG) on Newborn Health	1	12-May	14-May	160	India	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
33	Member state nomination for Expert Advisory Group undertaking the 3rd Review of the WHO Global Code of Practice	1	16-Jun	17-Jun	160	Switzerland	Seminar
34	International Health Regulations (IHR) Joint External Evaluation (JEE) Mission	1	26-Apr	2-May		Tonga	Meeting
35	Mental Health Summit : Voices of the people with lived experience	1	18-Jun	19-Jun	160	Nepal	Conference
36	Global summit on sanitation and end-user Consultation on guidelines for hand hygiene in community settings	1	24-Jun	26-Jun	200	Nepal	Seminar
37	Inter-country workshop: Enhancing participation in Codex Activities	2	23-Jun	27-Jun	225	India	Workshop
38	International RSV and Influenza Genetic Sequencing Course	2	2-Jun	6-Jun	300	India	Workshop
39	Global Outbreak Alert and Response Network (GOARN)	1	17-Jun	18-Jun	100	China	Training
40	WHO South East Asia Regional workshop for strengthening capacity of countries to address the impact of climate change on Mental Health	1	11-Aug	14-Aug	150	Indonesia	Workshop
41	Asia Pacific Rabies Meeting	2	15-Jul	17-Jul	320	Thailand	Meeting
42	Regional workshop on innovations for quality integrated primary health care	3	26-Aug	28-Aug	250	Indonesia	Workshop
43	Regional workshop on advancing organ transplantation in South East Asia Region	3	18-Aug	19-Aug	225	India	Workshop
44	15th meeting of the South East Asia Regional Immunization Technical Advisory Group	3	19-Aug	22-Aug	400	India	Meeting
45	Joint External Evaluation Mission	2	5-Jul	10-Jul	520	Bangladesh	Seminar
46	High Level Preparatory Meeting for the 77th Session of WHO Regional Committee for South East Asia	1	1-Sep	4-Sep	240	India	Meeting
47	19th WHO-OECD	2	26-Aug	28-Aug	320	Malaysia	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
	Annual Meeting of Asia Pacific Health Accounts Experts						
48	International Mental Health Workforce Training 2024	1	21-Jul	31-Jul	175	Thailand	Training
49	15th World Conference on Injury Prevention and Safety Promotion 2024	1	31-Aug	4-Sep	100	India	Conference
50	77th Session of WHO Regional Committee for South- East Asia	2	6-Oct	8-Oct	240	India	Meeting
51	Asia Pacific Health Security Action Framework Stakeholders Meeting	1	22-Jul	24-Jul	200	Philippines	Meeting
52	WHO Pharmacovigilance Partners Meeting and 19th Inter. Conference of Drug Regulatory Authorities	1	12-Oct	17-Oct		India	Meeting
53	Regional Meeting to Promote Healthy Diets and Food Environments and Physical Activity	5	16-Sep	18-Sep	800	India	Meeting
54	8th Meeting of the Asia Pacific Network on Access to Medicines under Universal Health Coverage	2	24-Sep	25-Sep	160	Republic of Korea (South Korea)	Meeting
55	World Health Organization Supported Colposcopy Training	5	18-Aug	22-Aug	300	India	Training
56	10th Regional Meeting of Virologists of the SEAR Measles & Rubella Laboratory Network	1	17-Sep	19-Sep	160	India	Meeting
57	Bi regional workshop on Global Laboratory Leadership Programme	1	26-Aug	29-Aug	150	Philippines	Workshop
58	Global Consultation on improving diagnostic safety and implementing the Global Patient Safety Action Plan	1	9-Sep	11-Sep		Switzerland	Meeting
59	6th WHO Emergency Medical Teams (EMT) Global Meeting	2	4-Nov	6-Nov	120	United Arab Emirates	Meeting
60	Regional meeting to achieve Universal Health Coverage for adolescent population through Adolescent Responsive Health Systems	1	17-Sep	19-Sep	160	Nepal	Meeting
61	Joint External Evaluation	2	20-Sep	25-Sep	560	Maldives	Conference

