Terms of Reference: Service Provider to carry out a Baseline Survey on the Primary Healthcare System of Sri Lanka

Assignment Title:	Consultancy to Carry out a Baseline Survey on the Primary Healthcare System of Sri Lanka for PHSEP
Project:	Primary Healthcare System Enhancing Project (PHSEP)
Report to	Monitoring and Evaluation Specialist
Duration of Initial Contract:	6 (Six) months
Languages Required:	English and Sinhala/Tamil
Contract Start Date:	01 January 2026

A. Background of PHSEP

The economic crisis in 2022 not only exposed pre-existing structural weaknesses in the primary healthcare system but also amplified disparities in access and delivery, underscoring the urgent need for system-wide strengthening and resilience-building. Primary Health Care (PHC) is critically important for Sri Lanka as it serves as the foundation of the country's health system and the first point of contact for many people. It plays a central role in delivering essential services such as outpatient care, maternal and child health, immunization, communicable disease notification, Non-Communicable Diseases (NCDs) screening and the management of common illnesses. With the increasing burden of NCDs such as diabetes, cardiovascular diseases, and associated risk factors, PHC has become essential for providing continuous, long-term care at the community level. Strengthening PHC reduces unnecessary referrals and overcrowding at secondary and tertiary hospitals, thereby improving the efficiency of the entire healthcare system. In addition, PHC services are publicly funded and widely distributed, making them more accessible and equitable, particularly for low-income and rural populations. As the country recovers from the 2022 economic crisis, which severely affected public health financing and household income, investing in PHC is both cost-effective and socially inclusive. It ensures that vulnerable groups continue to receive care without financial hardship, supports disease prevention and health promotion, and enhances the system's resilience to future shocks. A robust primary healthcare system is also fundamental to achieving Sri Lanka's Universal Health Coverage (UHC) goals and safeguarding long-term human capital development.

In response to these challenges, the Government of Sri Lanka through the Ministry of Health and Mass Media (MoH) has initiated the Primary Healthcare System Enhancing Project (PHSEP). The project aims to strengthen the country's primary healthcare system to become more accessible, inclusive, and responsive. It focuses on:

- Upgrading physical infrastructure of PMCIs and improving medical supply chains
- Investing in health workforce development and training
- Strengthening people-centred integrated service delivery models (e.g., empanelment and continuity of care)
- Expanding the PMCI service package to address geriatric and other care, mental health, and pandemic preparedness.

- Enhancing digital health capacity for better coordination and data-driven decision-making

PHSEP is aligned with Sri Lanka's national health strategies and the government's broader reform program supported by development partners, including the International Monetary Fund (IMF). It is implemented in close coordination with provincial health authorities to ensure decentralized and context-specific service improvements. By focusing on strengthening primary healthcare, PHSEP is expected to play a vital role in rebuilding essential health services, protecting vulnerable communities, and laying the foundation for long-term resilience and equitable health outcomes in Sri Lanka. The following are the project objectives and project components related to expected project results.

A. Project Development Objective

To improve access and quality of primary health care services across all districts of Sri Lanka.

B. Project Components

Component 1: Increase availability of comprehensive PHC services at PMCIs and Medical Officer of Health offices

- Subcomponent 1.1: Ensuring availability of essential inputs at PMCIs and Medical Officer of Health (MOH) offices
- Subcomponent 1.2: Sustaining and strengthening primary health work force at PMCIs
- Subcomponent 1.3: Expanding the PMCI service package to include additional services

Component 2: Strengthen the quality of clinical and person-centered care at PMCIs.

- Subcomponent 2.1: Building capacity for human resources for health
- Subcomponent 2.2: Scaling up integrated care platforms
- Subcomponent 2.3: Strengthening governance systems for quality assurance

Component 3: Strengthen health promotion, community empowerment and citizen engagement

- Subcomponent 3.1: Managing health promotion and NCD risk factors
- Subcomponent 3.2: Strengthening citizen engagement for preventive and curative care

B. Background to the Assignment:

As a multi-year intervention, the PHSEP envisage to make a multiple impact on the primary healthcare system in the country as indicated above. It is therefore critical to establish baselines of related attributes that will display a change in proportion to project inputs in order to credibly attribute the changes to the project in evaluations subsequently. Public perceptions and patient experiences are critical in evaluating the extent of PHCI acceptance by the communities and speaks to the process and quality of services.

