

## ABSTRACT

Sri Lanka is one of the fastest aging countries in the world. Old age is closely associated with low physiological reserve, illness and likely to warrant long term care and rehabilitation.

Non communicable diseases (NCD) figure heavily to become the leading killer for all ages in Sri Lanka as well as worldwide. Impairment and disability are often associated in survivors of NCD.

Trauma and injuries rank the leading cause of morbidity in government hospitals in Sri Lanka since 1995. Road Traffic Accidents (RTA), domestic, occupational and leisure injuries, victims of violence and civil war contributed to the majority causing a substantial burden on health sector as they often need emergency care, surgery and rehabilitation.

Injury related disability is common in developing countries due to unsafe conditions of living, working and travelling, and further worsen the risk due to lack of preventive efforts, access to high quality treatment and rehabilitation services.

In Sri Lanka intermediate care and physical rehabilitation services are not adequately structured or developed. It is of utmost importance to have proper rehabilitation services established island wide so when a patient is discharged

from a secondary or tertiary care hospital he/she is enabled to receive a proper rehabilitation programme before reaching the home environment.

A modified adaptation of WHO strategies has been attempted in Sri Lanka. Here the rehabilitation services were integrated into Primary Health Care (PHC) services and relocated in peripheries with a view to outreach the remote rural communities. The centers are called PRC.

The present study was carried out to assess the services provided by the Provincial Rehabilitation Centre - Digana.

A descriptive cross sectional study was carried out in the Provincial Rehabilitation Centre (PRC) Digana. The study was carried out during the month of September 2010. The study had three components. A facility survey, a series of FGDs to describe the factors affecting provision of care and a patient satisfaction survey.

As there were facilities to keep a maximum of 40 adult patients only, it was decided to recruit all the patients for the inpatient satisfaction survey.

During the FGDs, all staff categories stated that the available numbers in staff categories of nursing officers, Therapists and minor employees were inadequate for provision of optimal care. To manage, handle and mobilize a population of patients with varying degree of disabilities and impaired mobility, the need for nursing and minor employees in excess numbers is apparent. Discussions held with staff revealed that everybody from top to bottom require an in service training on rehabilitation.

It was identified that several essential instruments were lacking at PRC Digana. Both patients and staff confirmed that non availability of prescribed drugs is a problem at PRC. During the facility survey, it was revealed that, there are areas to be developed in the department of physiotherapy, requirement for a separate section for electrotherapy, and a requirement for a radiology department.

It is recommended that revision of cadres carried out to suit growing service demand, all categories of staff at PRC be given comprehensive in-service training, and measures be taken to make available all commonly prescribed drugs. Also improvement of infrastructure facilities to suit the service need be carried out.

Key words: PRC, facilities