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
	Mission						
62	17th Bi-regional meeting of national Influenza Centers (NC) and Influenza Surveillance	2	18-Nov	21-Nov	480	Philippines	Meeting
63	WHO Paediatric Regulatory Network Meeting	1	17-Nov	18-Nov		Turkey	Meeting
64	Annual Review Meeting on PIP Partnership Contributions Fund Implementation	2	14-Oct	17-Oct	400	India	Meeting
65	WHO Steering Committee on Standardizing the Content of MNCH facility data collection	1	16-Sep	18-Sep		Switzerland	Meeting
66	DHIS2 Asia/ Pacific Conference, Da Nang	1	30-Sep	2-Oct	125	Vietnam	Conference
67	Regional workshop for capacity building in technology transfer	1	18-Nov	20-Nov	100	India	Workshop
68	9th Meeting of the Regional Verification Commission for Measles and Rubella Elimination	1	22-Sep	26-Sep	280	Nepal	Meeting
69	IPSN Global Partners Forum Meeting	2	20-Nov	21-Nov	75	Thailand	Meeting
70	CanScreen5 Training - Asian Region (Cancer Screening)	1	6-Oct	9-Oct		Indonesia	Training
71	WOAH-WHO Regional Training Workshop on Rabies Diagnosis for South East Asia	1	20-Oct	24-Oct		India	Training
72	WHO Global Oral Health Meeting	2	25-Nov	28-Nov	400	Thailand	Meeting
73	Open Digital Health Summit	2	30-Nov	2-Dec	200	Kenya	Meeting
74	Regional meeting to accelerate progress towards UHC and SDG goals	1	9-Dec	11-Dec	200	Indonesia	Meeting
75	Developing Standard Operating Procedures for Effective Vaccine Management	1	8-Dec	12-Dec	175	Thailand	Workshop
76	WHO Pandemic Hub Epidemic Intelligence from Open Source (EIOS) Global Technical Meeting (GTM)	1	9-Dec	11-Dec		Senegal	Meeting
77	UHC Partnership Global Meeting	1	10-Dec	12-Dec		France	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
78	10th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control	1	4-Feb	9-Feb		Panama	Meeting
79	Risk Benefit Assessment of Snake Antivenom Immunoglobulin Products	1	2-Dec	3-Dec		United Arab Emirates	Meeting
80	4th Consultation of the South-East Asia Regional Expert Panel for Verification of Hepatitis B Control	1	15-Jan	17-Jan		India	Meeting
81	Global High Level Technical Meeting on NCDs in Humanitarian Settings	1	26-Feb	28-Feb	200	Denmark	Meeting
82	WHO Expert Advisory Group for the 3rd Review (IA/42/2024)	1	24-Nov	26-Nov	160	Philippines	Meeting
83	Pulse Net Asia Pacific Illumina Training 2024	3	30-Jan	7-Feb		Australia	Training
84	GAVI- Vaccine Alliance	1	26-Feb	28-Feb	150	Togo	Workshop
85	Biomedical Training Program	1	25-Feb	26-Feb		India	Training
86	3rd Military Civilian Health Security Summit	1	15-Jun	20-Jun	280	Australia	Conference
87	International Clinical Engineering Forum	2	10-Apr	16-Apr		China	Seminar
88	The LSFF Partner Convening 2024	1	15-Apr	17-Apr		South Africa	Conference
89	PSEAH Capacity building Workshop	1	10-Jun	12-Jun		Malaysia	Workshop
90	Invitation to emerging technologies awareness programme	1	24-May	31-May		Japan	Training
91	Training on Biosafety Cabinet Use and Maintenance	1	8-Jun	13-Jun		Thailand	Training
92	Regional Dialogue on Adolescent Pregnancy	2	10-Jul	11-Jul		Nepal	StudyVisit
93	Factory Acceptance Testing Programme	2	21-Jun	25-Jun	300	Turkey	Training
94	Supply and Installation of A/C System for Cardiac and Critical Care Complex	2	24-Jun	27-Jun	150	India	Training
95	Training on Digital X-Ray Systems	2	16-Mar	22-Mar		Republic of Korea (South Korea)	Training
96	Nominate Authorized persons' for the price Bid Opening in Japan	2	21-Jul	25-Jul	280	Japan	Visit