Therefore, PHSEP is commissioning this survey prior to its project implementation. The main audiences of this survey are the MoH and other government stakeholders, the World Bank,

provincial authorities, MOH, district health authorities, doctors, nurses and other supporting staff at PMCIs, patients, clients and the general public.

C. SCOPE AND OBJECTIVES

The aim of this survey is to understand the perspectives of patients, communities and service providers on the structural and process quality of care, barriers to accessing care, patient-centeredness, level of awareness and trust, respect for cultural diversity, safety of the healthcare environment and obtain feedback from these stakeholders to improve the healthcare quality at the primary care. The geographic coverage will be the entire country, but secondary and tertiary care experiences will not be a part of this survey.

The objective of the survey is to establish both quantitative and qualitative baseline data of all attributes that are expected to display a positive change over time as a result of project interventions, in order that they can be re-visited subsequent to implementation at mid-term, end-line and any time as needed to measure the progress towards higher level results of the project in addition to regular project monitoring and reporting purposes. The objectives of the survey are as follows:

Main Objective:

Establish benchmark for attributes that are expected to change as a result of project interventions made under all project components and sub-components, in order to track progress and measure the impact of the project over time.

Specific Objectives:

1. Study perceptions of patients, care providers' and communities on primary care provision, services available, utilization and satisfaction.
2. Assess the facilities and service availability and care provision according to primary[1] care principles with person centred care.
3. Understand population's perceptions of Friends-of-Facility Committee [2]and engagement in health promotion and prevention activities.
4. Asses the level of screening and follow up of NCDs, mental health issues, cervical cancer, amongst others.
5. Study target control achievements and complications of screening for common NCDs and associated risk factors (*hypertension, diabetes, cardiovascular diseases, hyperlipidaemia*).
6. Assess the available geriatric, rehabilitative and palliative care services and their utilization.

D. Survey Guiding Questions:

[1] Pl refer Annex No.2 for links to Reference.

[2] Also known as Hospital Development Committee, Suva Mithuroo

The following are broad guiding questions to consider when formulating interview guides and tools/questionnaires for the study. These questions are only indicative and reflect what the study should answer vis-à-vis the components and sub-components of the project. The final list of survey questions, questionnaires, interview guides and tools should be developed by the consultants in close consultation with the project and clearance be obtained during the inception and respective phases.

1. Study perceptions of patients, care providers' and communities on primary care provision, services available, utilization and satisfaction:
    a. patients regarding PMCI care and services (quality of care, utilization, level of satisfaction, factors associated with satisfaction and root causes of dissatisfaction etc.)
    b. community on PMCI (awareness, quality, reasons for underutilization)
    c. providers' on PMCI services and delivery (availability, quality, gaps, issues, etc.)

I. Assessing Quality of Care from the Patient's Perspective

- Perceived quality of care:
  Patient experience: Patients' perceptions of the structural and process quality of care, including diagnosis, treatment, and availability of necessary equipment and medicines.
- Level interpersonal aspects such as respect, dignity, communication, and responsiveness of healthcare providers.

II. Health seeking behavior

- health seeking behavior, and conditions for which health care is sought, by: geographical areas, age, urban/rural areas, income levels and gender;
- Preference over private clinics/hospitals/Ayurvedic

III. **Barriers to access and utilization and understand the root causes to them**.

- Understand patient-reported barriers to accessing care, such as wait times, costs, physical accessibility, and discrimination.
- Out-of-pocket expenses, informal payments, and insurance coverage.
- Service Improvement and Accountability - Provide evidence to health facility managers and policymakers on areas needing improvement.
- Track changes in patient experience over time to assess the impact of interventions or reforms.

IV. Enhancing Patient-Centeredness and Trust

- extent to which patients feel involved in decision-making about their care
- trust and confidence in the health system and providers

V. Respect for Cultural Diversity and Inclusion

- whether patients feel their cultural, linguistic, and religious backgrounds are respected and accommodated during care

- gaps in culturally competent care, including language barriers, dietary needs, and traditional health practices.

VI. Patient Safety Culture from the Patient Perspective

- whether patients perceive the healthcare environment as safe, transparent, and open to feedback.
- if patients feel comfortable reporting errors, near misses, or unsafe practices without fear of reprisal.

VII. Providers perception on services and delivery (involve all levels of providers- doctors, nursers, PHMs etc)

- Adequacy of staff
- Adequacy of facilities including staff accommodation
- Satisfaction on care provision
- Suggestions for improvement

2. Assess the facilities and service availability and care provision according to primary care principles with person centred care.

I. Access to Care

- Proportion of population within 5 km of a primary medical care institution (PMCI).
- Average waiting time to meet a primary care doctor
- Doctor-to-population ratio at primary level
- Opening hours and after-hours services at PMCIs
- Availability of essential drugs at PMCIs
- Availability of minimum infrastructure facilities at PMCIs
- Availability of basic investigations
- Availability of public transport

II. Comprehensiveness of services

- Number of clinical services provided (e.g., maternal care, NCD care, minor surgery)
- Availability of preventive services (e.g., immunisation, screening)
- Number of disease conditions managed without referral
- Availability of basic laboratory and diagnostic services at PMCIs

III. Continuity of care

- Proportion of patients with a personal medical record or family folder
- Follow-up rate for patients with chronic diseases

IV. Coordination of care

- Proportion of referrals with documented feedback
- Existence of referral tracking systems
- Integration of electronic health records across levels
- Number of patients managed via shared care (e.g., NCD shared protocols)

V. Quality and safety

- Proportion of staff trained in family medicine or primary care
- Adherence to national clinical guidelines (e.g., SLMC/NCD protocols)
- Audit of prescribing practices (e.g., antibiotic/ steroid use)
- Patient satisfaction and experience
- Incident reporting systems in PMCIs

VI. Community orientation and equity

- Proportion of PMCIs conducting home visits/community outreach
- Coverage of population-based screening programmes (e.g., NCD screening)
- Level of community participation in health planning (e.g., via Friends-of-Facility Committees)

3. **Understand population's awareness of Friends-of-Facility and engagement in health promotion and prevention activities**
   - Knowledge on common health conditions
   - Awareness and utilization of screening programmes
   - Engagement in health promotion prevention activities at community level

4. **Asses the level of screening and follow up of NCDs, mental health issues, cervical cancer**
   - Percentage screened
   - Percentage diagnosed
   - Percentage followed up

5. **Study target control achievements and complication screening for common NCDs (*hypertension, diabetes, hyperlipidaemia*).**
   - Percentage treated
   - Percentage controlled
   - Percentage screen for complications

6. **Assess the available geriatric, rehabilitation and palliative care services and their utilization**
   - Availability of services at PMCI and utilization
   - Facilities to provide care
   - Barriers to arrange care
   - Suggestions for improvement

E. METHODOLOGY

The firm should propose the approach and methods to provide information for the areas of interests mentioned above and deliverables listed below, including a detailed breakdown of the steps they would follow, to ensure a participatory and effective process. The tools already

available nationally and globally should be reviewed when developing the methods and tools. It is recommended that bidding proposals indicate some of the survey tools the consultants envisage to employ for this study. The assignment should be conducted in close consultation with PHSEP, WB, MOH and other government partners as well as other relevant stakeholders. Special attention should be paid to the participation of children, women, youth, persons with disability, ethnic minorities etc. in the survey, with methods that will support them to engage in the process and voice their opinions.

For this study a range of innovative methods, including qualitative, quantitative and mixed approaches with focus on crosscutting areas like gender in particular, data gathering and analysis modalities such as literature review, interviews/surveys, focus group discussions etc. are expected to be used as appropriate and be customized according to the purpose. With a clear and strong justification of the sample selection, the consultants should propose the approximate sample size and its composition using appropriate method that can be further refined at the inception phase and be agreed upon by the commissioning entity, the PHSEP.