#	Name of the programme	No. of staff trained	Duration of the program		Total Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
97	Participation in the Regional Biosafety Cabinet use and Maintains Training at Thailand	2	8-Oct	10-Oct	250	Thailand	Training
98	Requested to Approval to participate in the 4th Annual EQASIA	2	24-Nov	28-Nov	300	Thailand	Workshop
99	IAEA 1st Coordination Meeting (RAS6111) Enhancing the management of Cancer	1	3-Mar	5-Mar		Austria	Meeting
100	Joint IAEA and Argonne National Laboratory Training Activity on Computed Tomography Clinical Physics and Optimization	1	11-Oct	21-Oct		United States of America	Training
101	Mid Term Review Meeting	2	23-Jun	27-Jun		Japan	Meeting
102	IAEA/RCA Mid-Term Review Meeting of TC Project RAS6098	1	23-Jun	27-Jun		Japan	Meeting
103	Regional Training on Fundamental Clinical Applications of Hybrid Imaging	2	2-Sep	6-Sep		Indonesia	Training
104	Status and Roles and Responsibilities of Medical Physicist in Radiology	2	14-Oct	17-Oct		Malaysia	Workshop
105	Collection of entomological baseline data and data management tools	1	13-Oct	17-Oct		Philippines	Training
106	Regional Training Course on train the trainers on guideline for palliative radiotherapy	2	1-Dec	6-Dec		Indonesia	Training
107	Regional Training Course on Safety and Quality Management of Radiotherapy	2	8-Dec	12-Dec		Pakistan	Training
108	13th Round of Negotiations on Economic & Technology Cooperation Agreement	1	7-Jan	9-Jan		India	Meeting
109	MTCP: Pandemic Risk Reduction and Management	2	25-Feb	7-Mar		Malaysia	Training
110	JICA Knowledge Co-Creation Programme : Lifestyle- Related Diseases Prevention - Related	1	12-Feb	29-Feb		Japan	Training