This baseline survey will cover the entire country and therefore a representative sample is required to reflect the credibility of findings and to minimize biases. The sampling frame and sample size should be adequate to cover the sociodemographic distribution of the country, urban, rural and estate sector, disadvantaged geographic areas (North and East Provinces) and vulnerable group (Eg; women, children, youth, ethnic minorities extreme poverty and disability etc.as appropriate).

Healthcare providers should be drawn from selected institutions based on the type of institute (refer Annex 1 for the breakdown of Primary Medical Care Institutions (PMCIs)). The proposed indicative provinces for the survey include Western, Central, Northern, Eastern, Southern and Uva provinces. Sample should be calculated to the population; Patients and community, and should be drawn from empaneled population for the institutions selected (refer Annex 2 for the link).

Information would generally be based on a six-month recall period (only indicative, can be finalized during inception), which should be proposed as a part of the methodology. This survey will NOT cover the ***secondary*** and ***tertiary*** healthcare in the country. The collected data and information should be triangulated using relevant sources and appropriate methodology. A list of all information required from the project for the purpose of this study, should be submitted in the inception period of the consultancy.

F. **Ethical Considerations:**

It is the responsibility of the consultancy firm to obtain ethics clearance from a recognized ethics review committee and should include in their inception report the steps they will take to ensure that the concerns of research ethics have been addressed. In cases where individuals are to be interviewed, informed consent shall be obtained from these individuals for the purpose.

G. Duties and Responsibilities

EXPECTED OUTPUTS/ DELIVERABLES:

1. Consolidated Inception Report outlining the work plan, approach and methods and timelines:

The firm should develop and submit a comprehensive inception report, which should include the work plan with timeline and clear approach and methods (sampling method, justification of sample size), identification of focus groups proposed to conduct the study to meet the objectives.

2. ***Draft survey instruments for review:***

This will include the actual survey tools and questionnaires, interview and Focus Group Discussion (FGD) guide, and ethics clearance.

3. Presentation of preliminary findings of the study and a draft narrative report:

The consultancy firm should present the preliminary finding of the study, in the form of a draft narrative report and a live presentation of key findings to PHSEP and the team organized by them. The presentation should be comprehensive, capturing agreed attributes and corresponding indicators with established baselines, recommended yearly milestones and targets along with their applicable disaggregation. The preliminary findings presentation is subject to revision by the commissioning entity.

4. **Final Narrative Report** of the Baseline Survey, including the *baseline data, recommended yearly milestones and targets (disaggregated), and meta data/ indicator definition for agreed indicators in addition to a summary document of findings.*

The final report of the study including the findings and updated RF with established baselines and disaggregated data, together with their meta data will be considered as the property of PHSEP with the copyright. The contents of the final report may include, but not limited to, the following and be in font size 11;

1. Executive Summary
2. Background of the survey
3. Methodology
4. Limitations
5. Findings
6. Lessons learned/Recommendations (including but not limited to recommendations for endline survey)
7. Conclusion.
8. Annexures: questionnaires, details disaggregation of data, meta data sheets etc.

The contents and the data described in the report can be used only when the approval is obtained from PHSEP and/ or cited very clearly.

TIMELINE FOR DELIVERABLES:

TASKS	End Product/Deliverables	Payment percentage	Approximate Time Frame
1. Production of the inception report with clear and feasible methods to execute the entire assignment within the stipulated timeframe.	Inception Report	10%	1 week for preparation and submission 2 weeks for approval
2. Draft survey instruments for review:	actual survey tools and questionnaires, interview and Focus Group Discussion (FGD) guide, and ethics _clearance	20%	4 weeks for preparation and submission 1 week for approval
3. Complete data collection and disaggregation for the perceptions/attributes agreed, establish their baselines and make recommendations for milestones and targets.	Presentation of the preliminary findings and draft narrative report of the survey	40%	8 weeks for data collection 3 weeks for approval
4. Incorporate consolidated feedback received from the commissioning entity and finalize the baseline values and submit the final report of the study along with meta data/ indicator definition, and a summary of findings.	1.Final survey report 2. A two-to-three-page quick reference summary document of findings for dissemination among stakeholders.	30%	3 weeks for finalization 2 weeks for approval

INSTITUTIONAL ARRANGEMENTS

The consultancy firm is responsible to carry out this exercise as proposed and shall report to the Monitoring and Evaluation Specialist of PHSEP which will introduce the survey team of the

consultancy firm to partners. this survey team should take independent responsibility for all coordination, communication, and travel arrangements regarding the study.