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
111	SEA Constituency Meeting	2	6-Mar	7-Mar	320	Indonesia	Meeting
112	Capacity Building Activity for Enhancement of Nursing Education	2	25-Mar	27-Mar		Republic of Korea (South Korea)	Training
113	STD Clinicals to update novel management strategies in HIV	1	24-Mar	28-Mar		India	Training
114	Technical Workshop on accelerating progress in emergency obstetric and newborn care	1	18-Mar	21-Mar		Thailand	Workshop
115	Technical Workshop	1	18-Mar	21-Mar		Thailand	Workshop
116	Invitation of South East Asia Dietary Guideline Workshop	1	11-Mar	12-Mar		Thailand	Workshop
117	Meeting of the Global Vaccination Demand Hub	2	15-Apr	17-Apr	320	Nepal	Meeting
118	Digital Health for Supporting Universal Health Coverage in Asia and the Pacific	1	13-Apr	21-Apr	175	Republic of Korea (South Korea)	Training
119	Asia Peer Learning workshop on food Labelling	1	21-Apr	23-Apr		Thailand	Workshop
120	Observe Diabetic Retinopathy Screening at VIIIO	6	16-Jun	20-Jun		Bangladesh	Visit
121	Workshop on Advancing the NCD Agenda for Children , Adolescent and Young Adults in South Asia	1	1-Jun	4-Jun		Nepal	Workshop
122	JICA Project for the Improvement of Infectious Waste Management	2	26-May	4-Jun	280	Japan	StudyVisit
123	Seminar on International Cooperation and Development of China's pharmaceutical industry	5	10-Jun	23-Jun	875	China	Seminar
124	Seminar on Neurological and Psychiatric Diseases Prevention	6	11-Jun	24-Jun	1050	China	Seminar
125	Annual International Training Course " Bridging the Gap in Cross Border Health Population	1	12-Aug	30-Aug	175	Thailand	Training
126	Nourishing South Asia/ Improving Diets and Reducing Micronutrient Deficiencies and Anemia	3	9-Jun	11-Jun	320	Nepal	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Total Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
	in Childhood in South Asia						
127	Global fund to Fight AIDS , Tuberculosis & Malaria (GFATM)	3	23-Jun	27-Jun	525	Switzerland	Meeting
128	Knowledge Co-creation Program : Hospital Management	1	24-Aug	26-Aug	175	Japan	Training
129	Seminar on Capacity Building of Emergency Rescue for Developing Countries	4	1-Jul	14-Jul	525	China	Seminar
130	Seminar on Medical Equipment and Technology Cooperation for BRI Partner Countries	8	8-Jul	21-Jul	1225	China	Seminar
131	Advancing Global Health Equity Training	1	7-Jul	25-Jul		United States of America	Workshop
132	Specialized Training Programme for Digital Health Interventions in Primary Healthcare	2	22-Jul	6-Aug	350	India	Training
133	Regional Workshop " Proposal for Codex New Work: Criteria and Structure	1	24-Sep	26-Sep	125	Japan	Workshop
134	Practical Training at Robert Coach - Institute in the frame work of the German Global Health Programme	1	8-Sep	19-Sep		Germany	Training
135	Digital Transformation in Public Healthcare	1	29-Sep	3-Oct		Singapore	Training
136	JICA Project for Capacity Enhancement of Elderly Service Management in the Community	1	23-Sep	1-Oct	175	Japan	Training
137	Knowledge Co-Creation Program: Health Systems Management - Leadership and Governance	1	2-Feb	26-Feb		Japan	Training
138	Nutrition Research Course to Translate and Utilize Research Findings into Practice	2	21-Aug	29-Aug	350	India	Training
139	Policymakers and drugs regulatory experts	1	18-Aug	21-Aug		India	Meeting
140	Reframing Ageing Asia Pacific Regional Conference on Population Ageing 2024	1	10-Sep	12-Sep	125	Indonesia	Conference
141	JICA Knowledge Co-Creation Program : NCDs Prevention and Control in	1	3-Nov	22-Nov	175	Japan	Training

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
	Remote Island Regions						
142	Hospital Design and Maintenance Training/ Exposure Visit	2	25-Aug	30-Aug		Thailand	Training
143	Workshop on "Pathogen Genomics: Prioritization and Implementation	1	8-Sep	12-Sep	175	Thailand	Workshop
144	High Level Technical Workshop on Aligning Resources and Implementation of Disease Programs	2	23-Sep	25-Sep		Thailand	Workshop
145	Nourishing South Asia / Scaling up Nutritional Care and Support for Infants at Risk of Poor Growth and Development in South Asia	4	15-Sep	17-Sep	160	Nepal	Meeting
146	Strengthening Human Resource for Improvement of Community Health	1	13-Feb	29-Feb		Japan	Training
147	South East Asia Regional Coordination Mechanism Forum	1	16-Oct	17-Oct		India	Meeting
148	Convening on Large Scale Food Fortification (LSFF) : Promoting Learnings and Collaboration Among Global South Countries	1	13-Oct	14-Oct	160	Indonesia	Seminar
149	Co creation Programme : Medical Equipment management and Maintenance	1	20-Feb	3-Apr		Japan	Training
150	China's poverty alleviation experience for Sri Lanka	1	31-Oct	13-Nov	175	China	Seminar
151	South Asia Subregional Cooperation (SASEC) Programs working group meeting	1	3-Nov	7-Nov	200	Bhutan	Meeting
152	Biological Weapons convention - Geneva	1	27-Nov	28-Nov		Switzerland	Workshop
153	DR-TB & Counselling at National of Tuberculosis and Respiratory Diseases	4	24-Nov	6-Dec	700	India	Seminar
154	Regional workshop Community Health and Nutrition	2	3-Dec	5-Dec	250	Nepal	Workshop
155	Evidence Synthesis on Preconception Nutrition in South Asia and way Forwarded	1	20-Nov	21-Nov	120	India	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investm ent (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
156	South South Exchange Meeting under the EU UNICEF Public finance facility - phase 2	1	25-Nov	26-Nov	50	Thailand	Meeting
157	Second regional training of trainers on Mass dog vaccination	1	24-Nov	27-Nov		Thailand	Training
158	1101-1114 Seminar on Hospital Management for the Countries of " The Belt and Road Initiative"	3	31-Oct	13-Nov	350	China	Seminar