Duration of Assignment:

The contract will be supervised by a team from PHSEP, WB and MOH. Tentative duration of the assignment is expected to be from 01 January 2026 to 30 June 2026 (approx. 6 months). The evaluator must demonstrate flexibility given any shifting conditions.

H. Qualifications, Experience and Competencies of the Team:

In addition to expertise in M&E, given the subject-specific knowledge around health sector of Sri Lanka and primary healthcare system, service providers are encouraged to apply, highlighting subject-specific expertise. The consultancy team deployed for this assignment should comprise of experts with a high level of technical expertise in monitoring and evaluation, quantitative and qualitative analysis, and communication of data, with proven experience conducting research, evaluation and complex data gathering as well as experience in working with wider populations in the country. The proposed team should have good language capability to produce high quality reports in English and interact comfortably with local audiences in both Sinhala and Tamil.

INSTITUTIONAL PROFILE

Required qualifications:

- Solid experience in conducting qualitative and quantitative surveys with the participation of wider sections of stakeholders and the public.
- Substantive knowledge of the Sri Lankan primary healthcare system and health sector
- In-depth technical knowledge to implement the entire study including to develop methods/tools, collect, collate, and analyze data, and produce reports conforming to highest ethical/quality standards, both in quantitative and qualitative analysis
- Proven ability to undertake and deliver high-quality technical reporting and content production, and excellent presentation skills. (Submission of at least two (02) previous reports in the same or related areas with the technical proposal is a must)
- Excellent communication skills in liaising with all relevant stakeholders
- Good understanding of Sri Lanka's political and socio-economic landscape.
- Experience working with multilateral donor funded projects would be an added advantage.
- At least one member of the core team should be fluent in both Sinhala and Tamil.
- A good gender balance in the team

Minimum human resource requirements to be according to the following table:

Team	Academic Qualification	Experience
TEAM LEAD: Specialist with a strong background in perception surveys, and research studies	Master's Degree in Business Management, Statistics, Population Studies, Social Science, Economics, Biostatistics or any other closely-related field.	A minimum of 8 years' experience in conducting, managing/leading surveys, assessments and research studies in the same or similar scale. Proven experience in leading planning, quantitative and qualitative methods of data collection and analysis, standard research/survey approaches, guidance and standards, and working with government and relevant stakeholders. Exposure in the Health Sector as well as knowledge of the political and economic situation in Sri Lanka, would be additional assets.
Health Sector Expert:	Master's Degree or equivalent in medical science, public health or other relevant areas.	A minimum of 8 years in Sri Lanka health sector, preferably in Administration. Thorough in health care system. Experience working with surveys, health-related and/or client satisfaction surveys a definite advantage

Team Members		
Experts in: 1. M&E/surveys 2. Gender/Women/vulnerable populations 3. Health sector	Bachelors or equivalent in social science, public health or other relevant areas.	-At least 5 years' experience carrying out similar assignments. -Experience working with health sector, government, civil society and development partners. -Ability to work in a team to deliver quality products within a specified timeframe. -Strong interpersonal skills. - Participatory approaches
Field Enumerators: Minimum GCE A/L qualified. Pre-intern MBBS graduates or sociology graduates are preferred and previous experience in data collection is an advantage. Should have gender sensitivity and local language skills to interview, particularly women and different ethnic groups.		