Indegenous Medicine Sector

No	Course Name	Country	Duration	Number of officers
1	Special Training Program for Yoga Trainer's Iteration III	India	08.01.2024 - 02.02.2024	2
2	Special Training Program for Yoga Trainer's Iteration III	India	09.02.2024 - 01.03.2024	2
3	International Training Programme on Computer of Laboratories and their Management Systems	India	29.01.2024 - 16.02.2024	1
4	International Public Health Management Development Program Iteration - II	India	06.02.2024 - 15.02.2024	1
5	Seminar on Traditional Medicine Development under the Global Development Initiative	China	16 to 29 May 2024,	2
6	Seminar on the Application of Traditional Chinese Medicine in the Prevention and Treatment of Chronic Diseases	China	06 .06.2024 - 24 .06. 2024	6
7	Seminar on the Application of Traditional Chinese Medicine in the Prevention and Treatment of Chronic Disease	China	06 .06.2024- 24 .06. 2024	2
8	Seminar on Public Health Management for Sri Lanka	China	03.09.2024 -16 .09. 2024	23
9	Seminar on Traditional Chinese Medicine Culture for BRI Partner Countries.	China	06. 10. 2024 - 24 .11. 2024	4
10	Seminar on the Application of Traditional Chinese Medicine in western medicine clinical practice	China	10. 10. 2024 – 23.10.2024	3

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

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

Participating in in-service training and overseas training programmes allows gaining extensive knowledge in the subject matters of the relevant posts, thereby enabling them to perform their duties better. In addition, participation of relevant officers in workshops and study visits are also important in sharing experiences with other countries to improve the performance of the health services of the country.

CHAPTER 7

Compliance Report

07. Compliance Report

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
1	The following Financial statements/accounts have been submitted on the due date			
1.1	Annual financial statements	Complied		
1.2	Advance to public officers account	Complied		
1.3	Trading and Manufacturing Advance Accounts (Commercial Advance Accounts)	Not Applicable		
1.4	Stores Advance Accounts	Not Applicable		
1.5	Special Advance Accounts	Not Applicable		
1.6	Others	Not Applicable		
2	Maintenance of books and registers (FR445)/			
2.1	Fixed assets register has been maintained and updated in terms of Public Administration Circular 267/2018	Not Complied	Updating in progress	Updating in progress
2.2	Personal emoluments register/ Personal emoluments cards have been maintained and updated	Complied		
2.3	Register of Audit queries has been maintained and updated	Complied		
2.4	The Register of Internal Audit reports has been maintained and updated	Complied		
2.5	All the monthly account summaries (CIGAS) are prepared and submitted to the Treasury on due date	Complied		
2.6	Register for cheques and money orders has been maintained and updated	Complied		
2.7	The inventory register has been maintained and updated	Complied		
2.8	The stocks Register has been maintained and updated	Complied		
2.9	Register of Losses has been maintained and updated	Complied		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
2.10	The commitment Register has been maintained and updated	Complied		
2.11	Register of Counterfoil Books (GA – N20) has been maintained and updated	Complied		
3	Delegation of functions for financial control (FR 135)			
3.1	The financial authority has been delegated within the institute	Complied		
3.2	The delegation of financial authority has been communicated within the institute	Complied		
3.3	The authority has been delegated in such manner so as to pass each transaction through two or more officers	Complied		
3.4	The controls have been adhered to by the Accountants in terms of State Account Circular 171/2004 dated 11.05.2014 in using the Government Payroll Software Package	Complied		
4	Preparation of Annual Plans			
4.1	The annual action plan has been prepared	Complied		
4.2	The annual procurement plan has been prepared	Complied		
4.3	The annual Internal Audit plan has been prepared	Complied		
4.4	The annual estimate has been prepared and submitted to the NBD on due date	Complied		
4.5	The annual cash flow has been submitted to the Treasury Operations Department on time	Complied		
5	Audit queries			
5.1	All the audit queries have been replied to within the specified time by the Auditor General	Not Complied	More time was taken to get the information from hospitals and institutions.	Informed the heads of institutions to reply for the audit queries in the specified time period.
6	Internal Audit			