Required corporate competencies of consultancy:

- Substantial knowledge on the norms and standards of WB and GOSL.
- Demonstrates integrity by modeling the WB's values and ethical standards.
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability.
- Fulfills all obligations to gender sensitivity and zero tolerance for sexual harassment

- **SELECTION METHOD:**

Selection will be based on an open and competitive bidding process. Interested applicants (consultancy firms) with the capacity to execute the scope of work described above should submit a detailed and realistic proposal, including a methodology and work plan, along with a rationale as to why it would be the best way to carry out the scope of work. The information provided in the scope of work is not prescriptive and the PHSEP remains open to interested applicants elaborating and presenting what they consider to be the most appropriate methodological approach and work plan to achieving the desired end results.

Technical Evaluation Criteria

In evaluating the proposals, PHSEP will use the Combined Scoring Method which is 70%-30% distribution for technical and financial proposals, respectively. The minimum passing score of technical proposal is 490 points that is equivalent to 70% as well.

Summary of Technical Proposal Evaluation		**Points Obtainable**
1.	Competency/expertise of the consultancy firm	200
2.	Proposed Methodology, work plan, and approach	600
3.	Capacity of Consultancy firm	200
	Total	1000

Section 1: Competency/expertise of the consultancy firm:

No.	**Criteria**	**Points**
1.1	Previous experience in undertaking similar assessments, analysis and work on justice sector reforms, governance, development or related areas etc.	100
1.2	Quality of relevant sample materials provided (NOTE: This is a mandatory requirement. Those proposals which do not contain sample material will score 0 (zero) under this criterion. Previous work samples should testify the technical skills required above, research methodologies, sample selection and approaches taken to achieve deliverables, report writing skills, gender and consideration of other cross-cutting areas, stakeholder participation, rapport with government, and other key partners etc.	150
1.3	Recommendations from at least 3 previous clients and partners for similar work undertaken in past.	50
	Total Section 1	300

Section 2: Proposed methodology/approach and work plan:

No.	**Criteria**	**Points**
2.1	Methodology/approach	300
2.2	Realistic work plan to achieve deliverables	100
	Total Section 2	400

Section 3: Capacity of consultancy team:

No.	Criteria	Points
3.1	Relevant qualifications and work experience of consultancy team as detailed in above requirement	150
3.2	Composition of consultancy team, which demonstrates the ability to undertake the scope of work and deliverables, including subject expertise as well as inter-disciplinary/cross-sectoral composition.	100
3.3	Composition of consultancy team which ensure gender balance, local language competency and working in the complex local contexts of Sri Lanka	50
	Technical Section 3	300

FINANCIAL PROPOSAL

(FORM FOR SUBMITTING SERVICE PROVIDER'S FINANCIAL PROPOSAL)

This MUST BE COMPLETELY SEPARATE and uploaded separately in the system and clearly named as "FINANCIAL PROPOSAL". Each document shall include the Proposer's name and address**.** The file with the "FINANCIAL PROPOSAL" must be encrypted with a password so that it cannot be opened nor viewed until the Proposal has been found to pass the technical evaluation stage. Once a Proposal has been found to be responsive by passing the technical evaluation stage, PHSEP shall request the Proposer to submit the password to open the Financial Proposal. The Proposer shall assume the responsibility for not encrypting the financial proposal. Do not disclose your price in the line items.

(This Form must be submitted only using the Service Provider's Official Letterhead/Stationery)

- **Cost Breakdown per Deliverable***

	Deliverables ***[list them as referred to in the RFP]***	**Percentage of Total Price** ***(Weight for payment)***	**LKR** ***(Lump Sum, All Inclusive)***
1	Deliverable 1	10%	
2	Deliverable 2	20%	
3	Deliverable 3	40%	
4	Deliverable 4	30%	
	All-inclusive Total	100%	

**Kindly note that following the submission of proposals and evaluation, the aforementioned percentages may be subject to revision prior to signing the final contractual agreement with the selected service provider, as per the procurement guidelines.*