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
6.1	The internal audit plan has been prepared at the beginning of the year after consulting the Auditor General in terms of Financial Regulation 134(2)) DMA/1-2019	Complied		
6.2	All the internal audit reports have been replied to within one month	Not Complied	Informed to the relevant institutions	Discussed at the Audit and Management Committee meeting
6.3	Copies of all the internal audit reports have been submitted to the Management Audit Department in terms of Sub-section 40(4) of the National Audit Act No. 19 of 2018	Complied		
6.4	All the copies of internal audit reports have been submitted to the Auditor General in terms of Financial Regulation 134(3)	Complied		
7	Audit and Management Committee			
7.1	Minimum 04 meetings of the Audit and Management Committee have been held during the year as per the DMA Circular 1-2019	Complied		
8	Asset Management			
8.1	The information about purchases of assets and disposals was submitted to the Comptroller General's Office in terms of Paragraph 07 of the Asset Management Circular No. 01/2017	Complied		
8.2	A suitable liaison officer was appointed to coordinate the implementation of the provisions of the circular and the details of the nominated officer was sent to the Comptroller General's Office in terms of Paragraph 13 of the aforesaid circular	Complied		
8.3	The boards of the survey were conducted and the relevant reports were submitted to the Auditor General on the due date in terms of Public Circular No. 05/2016	Complied		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
8.4	The excesses and deficits that were disclosed through the board of survey and other related recommendations, and actions were carried out during the period specified in the circular	Complied		
8.5	The disposal of condemn articles had been carried out in terms of FR 772	Complied		
9	Vehicle Management			
9.1	The daily running charts and monthly summaries of the pool vehicles had been prepared and submitted to the Auditor General on the due date	Complied		
9.2	The condemned vehicles had been disposed of within a period of less than 6 months after condemning	Complied		
9.3	The vehicle logbooks had been maintained and updated	Complied		
9.4	The action has been taken in terms of F.R. 103, 104, 109 and 110 with regard to every vehicle accident	Complied		
9.5	The fuel consumption of vehicles has been re-tested in terms of the provisions of Paragraph 3.1 of the Public Administration Circular No. 30/2016 of 29.12.2016	Complied		
9.6	The absolute ownership of the leased vehicle log books has been transferred after the lease term	Complied		
10	Management of Bank Accounts			
10.1	The bank reconciliation statements had been prepared, got certified and made ready for audit by the due date	Complied		
10.2	The dormant accounts that had existed in the year under review or since previous years settled	Complied		
10.3	The action had been taken in terms of Financial Regulations regarding balances that had been disclosed through bank reconciliation	Complied		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
	statements and for which adjustments had to be made, and had those balances been settled within one month			
11	Utilization of Provisions			
11.1	The provisions allocated had been spent without exceeding the limit	Complied		
11.2	The liabilities not exceeding the provisions that remained at the end of the year as per the FR 94(1)	Complied		
12	Advances to Public Officers Account			
12.1	The limits had been complied with	Complied		
12.2	A time analysis had been carried out on the loans in arrears	Complied		
12.3	The loan balances in arrears for over one year had been settled	Not Complied	The details of officials could not be found	Informed the heads of institutions to take actions immediately to recover the unsettled loan balances
13	General Deposit Account			
13.1	The action had been taken as per F.R.571 in relation to disposal of lapsed deposits	Complied		
13.2	The control register for general deposits had been updated and maintained	Complied		
14	Imprest Account			
14.1	The balance in the cash book at the end of the year under review remitted to TOD	Complied		
14.2	The ad-hoc sub imprests issued as per F.R. 371 settled within one month from the completion of the task	Complied		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
14.3	The ad-hoc sub imprests had not been issued exceeding the limit approved as per F.R. 371	Complied		
14.4	The balance of the imprest account had been reconciled with the Treasury books monthly	Complied		
15	Revenue Account			
15.1	The refunds from the revenue had been made in terms of the regulations	Complied		
15.2	The revenue collection had been directly credited to the revenue account without credited to the deposit account	Complied		
15.3	Returns of arrears of revenue forward to the Auditor General in terms of FR 176	Complied		
16	Human Resource Management			
16.1	The staff had been paid within the approved cadre	Complied		
16.2	All members of the staff have been issued a duty list in writing	Complied		
16.3	All reports have been submitted to MSD in terms of their circular no.04/2017 dated 20.09.2017	Complied		
17	Provision of information to the public			
17.1	An information officer has been appointed and a proper register of information is maintained and updated in terms of the Right To Information Act and Regulation	Complied		
17.2	Information about the institution to the public has been provided by Website or alternative measures and has it been facilitated to appreciate / allegation to the public against the public authority by this website or alternative measures	Complied		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
17.3	Bi- Annual and Annual reports have been submitted as per sections 08 and 10 of the RTI Act	Complied		
18	Implementing citizens charter			
18.1	A citizen's charter/ Citizens client's charter has been formulated and implemented by the Institution in terms of the circular numbers 05/2008 and 05/2018(1) of the Ministry of Public Administration and Management	Complied		
18.2	A methodology has been devised by the Institution to monitor and assess the formulation and the implementation of Citizens Charter / Citizens client's charter as per paragraph 2.3 of the circular	Continoues monitoring	--	
19	Preparation of the Human Resource Plan			
19.1	A human resource plan has been prepared in terms of the format in Annexure 02 of Public Administration Circular No.02/2018 dated 24.01.2018.	Draft National Human Resource Strategic Plan2020 – 2030 is available and it is being finalized with the collaboration of WHO.		
19.2	A minimum training opportunity of not less than 12 hours per year for each member of the staff has been ensured in the aforesaid Human Resource Plan	Compiled. This requirement has been included in the HRStrategic Plan 2020 – 2030 and but it is implemented based on the availability of funds.		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
19.3	Annual performance agreements have been signed for the entire staff based on the format in Annexure 01 of the aforesaid Circular	Staff Officers – Complied Non-Staff Officers – Not Complied	--	
19.4	A senior officer was appointed and assigned the responsibility of preparing the human resource development plan, organizing capacity-building programs and conducting skill development programs as per paragraph No.6.5 of the aforesaid Circular	Complied		Human Resource Coordination and Management Division is responsible for strategic level implementation of the HR functions. Capacity development and training is directly under the purview of directorate of training with a Deputy Director General, Education, Training and Research.
20	Responses Audit Paras			
20.1	The shortcomings pointed out in the audit paragraphs issued by the Auditor General for the previous years have been rectified	Complied		

[END]