- **Cost Breakdown by Cost Component *[This is only an Example]*:**

A. **Description of Service**	**Number of personnel**	**All-inclusive Remuneration per Day**	**Total Period of Engagement (days)**	**Total Cost LKR**
I. Personnel Services				
Lead Specialist	1			
Principal Coordinator/ Researcher	1			
Field Researchers	3			
Enumerators all-inclusive rate including (accommodation, transport, meals, allowance and all other relevant expenses)				
Add members if required				
II. Out of Pocket Expenses				
Communication expense				
Team Member's Travel except for the enumerators (please provide cost per km, number of kms and total travelling cost as per your proposal)				
Team member's Accommodation except for the enumerators (please provide cost per night, number of nights and total accommodation cost)				
Data charges				
Others (please specify)				
III. Other Related Costs				
Others (Please specify)				
All Inclusive cost I + II+ III				

- The service provider must factor in all possible costs in "All Inclusive Lump Sum Fee" including the professional fee, honorarium, any additional human resource cost (as required) and any other foreseeable costs in this exercise.
- No costs other than what has been indicated in the financial proposal will be paid or reimbursed to the contracting institution.
- Any costs that are outside of this TOR and scope of work and unplanned will be reimbursed subject to discussion and prior approval by PHSEP.
- **All-inclusive cost in the Table A should tally the all-inclusive cost in the Table B**

Annex 1: Primary Medical Care Institutions by Province and Districts

Province	District	Divisional Hospitals			Primary Medical Care Units (PMCU)
		Type A	Type B	Type C	
Central	Kandy	16	21	10	28
	Mathale	7	6	6	14
	Nuwara Eliya	2	9	13	22
		25	**36**	**29**	**64**
Easten	Ampara	0	1	6	18
	Batticaloa	3	3	12	19
	Kalmunai	1	2	11	8
	Trincomalee	0	1	13	17
		4	**7**	**42**	**62**
North Central	Anuradhapura	1	10	21	22
	Polonnaruwa	0	3	5	18
		1	**13**	**26**	**40**
North Western	Kurunegala	8	12	20	56
	Puttalam	1	3	7	34
		9	**15**	**27**	**90**
Nothern	Jaffna	0	5	18	17
	Kilinochchi	0	1	6	4
	Mannar	0	5	4	11
	Mullativ	1	2	4	9
	Vavuniya	0	2	7	7
		1	**15**	**39**	**48**
Sabaragamuwa	Kegalle	6	3	10	26
	Rathnapura	8	5	19	73
		14	**8**	**29**	**99**
Southern	Galle	2	8	11	24
	Hambanthota	0	9	8	14
	Matara	3	6	7	18
		5	**23**	**26**	**56**
Uva	Monaragala	1	5	8	10
	Badulla	2	9	33	16
		3	**14**	**41**	**26**
Western	Colombo	2	5	2	34
	Gampaha	4	2	7	45
	Kalutara	2	8	7	20
		8	**15**	**16**	**99**

Annex 2: Links for reference:

1. Sri Lanka National Health Policy 2016-2025 – https://www.health.gov.lk/wp-content/uploads/2022/08/2_National-Health-Policy-2016-2025_compressed.pdf

2. National Strategic Framework for Development of Health Services 2016 – 2025 – https://www.health.gov.lk/wp-content/uploads/2022/10/National-Strategic-Framework-.pdf

3. The National Policy on Health Information 2017– https://www.health.gov.lk/wp-content/uploads/2022/10/21_Health-Information-Policy.pdf

4. Essential (Health) Services Package (Esp) For Sri Lanka - https://www.hsep.lk/images/Downloads/Publications/EssentialHealthServicesPackage.pdf

5. Manual For The Management Of Primary Medical Care Units – https://www.health.gov.lk/wp-content/uploads/2022/08/PMCU-Manual-edited-New-compressed.pdf

6. National Telemedicine Guidelines - https://www.health.gov.lk/wp-content/uploads/2023/11/Telemedicine-Guidelines-Final-9.05.2024-for-MoH-Web-site.pdf

7. Guideline for Gender Mainstreaming in Health Policies 2025 – https://www.health.gov.lk/wp-content/uploads/2022/10/Guideline-for-Gender-Mainstreaming-in-Health-Policies-2025-compressed.pdf

8. Empaneled population for the institutions selected - https://phsep.lk/document/Population_Empanelment_List.pdf